

Family Outreach and Quality Assurance Committee
Family Survey Questions

1. Are you the primary one present when your child receives First Steps services?
Yes___ No___
2. Does your child receive their services primarily at: _____ home _____ day care

Quality Assurance

1. My therapist is working on the goals in my child's IFSP.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___
2. I am satisfied with my child's IFSP?
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___
3. My child is receiving an adequate amount of therapy.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___
4. Are there services your child isn't receiving that you feel they need?

Additional Comments: _____

Communication/Information

1. My Service Coordinator communicates well with me.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___
2. My Service Coordinator responds to our needs.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

Additional comments: _____

Timely and Responsive Access to Services

1. My child's Service Coordinator has provided our family with adequate information, making our experience with First Steps run more smoothly.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

2. My child's therapists use creative techniques to reach our goals.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

3. My child is getting the services that were written in their IFSP.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

Additional comments:_____

Transition

1. I was/am prepared for my child's transition from First Steps
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

2. What additional information to help with the transition process would have been helpful?

3. Do you know what steps you should take if you still have concerns about your child's development once they transition out of the program?
Yes_____ No_____

Additional comments:_____

Developmental Progress

1. I am pleased with my child's progress.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

2. I would recommend the First Steps program to others.
Strongly Agree___ Agree___ Not Sure___ Disagree___ Strongly Disagree___

Is there anything else you would like us to know about your experience with First Steps?_____

Thank you very much for your time! The information you have provided will help us to improve our program.