

Early Intervention (EI) Parent Questionnaire

1) * Please provide the following information.

Name _____
City _____
Province _____
Email _____
Phone Number _____

2. What is your child's diagnosis? _____

3. How old is your child? _____

4. How old was your child when he/she received his/her diagnosis? _____

5. How old was your child when he/she began receiving EI services? _____

6. On average, how many weekly hours of early intervention services does your child receive? _____

7. Does your child receive early intervention services from one service provider or from multiple sources? _____

8. How long has your child been receiving services from his or her current service provider(s)? _____

9. Which models of early intervention service delivery are provided to you and your child? (please **highlight** or write YES/mark "X" beside those that apply)

- HOME AND COMMUNITY-BASED VISITS (services are provided to the child and/or family in the home or other natural environments) _____
- CENTRE-BASED VISITS (services to the child and/or family by appropriate qualified personnel at an approved early intervention provider's site) _____
- PARENT-CHILD GROUPS (group comprised of caregivers, children and at least one qualified provider at a centre or community-based site (ie. daycare) _____
- FAMILY SUPPORT GROUPS (services to family members to enhance their capacity to support, educate, care for and enhance the development of the child) _____
- GROUP RESIDENTIAL PROGRAM (overnight) _____
- DAY TREATMENT PROGRAM (services are provided by qualified personnel at a centre during the day but children return home at night) _____
- OTHER (Please specify) _____

10. What types of services does your family receive?

(please **highlight** or write YES/mark "X" beside those that apply)

- ASSISTIVE TECHNOLOGY (assist w/ device to aid functional capabilities) _____
- AUDIOLOGY (assist children with/at risk of a hearing related problem, provide auditory rehabilitation and determine individual amplification needs) _____
- SERVICE PLANNING (help families to understand/meet child's needs) _____
- MEDICAL SERVICES (diagnostic and evaluative services provided by a licensed physician as part of the child's assessment) _____
- NURSING SERVICES (services that assess the health status of the child, including the administration of medications) _____
- NUTRITION SERVICES (services to help address the nutritional needs of the child, including the identification of feeding problems and skills and food habits) _____
- OCCUPATIONAL THERAPY (services relating to self-help skills, adaptive behavior and play, and sensorimotor development to improve task performance) _____
- PHYSICAL THERAPY (prevent/lessen movement's dysfunction and related functional problems to promote effective environmental adaptations) _____
- PSYCHOLOGICAL SERVICES (address the psychological development of a child including information on learning, mental health, and development) _____
- SERVICE COORDINATION (services that provide families with partnerships to connect to services in the community and obtain their rights) _____
- SOCIAL WORK/FAMILY SERVICES (services which work to assess the social and emotional strengths and needs of a child and family, provide individual or group counseling or training and link families with community resources) _____
- SPECIAL INSTRUCTION (involve designing learning environments/activities to promote child development and provide families with information/support) _____
- SPEECH LANGUAGE PATHOLOGY (address speech/language development and pathology, such as problems with articulation, language or fluency) _____
- VISION SERVICES (the evaluation and assessment of visual functioning) _____
- HEALTH SERVICES (health-related services that are required to enable the child to benefit from other early intervention services) _____
- TRANSPORTATION AND RELATED COSTS (cover the cost of travel and parking necessary for the child and family to be able to obtain services) _____

- CASE REVIEW (meetings to evaluate & modify the child's treatment plan) _____
- TRANSITION SERVICES (coordination between program and school) _____
- TOY/RESOURCE LIBRARY (a library of resources for parents/children) _____
- INFANT DEVELOPMENT/STIMULATION (directed at children 0-3) _____
- RESPITE SERVICES (temporary relief for families of children w/ delays) _____
- PRESCHOOL SERVICES (pre-academic program prior to school entry) _____
- SCHOOL SERVICES (educational services modified to fit child's needs) _____
- SERVICES FOR MEDICALLY FRAGILE CHILDREN (medically necessary services that allow for service provision to children with special medical needs) _____
- OTHER (Please Specify) _____

11. Please list the professionals that work with your child and family.

(please **highlight** or write *YES*/mark "X" beside those that apply)

