

FAMILY OUTCOMES SURVEY

Rev. 6/25/20

Dear [Parent Name]: We'd like to ask you some questions about how well [provider agency name] is doing at supporting your family with early intervention services (birth to three). For each statement below, please mark how helpful [provider agency name] has been: very helpful, kind of helpful, or not helpful at all.

1. Knowing your Rights:

How helpful has [provider agency name] been in...	Very Helpful 	Kind of Helpful 	Not Helpful at All 	Not Applicable 
A. ...giving you information about your rights as a parent (for example, the <i>IDEA Part C Procedural Safeguards</i> booklet, how to file a complaint, etc.)				
B. ...explaining your rights in ways that are easy to understand?				
C. ...giving you useful information about who to contact when you have questions or concerns?				
D. ...giving you information about options for services and supports when [child's name] leaves the program at age three?				

2. Communicating Your Child's Needs:

How helpful has [provider agency name] been in...	Very Helpful 	Kind of Helpful 	Not Helpful at All 	Not Applicable 
A.giving you useful information about [child's name]'s needs?				
B. ...talking with you about [child's name]'s strengths?				
C. ...listening and respecting your choices?				
D. ...talking with you about what you think is important for [child's name]?				
E. ...developing a good relationship with you and your family?				

3. Helping Your Child Develop and Learn:

How helpful has [provider agency name] been in giving you information about how to help [child's name]...	Very Helpful 😊	Kind of Helpful 😐	Not Helpful at All ☹️	Not Applicable ✗
A. ...learn new skills?				
B. ...get along with others?				
C. ...take care of his/her needs?				

4. Helping Your Child Develop and Learn:

How helpful has [provider agency name] been in...	Very Helpful 😊	Kind of Helpful 😐	Not Helpful at All ☹️	Not Applicable ✗
A. ...identifying things you can do to help [child's name] learn?				
B. ...sharing ideas on how to include [child's name] in daily activities?				
C. ...working with you to know when [child's name] is making progress?				
D. ...connecting you with other organizations that can help [child's name] develop and learn?				

5. Do you have any additional comments about the services you have received from [provider name]?

Thank you! Please return your completed questionnaire in the envelope provided to:

SESRC
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Pullman, WA 99164-1801