**Wyoming BHD Part C Family Survey**

This is a survey for parents of children receiving early intervention services. Your responses will help guide efforts to improve services and outcomes for children and families. Please answer each question based on your experiences in 2021-22.***Thank You!***

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| **A. General Information** |

1. On which County or Reservation does your child receive services? *(Circle one)*

|  |  |  |
| --- | --- | --- |
| Albany County - Region 11  Big Horn County - Region 1  Campbell County - Region 13  Carbon County - Region 8  Converse County - Region 10  Crook County - Region 3  Fremont County - Region 6  Goshen County - Region 10 | Hot Springs County - Region 1  Johnson County - Region 2  Laramie County - Region 12  Lincoln County - Region 5  Natrona County - Region 9  Niobrara County - Region 10  Park County - Region 1  Platte County - Region 10 | Sheridan County - Region 2  Sublette County - Region 4  Sweetwater County - Region 7  Teton County - Region 4  Uinta County - Region 5  Washakie County - Region 1  Weston County - Region 3  Wind River Reservation - Region 14 |

2. My child's current age (months): *(Circle one)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Under 1 month  1  2  3  4  5 | 6  7  8  9  10  11 | 12 (1 Year)  13  14  15  16  17 | 18 (1.5 Years)  19  20  21  22  23 | 24 (2 Years)  25  26  27  28  29 | 30 (2.5 years)  31  32  33  34  35 | 36 (3 Years)  36+ |

3. My child’s age (months) when first referred to the program: (*Circle one)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Under 1 month  1  2  3  4  5 | 6  7  8  9  10  11 | 12 (1 Year)  13  14  15  16  17 | 18 (1.5 Years)  19  20  21  22  23 | 24 (2 Years)  25  26  27  28  29 | 30 (2.5 years)  31  32  33  34  35 | 36 (3 Years)  36+ |

4. What is your child's ethnicity/ race? *(Circle all that apply)*

|  |  |
| --- | --- |
| Hispanic/Latino  Asian  American Indian/Alaskan Native | Black/African American  Native Hawaiian/Pacific Islander  White/Caucasian |

5. Please indicate all of the services your child and family receive through your IFSP: *(Circle all that apply)*

|  |  |  |
| --- | --- | --- |
| Assistive Technology, Device, and Service  Audiological Services  Family Training, Counseling, and Home Visits  Health Services  Medical Services  Nursing Services | Nutrition Services  Occupational Therapy  Physical Therapy  Psychological Services  Service Coordination Services  Sign Language and Cued Language Services | Social Work Services  Special Instruction  Speech Language Pathology Services  Transportation  Vision Services  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

6. Do the services provided through your IFSP help you with assisting you child with everyday routines? (*Circle one)*

1 Yes

2 No

6a. If you answered no, please explain why the services do not assist you.

6b. If you answered no, which services should have been included? *(Circle all that apply)*

|  |  |  |
| --- | --- | --- |
| Assistive Technology, Device, and Service  Audiological Services  Family Training, Counseling, and Home Visits  Health Services  Medical Services  Nursing Services | Nutrition Services  Occupational Therapy  Physical Therapy  Psychological Services  Service Coordination Services  Sign Language and Cued Language Services | Social Work Services  Special Instruction  Speech Language Pathology Services  Transportation  Vision Services  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

7. Are your IFSP services available all year (12 months)? *(Circle one)*

1 Yes

2 No

7a. If you answered no, please indicate which months your services were not available.

7b. If you answered no, please indicate why services were unavailable during this time. *(Circle one)*

1 Due to service provider

2 Due to family schedule

3 Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **B. Your Ratings** |

***For each statement below, rate your level of agreement with the statement by circling the number (if you “Agree” with the statement then circle 4).***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very Strongly Disagree** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Very Strongly Agree** |
| 1. I understand how the services in my Individualized Family Service Plan (IFSP) are determined. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I know about my child’s and my family’s rights concerning Early Intervention services. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I know where to go for support to meet my child’s needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I’ve received information and resources that will help me support my child’s development. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I’ve received support on how to make changes in my family’s routines that will benefit my child’s needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. I use activities that help my child's development. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I understand the roles and responsibilities of the people listed on my child’s IFSP. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I have received information about other community services available to my child and family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I have access to services and supports that my child needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. I am able to evaluate how much progress my child is making. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I feel comfortable communicating with the people who work with my child and family. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. I understand my child's needs. | 1 | 2 | 3 | 4 | 5 | 6 |
|  | **Very Strongly Disagree** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Very Strongly Agree** |
| 13. Early Intervention services have helped me understand my child’s social/emotional needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I was given information on routines, activities, and physical settings that support my child’s needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. As a result of Early Intervention services, my child is better able to manage his/her emotions. | 1 | 2 | 3 | 4 | 5 | 6 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How helpful have Early Intervention services been in:** | **Very Unhelpful** | **Unhelpful** | **Neither Unhelpful or Helpful** | **Helpful** | **Very Helpful** |
| 16. Talking with you about what you think is important for your child and family? | 1 | 2 | 3 | 4 | 5 |
| 17. Giving you useful information about how to help your child learn new skills? | 1 | 2 | 3 | 4 | 5 |

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| **C. Comments** |

1. Please include any additional comments or feedback you have regarding your experience with Early Intervention services.

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| **D. Additional Information** |

The following questions will help us to determine the extent to which we are adequately serving all families.

1. What is your approximate average household income? (*Circle one)*

1 $0-$19,999

2 $20,000-$39,999

3 $40,000-$59,999

4 $60,000-$79,999

5 $80,000-$100,000

6 $100,000+

2. How many children live in your household (aged 17 or younger only)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_