- PSYCHOLOGIST _____
- PSYCHIATRIST _____
- EDUCATIONAL SPECIALIST (assists children with diverse learning needs) _____
- LICENSED EDUCATOR (i.e. a teacher) _____
- PHYSICAL THERAPIST _____
- SPEECH LANGUAGE PATHOLOGIST _____
- DIETICIAN/NUTRITIONIST _____
- PARAPROFESSIONAL (special training; not necessarily w/ professional order) _____
- OCCUPATIONAL THERAPIST _____
- SOCIAL/FAMILY SERVICE WORKER _____
- PEDIATRICIAN/DEVELOPMENTAL PEDIATRICIAN _____
- BEHAVIORAL CONSULTANT _____
- EARLY INTERVENTION SPECIALIST (a certified professional with educational background in service provision for infants and young children w/ special needs) _____
- RECREATION/ART/PLAY/MUSIC THERAPIST _____
- OTHER (Please Specify) _____

12. Please indicate the weekly hours that your child works with the following professionals.

- PSYCHOLOGIST:
- PSYCHIATRIST:
- EDUCATIONAL
SPECIALIST:
- LICENSED EDUCATOR:
- PHYSIOTHERAPIST:
- SPEECH LANGUAGE
PATHOLOGIST:
- DIETICIAN/NUTRITIONIST:
- PARAPROFESSIONAL:
- OCCUPATIONAL
THERAPIST:
- SOCIAL/FAMILY SERVICE
WORKER:
- OTHER (please specify)::

13. Was your child put on a waiting list before being ASSESSED?

Yes _____

No _____

14. If there was a wait time for assessment, how long (weeks, months, years) did you and your child have to wait before receiving an assessment?

15. After being assessed, was your child put on a waiting list before RECEIVING SERVICES?

Yes _____

No _____

16. If there was a wait time, how long (weeks, months, years) did you and your child have to wait before receiving services?

17. What was the initial cost to YOU to have your child assessed?

18. What is the average monthly cost to YOU for your child's early intervention services?

19. What type of program does your child attend?

*(please **highlight** or write YES/mark "X" beside those that apply)*

PRIVATE (parents cover cost) _____

NOT FOR PROFIT (parents cover partial; fundraising/donations cover the rest) _____

PUBLIC (government covers the cost) _____

OTHER (Please Specify) _____

20*. On a scale of 1 to 10, please rate your general satisfaction with your child's centre/program (1 = not at all satisfied; 5 = somewhat satisfied; 10=completely satisfied)

21*. On a scale of 1 to 10, please rate your overall satisfaction with your child's outcomes or progress (1 = not at all satisfied; 5 = somewhat satisfied; 10=completely satisfied)

22*. On a scale of 1 to 10, how would you rate the adequacy of your child's service providers in their ability to respond to your child's needs (1 = not at all adequate; 5 = somewhat adequate; 10=completely adequate)

23*. On a scale of 1 to 10, how would you rate the ability of your government to provide adequate responses to children with developmental delays (1 = not at all able to meet their needs; 5 = somewhat able to meet their needs; 10=completely able to meet their needs)

SECTION TWO

Please **bold/highlight** a number (1,2,3,4,5) to match your response to each statement.

<i>When we face problems or difficulties in our family, we respond by:</i>	Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree
1. Sharing our difficulties with relatives	1	2	3	4	5
2. Seeking encouragement and support from friends	1	2	3	4	5
3. Knowing we have the power to solve major problems	1	2	3	4	5
4. Seeking information and advice from persons in other families who have faced the same or similar problems	1	2	3	4	5
5. Seeking advice from relatives	1	2	3	4	5
6. Seeking assistance from community agencies/programs to help families in our situation	1	2	3	4	5
7. Knowing that we have the strength within our family to solve our problems	1	2	3	4	5
8. Receiving gifts and favors from neighbors (e.g. food, taking mail)	1	2	3	4	5
9. Seeking information and advice from the family doctor	1	2	3	4	5
10. Asking neighbors for favors and assistance	1	2	3	4	5
11. Facing the problems "head-on" and trying to get solution right away	1	2	3	4	5
12. Watching television	1	2	3	4	5
13. Showing that we are strong	1	2	3	4	5

