



Missouri First Steps Program Family Survey

For Families of Children Who Participate in the First Steps Program

Your help is needed to improve the First Steps program. This survey asks for your opinions regarding the services provided to your child and family. Please base your answers on your own personal experiences. All surveys are confidential. If you have more than one child in the First Steps program, we ask that you please complete a separate survey for each child. Thank you for your help.

1. How old is your child now? _____ years _____ months
2. At what age did your child first begin receiving First Steps services? _____ years _____ months
3. In which Missouri county do you live? _____

The next items ask how strongly you agree or disagree with statements about your experiences with First Steps. For each statement, please fill in the circle that best describes your experience or feelings. If the statement does not apply to your situation, please fill in the circle signifying “Does Not Apply.”

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
4. It was easy to learn about First Steps.	<input type="radio"/>				
5. It was easy to find out if my child was eligible for services.	<input type="radio"/>				
6. It was easy to obtain the services that are needed for my child and family.	<input type="radio"/>				
7. No unnecessary services were included in our Individualized Family Services Plan (IFSP).	<input type="radio"/>				
8. When my child was evaluated, all concerns about my child’s development raised by me and others were addressed.	<input type="radio"/>				
9. The results of my child’s assessments or evaluations were explained to me in ways I understood.	<input type="radio"/>				
10. I received information and explanations about our family’s rights to file a child complaint.	<input type="radio"/>				
11. I received information and explanations about our parental rights.	<input type="radio"/>				
12. I feel the service coordinator listens to me and encourages my opinions.	<input type="radio"/>				
13. Our service coordinator helps my family get the services we need in a timely manner.	<input type="radio"/>				
14. In creating our IFSP, I am asked about areas where our family feels things are fine and where we feel we need help.	<input type="radio"/>				
15. We receive all the services listed in our IFSP.	<input type="radio"/>				
16. All the services I felt necessary were included in the IFSP.	<input type="radio"/>				
17. First Steps service providers were effective and knowledgeable in working with my child's disability.	<input type="radio"/>				

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
18. I feel the First Steps service providers listen to me and respect my opinions.	<input type="radio"/>				
19. First Steps services give my family the tools to directly improve my child's development.	<input type="radio"/>				
20. The services included in the IFSP were explained so that I understood them.	<input type="radio"/>				
21. I believe the services my child and family receive are appropriate and necessary.	<input type="radio"/>				
22. IFSP meetings are scheduled at a time and place that are convenient for me and my family.	<input type="radio"/>				
23. Over the past year, First Steps services have helped me and/or my family:					
a. To participate in everyday routines even though we have a child with special needs.	<input type="radio"/>				
b. Feel more confident in my skills as a parent/guardian.	<input type="radio"/>				
c. Understand my child's needs.	<input type="radio"/>				
d. Be more optimistic about my child's future.	<input type="radio"/>				
24. Since being part of First Steps, I can work with professionals.	<input type="radio"/>				
25. Since being part of First Steps, I know how to advocate for what my child needs.	<input type="radio"/>				
26. Our family is better off because of the First Steps program.	<input type="radio"/>				
27. Our child is better off because of the First Steps program.	<input type="radio"/>				
	Weekly	Bi-Weekly	Monthly	Every Six Months	Annually
28. Approximately how often does your family use the help of your Service Coordinator?	<input type="radio"/>				

► If you would like to share your experience with the First Steps Program, please do so below. (Name and contact information is optional.) ◀

**THANK YOU FOR YOUR TIME. PLEASE RETURN
YOUR SURVEY IN THE ENCLOSED SELF-ADDRESSED ENVELOPE**

or mail to:
Department of Elementary and Secondary Education, Division of Special Education
Pam Thomas, Coordinator, Early Intervention Services, P.O. Box 480, Jefferson City, MO 65102.

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