

Central Indiana First Steps  
Transition Survey

Please take a few minutes to provide feedback about your experiences in First Steps. This information will help us to better serve your needs and improve services for other children and families. This information is confidential.

We have provided a stamped/addressed envelope for the return of this survey.

Age of your child? \_\_\_\_\_ Your zip code? \_\_\_\_\_ Service Coordinator (optional) \_\_\_\_\_

Please respond to each statement using the following scale:

SA=Strongly Agree    A=Agree    D=Disagree    SD=Strongly Disagree    NA=Not Applicable

- |  |    |   |   |    |    |
|--|----|---|---|----|----|
| 1. I am prepared for my family's transition from First Steps.  | SA | A | D | SD | NA |
| 2. My Service Coordinator presented all of my transition options.                                      | SA | A | D | SD | NA |
| 3. My local education agency representative was present for my transition meeting.                     | SA | A | D | SD | NA |
| 4. The transition meeting discussion was helpful to me.  | SA | A | D | SD | NA |
| 5. First Steps has met the needs of my child and family.   | SA | A | D | SD | NA |
| 6. My overall experience in First Steps has been positive.   | SA | A | D | SD | NA |
| 7. I would recommend First Steps to any family of a child with a developmental delay or special needs. | SA | A | D | SD | NA |

Additional comments or feedback:

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**Please return this survey in the envelope provided. Your responses are confidential and will be used for program planning only. Thank you!**