



**FIRST STEPS FAMILY SURVEY**



**INSTRUCTIONS**

As a parent/guardian of a child in First Steps, your feedback is needed to help 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. Your responses will be confidential. If you have more than one child in the First Steps program, we ask that you complete a separate survey for each child.

Mail the completed survey in the enclosed envelope by July 15, 2014 and mail to: Missouri Department of Elementary and Secondary Education, Office of Special Education, Attention: First Steps, PO Box 480, Jefferson City, MO 65102.

If you have questions about the survey, please contact First Steps at (573) 522-8762 or email [sefirststeps@dese.mo.gov](mailto:sefirststeps@dese.mo.gov).

**CHILD**

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?	County	

**PROGRAM**

The following items ask how strongly you agree or disagree with statements about your experiences with First Steps. For each statement fill in the circle that best describes your experience.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
4. It was easy to learn about First Steps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It was easy to find out if my child was eligible for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It was easy to obtain the services that are needed for my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Only necessary services were included in our Individualized Family Services Plan (IFSP).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When my child was evaluated, any concern about my child's development raised by me or my family was addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The results of my child's assessments or evaluations were explained to me in ways I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I received information and explanations about our family's rights to file a child complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I received information and explanations about our parental rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Our service coordinator listens to me and encourages my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Our service coordinator helps my family get the services we need in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. In creating our IFSP, I am asked about areas where I feel things are working well and where I feel we need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Our family receives all the services listed in our IFSP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. All the services I felt necessary were included in the IFSP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**PROGRAM (continued)**

	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
17. First Steps service providers are effective and knowledgeable in working with my child's disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Our First Steps service providers listen to me and respect my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. First Steps services give my family the tools to directly improve my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Our services included in the IFSP were explained so that I understood them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I believe the services my child and family receive are appropriate and necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. IFSP meetings are scheduled at a time and place that are convenient for me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Over the past year, First Steps services have helped me and my family:				
a. Participate in everyday routines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feel more confident in my skills as a parent/guardian.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Understand my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Be more optimistic about my child's future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. We are able to find and use the services and programs available to us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. We know who to contact and what to do when we have questions or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Our family is better off because of the First Steps program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Our child is better off because of the First Steps program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>WEEKLY</b>	<b>MONTHLY</b>	<b>EVERY SIX MONTHS</b>	<b>ANNUALLY</b>
28. Our family used the help of our Service Coordinator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**OPTIONAL: Additional comments about your First Steps experience.**

**OPTIONAL: Name and Contact Information**

PARENT/GUARDIAN NAME	PHONE NUMBER
EMAIL ADDRESS	