



FIRST STEPS FAMILY SURVEY



INSTRUCTIONS

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

Mail the completed survey in the enclosed envelope by **May 1, 2018** or 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

CHILD INFORMATION

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	

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

FAMILY OUTCOMES

	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. I received an explanation of the First Steps parental rights from my service coordinator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know my First Steps parental rights related to my child's special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. At First Steps meetings, I am comfortable asking for services and supports that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel I am an active part of the team when we meet to discuss my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAM OUTCOMES

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
9. My primary provider in First Steps helps me teach my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My First Steps providers work with me to help my child in everyday activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am able to help my child learn new skills because of First Steps services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My First Steps providers are knowledgeable and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. First Steps helps me know how to find and use the services and programs available to my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. First Steps helps me know who to contact and what to do when I have questions or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENT INVOLVEMENT

15. Would you like to share your First Steps experience in a newsletter given to families in First Steps?

Yes

No

16. Would you like more information about participating on a First Steps advisory council in your region?

Yes

No

If you answered Yes to Question 15 or 16 and want First Steps to contact you, enter your contact information here. You may also contact First Steps at: 573.522.8762 or email: sefirststeps@dese.mo.gov

PARENT/GUARDIAN NAME

PHONE NUMBER

EMAIL ADDRESS

Optional: You may enter additional comments here.