GCI-1042A FORFF (7-20) Page 1 of 4

Survey	Code	or I-TEAMS	Number:	
Jul ve v	Code		Nullibel	

# ARIZONA DEPARTMENT OF ECONOMIC SECURITY Arizona Early Intervention Program

#### **FAMILY SURVEY**

Service Coordinator must complete top section.

					Da	ate Compl	eted (Mo	onth/Year)	):	
Service Coord	inator's Name:									
Agency (Checl	k All That Apply):	Contractor	DDD	ASDB						
Name of AzEII	P Contractor:									
Region:			_ Fami	ly's County	of Residen	ce:				
Child's age at t	time of survey comp	oletion (age in y	ears):	Birth to 1	1-2	2-3	3+			
Child's age wh	en first referred to E	Early Intervention	on (age ir	n years):	Birth to 1	1-2	2-3			
Child's ethnicit	y: Is the child of His	panic or Latino	ethnicity	/? Yes	No					
Child's race:	American Indian	or Native Alasł	kan	Native Haw	aiian or Pa	cific Island	der	Asian		
	Black or African-	American	White							

### **FAMILY OUTCOMES SURVEY**

The following is a <u>confidential</u> family survey to help the Arizona Early Intervention Program (AzEIP) <u>measure the impact</u> <u>of early intervention services on your family.</u> AzEIP is required to measure the impact of early intervention services on families as part of our federal grant and the annual report to the US Department of Education's Office of Special Education Programs. This survey is administered by the AzEIP state office. AzEIP does not provide direct services but contracts for direct services with several programs throughout the state including A to Z Therapies, Arizona Cooperative Therapies (ACT), Dynamite Therapy, Growing in Beauty (Navajo Nation), Hummingbird, Northland Therapy Services, Northland Rural Therapy Associates (NRTA), RISE Early Intervention Services, Root for Kids, and Sunrise Therapy.

Your family was chosen to participate in this survey because your child received early intervention services from one of AzEIP's participating programs including the Division of Developmental Disabilities (DDD), the Arizona Schools for the Deaf and Blind (ASDB), and/or a Team Based Early Intervention Services Contractor. If you have more than one child in early intervention, you may be offered this survey more than once. If you have taken this survey in the last 6 months for this child, you do not need to take this survey.

This survey is estimated to take approximately <u>5 minutes</u> from start to finish. AzEIP uses the National Center for Special Education Accountability Monitoring (NCSEAM) survey to measure the impact of early intervention services on your family. If you need help or assistance with completing this survey, to request another language for this survey, or if you need to request any reasonable accommodations to take this survey, please call the AzEIP office at (602)532-9960 or e-mail: allazeip2@ azdes.gov.

Your information is kept confidential and the results of your survey are shared only with the AzEIP staff that need to know. We will not use your personally identifying information for any purposes other than to complete this survey or follow up when you request us to do so. Your specific answers are not linked to you personally in any of our reports nor are they shared with the US Department of Education Office of Special Education Programs. Past results of this survey can be found at: https://des.az.gov/services/disabilities/developmental-infant/azeip-publications-and-reports. Reports are posted annually.

If you would like more information on how you can advise and assist the AzEIP office, you may call us at (602)532-9960 or visit: https://des.az.gov/interagency-coordinating-council-for-infants-and-toddlers.

You may choose to complete this paper copy of the survey and return in the enclosed self-addressed stamped envelope. Alternatively, you may choose to complete the survey online by going to https://des.az.gov/services/disabilities/early-intervention/information-families-about-azeip. If you take the electronic survey instead, please dispose of this paper survey.

Your responses will help guide efforts to improve services and results for children and families. We appreciate your time

GCI-1042A FORFF (7-20) Page 2 of 4

Survey Code or	I-TEAMS Number:	
----------------	-----------------	--

### PLEASE SKIP ANY QUESTIONS THAT DO NOT APPLY

### A. Resources

Ov	er the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
1.	Know about services in the community.					
2.	Someone from the early intervention program went out into the community with me and my child to help us get involved in community activities and services.					
3.	My family was given information about organizations that offer information and training for parents (for example, Raising Special Kids, family resource centers, disability support groups).					
4.	I was given information about the public school system's programs and services for children age three and older.					
5.	My family was given information about the role of the Interagency Coordinating Council (ICC).					

## **B.** Routines and Activities

Over the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
6. Improve my family's quality of life.					
7. Feel that my efforts are helping my child.					
8. Do things with and for my child that are good for my child's development.					
My family's daily routines were considered when planning for my child's services.					

# C. Child Development

Over the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
10. Understand my child's special needs.					
11. My family was given information about how most children develop and learn.					
12. I was given choices concerning my family's services and supports.					
13. My family was given information about the evaluation process (how my child's abilities and needs are determined).					

GCI-1042A FORFF (7-20) Page 3 of 4

Survey Code or I-TEAMS Number:
--------------------------------

### PLEASE SKIP ANY QUESTIONS THAT DO NOT APPLY

# D. Family Support

Over the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
14. Figure out solutions to problems as they come up.					
15. Communicate more effectively with the people who work with my child and my family.					
16. The services we receive take into account my whole family, not just our child with special needs.					
17. Someone from the early intervention program helped me get in touch with other parents for help and support.					

## E. Team Members

Over the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
18. My family was given information about different people's roles in the early intervention system.					
19. My service coordinator is easy to contact.					
20. The early intervention service provider(s) that work with my child are dependable.					
21. The early intervention service provider(s) that work with my child are easy for me to talk to about my child and my family.					
22. My child's Team Lead was a good fit for my family.					
23. I have felt part of the team when meeting to discuss my child.					

# F. Early Intervention Services

Over the past year, Early Intervention services have helped me and/or my family:	Completely Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree
24. Feel that I can get the services and supports that my child and family need.					
25. Know about my child's and family's rights concerning Early Intervention services.					
26. The early intervention program regularly evaluates whether early intervention services are effective for my family.					
27. My family was given information about who to call if I am not satisfied with the services my child receives.					

GCI-1042A FORFF (7-20) Page 4 of 4

## Survey Follow-Up

	Please let us know if you would like follow-up on your survey	Yes	No
A.	I would like a call back about my survey or comments.		
B.	I would like to share my own comments at an upcoming meeting of the Interagency Coordinating Council for Infants and Toddlers.		
C.	I would like someone to read my comments for me at an upcoming meeting of the Interagency Coordinating Council for Infants and Toddlers.		
D.	I would like to receive copies of the AzEIP digital newsletter and updates.		

						L
E-Mail Address for Newslette	er:					
Comments:						
If you have any o	questions or would	like to provide o	comments by pho	one or e-mail please	e contact us a	t:
Program Phone Number:			, E-mai	<u> </u>		

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)
Program Administrator and IDEA Part C Coordinator: Jenee Sisnroy
PO Box 6123 MD 2HP1
Phoenix, AZ 85005-6123

Phone: 602-532-9960 • Fax: 602-200-9820 • AllAzEIP2@azdes.gov