



FIRST STEPS FAMILY SURVEY Proposed Future Survey



INSTRUCTIONS

As a parent/guardian of a First Steps child, 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, we ask that you complete a separate survey for each child.

Mail the completed survey in the enclosed envelope by July 1, 2014 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

1. At what age did your child first begin receiving First Steps services?	Years	Months
2. 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

APR 4A (Q10)
APR 4A (Q11)
APR 4B (Q24)
APR 4B (Q25)
APR 4C (Q19)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
3. I received information and explanations about our family's rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. We know our rights related to our child's special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We know how to find and use the services and programs available to us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 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"/>
7. Because of First Steps services, we are able to help our child learn new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. We know the next steps for our child's growth and learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. We understand our child's strengths and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. We understand our child's delays and needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. We are comfortable asking for services and supports that our child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAM OUTCOMES

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
12. The information I received about First Steps was written in an understandable way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My service coordinator is knowledgeable and professional in explaining information to me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The First Steps providers that worked with my child were dependable.	<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), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov.

PROGRAM OUTCOMES (continued)				
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
15. The First Steps providers that worked with my child were easy to talk to about my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I was given choices concerning my family's services and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I felt I was part of the team when we met to discuss my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The options available for our child after leaving the First Steps program were explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. We are able to tell when our child is making progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am satisfied with my child's progress in First Steps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. 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"/>
FAMILY SUPPORTS AND RESOURCES				
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
22. We have friends or family members we can rely on when we need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am able to take care of my own needs and do things I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. We are able to do things we enjoy together as a family.	<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				