14. Attending church services	1	2	3	4	5
15. Accepting stressful events as a fact of life	1	2	3	4	5
16. Sharing concerns w/ close friends	1	2	3	4	5
17. Knowing luck plays a big part in how well we are able to solve family problems	1	2	3	4	5
18. Exercising with friends to stay fit and reduce tension	1	2	3	4	5
19. Accepting that difficulties occur unexpectedly	1	2	3	4	5
20. Doing things with relatives (get-togethers, dinners, etc.)	1	2	3	4	5
21. Seeking professional counseling and help for family difficulties	1	2	3	4	5
22. Believing we can handle our own problems	1	2	3	4	5
23. Participating in church activities	1	2	3	4	5
24. Defining the family problem in a more positive way so that we do not become too discouraged	1	2	3	4	5
25. Asking relatives how they feel about problems we face	1	2	3	4	5
26. Feeling that no matter what we do to prepare, we will have difficulty handling problems	1	2	3	4	5
27. Seeking advice from a minister	1	2	3	4	5
28. Believing if we wait long enough, the problem will go away	1	2	3	4	5
29. Sharing problems with neighbors	1	2	3	4	5
30. Having faith in God	1	2	3	4	5

SECTION THREE

PEOPLE: refers to individuals who work directly with you or your child. These **may include** psychologists, therapists, social workers, doctors, teachers, etc.

Please **bold/highlight** a number (0 through 7) to match your response to each statement

In the past year, to what extent do the PEOPLE who work with your child....	Indicate HOW MUCH this event or situation happens to you							
	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	N/A
1....help you feel competent as a parent?	7	6	5	4	3	2	1	0
2....provide you with written information about what your child is doing in therapy?	7	6	5	4	3	2	1	0
3...provide a caring atmosphere rather than just give you information?	7	6	5	4	3	2	1	0
4. ...let you choose when to receive information and the type of information you want?	7	6	5	4	3	2	1	0
5. ...look at the needs of your whole@ child (e.g., at mental, emotional, and social needs) instead of just at physical needs?	7	6	5	4	3	2	1	0
6. ...make sure that at least one team member is someone who works with you and your family over a long period of time?	7	6	5	4	3	2	1	0
7. ...fully explain treatment choices to you?	7	6	5	4	3	2	1	0

8. ...provide opportunities for you to make decisions about treatment?	7	6	5	4	3	2	1	0
9. ...provide enough time to talk so you don't feel rushed?	7	6	5	4	3	2	1	0
10. ...plan together so they are all working in the same direction?	7	6	5	4	3	2	1	0
11. ...treat you as an equal rather than just as the parent of a patient (e.g., by not referring to you as "Mom" or "Dad")?	7	6	5	4	3	2	1	0
12. ...give you information about your child that is consistent from person to person?	7	6	5	4	3	2	1	0
13. ...treat you as an individual rather than as a "typical" parent of a child with a disability?	7	6	5	4	3	2	1	0
14. ...provide you with written information about your child's progress?	7	6	5	4	3	2	1	0
15. ...tell you about the results from assessments?	7	6	5	4	3	2	1	0

ORGANIZATION: refers to all staff from the health care organization, whether involved directly with your child or not. In addition to health care people they **may include** support staff such as office staff, housekeepers, administrative personnel, etc.
Please **bold/highlight** a number (0 through 7) to match your response to each statement

In the past year, to what extent does the ORGANIZATION where you receive services....	Indicate HOW MUCH this event or situation happens to you							
	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	N/A
16. ...give you information about the types of services offered at the organization or in your community?	7	6	5	4	3	2	1	0
17. ...have information available about your child's disability (e.g., its causes, how it progresses, future outlook)?	7	6	5	4	3	2	1	0
18. ...provide opportunities for the entire family to obtain information?	7	6	5	4	3	2	1	0
19. ...have information available to you in various forms, such as a booklet, kit, video, etc.?	7	6	5	4	3	2	1	0
20. ...provide advice on how to get information or to contact other parents (e.g., organization's parent resource library)?	7	6	5	4	3	2	1	0