State of Wyoming
Part C Family Survey – Early Intervention

Name of Developmental Preschool and Site: _____

Region #: _____

Date: _____

If your child is 36 months or younger complete this survey.

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. *You may skip any item that you feel does not apply to you or your child.*

Over the past year, Early Intervention services have helped me and/or my family:	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. Participate in typical activities for children and families in my community	1	2	3	4	5	6
2. Know about services in the community	1	2	3	4	5	6
3. Improve my family's quality of life	1	2	3	4	5	6
4. Know where to go for support to meet my child's needs	1	2	3	4	5	6
5. Know where to go for support to meet my family's needs	1	2	3	4	5	6
6. Get the services that my child and family need	1	2	3	4	5	6
7. Feel more confident in my skills as a parent	1	2	3	4	5	6
8. Keep up friendships for my child and family	1	2	3	4	5	6
9. Make changes in family routines that will benefit my child with special needs	1	2	3	4	5	6
10. Be more effective in managing my child's behavior	1	2	3	4	5	6
11. Do activities that are good for my child even in times of stress	1	2	3	4	5	6
12. Feel that I can get the services and supports that my child and family need	1	2	3	4	5	6
13. Understand how the Early Intervention system works	1	2	3	4	5	6
14. Be able to evaluate how much progress my child is making	1	2	3	4	5	6
15. Feel that my child will be accepted and welcomed in the community	1	2	3	4	5	6
16. Feel that my family will be accepted and welcomed in the community	1	2	3	4	5	6
17. Communicate more effectively with the people who work with my child and family	1	2	3	4	5	6
18. Understand the roles of the people who work with my child and family	1	2	3	4	5	6
19. Know about my child's and family's rights concerning Early Intervention services	1	2	3	4	5	6
20. Do things with and for my child that are good for my child's development	1	2	3	4	5	6
21. Understand my child's special needs	1	2	3	4	5	6
22. Feel that my efforts are helping my child	1	2	3	4	5	6

23. My child's age: ___ Years ___ Months

24. My child's age when first referred to early intervention or special education: ___ Years ___ Months

25. My child's race/ethnicity (select one)

1 White
2 Hispanic or Latino
3 American Indian or Alaskan Native
4 Black
5 Asian or Pacific Islander
6 Multi-Racial

26. My Child's Primary Disability (select one)

1 Autism
2 Deaf-blindness
3 Deafness
4 Emotional Disability
5 Hard of Hearing
6 Mental Retardation
7 Multiple Disabilities
8 Orthopedic Impairment
9 Other Health Impairment
10 Developmental Disability
11 Speech/Language Impairment
12 Traumatic Brain Injury
13 Visual Impairment (Including Blindness)
14 Unsure/don't know