

PARENT NAME	PHONE NUMBER	PROGRAM
DATE	TIME	ATTEMPT
<p>Hello, may I please speak with [PARENT NAME]? Hello Mr./Ms. [LAST NAME]. My name is Tanayia, and I am calling from the Baby Watch Early Intervention Program. Baby Watch is the state agency responsible for early intervention in Utah.</p> <p>I am calling to learn about your experience with [PROGRAM], your early intervention provider. Your feedback will be used to improve services for other Utah families. The survey will take 10 minutes, and all of your answers are confidential.</p>		
	Yes	No
May I proceed with the survey?		
If not, is there a better time that I can contact you?		
I will begin with a few general questions.		
1. How did you first hear about the Baby Watch Early Intervention Program?		
2. Were you informed by [PROGRAM] staff that their program was part of the Baby Watch Early Intervention statewide system?		
3. Is your child currently enrolled and receiving services from [PROGRAM] ?	PAGE 4	NEXT QUESTION
4. Did your child not qualify for services? Or is your child no longer receiving services?		
a. Did not qualify/was not eligible	PAGE 2	
b. No longer receiving services	NEXT QUESTION	
5. About how old was your child when they left early intervention?	Age: THEN PAGE 3	

Page 2: Did not qualify/was not eligible

Now I will read several statements about the service providers from **[PROGRAM]** that came to your home to evaluate your child's eligibility for early intervention. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers scheduled the evaluation at a convenient time for my family.		
2. The service providers came to our home to evaluate my child.		
3. More than one service provider evaluated my child.		
4. The service providers explained the testing methods and used testing materials that were in good condition.		
5. The service providers recommended that my child be tested in all areas of development, including those areas we had concerns about.		
6. The service providers asked about my child's medical history.		
7. The service providers checked my child's hearing and vision.		
8. The service providers gave our family the chance to ask questions and to express concerns (if any), and they listened to what we had to say.		
9. The service providers gave us information about other resources, supports, and/or services in the community.		
10. The service providers treated my family with dignity and respect throughout the evaluation process.		
11. The service providers who evaluated my child were professional, reliable, and skilled.		
12. The [PROGRAM] sent me a letter explaining why my child was found not eligible for services.		
13. I would recommend [PROGRAM] to a friend or colleague.		
14. What changes would you recommend that [PROGRAM] make to their eligibility evaluation process?		
15. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM] ?		

Thank you for answering all of our questions. Your feedback plays an important part in helping us provide quality early intervention services in Utah. If you have any questions or comments please contact the Baby Watch Early Intervention Program at (801) 584-8206, or visit utahbabywatch.org. Again, thank you for taking the time to share your experience with us.

Page 3: No longer receiving services

Now I will read several statements about the service providers from **[PROGRAM]** that came to your home to work with your family. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers promptly arranged for services for my child.		
2. The service providers helped my family leave early intervention, and start preschool or other community programs.		
3. The service providers genuinely cared about my family.		
4. The service providers worked with my family to create an Individualized Family Service Plan, or IFSP, that reflected our concerns, priorities, and resources.		
5. The service providers discussed the strategies and activities on the Individualized Family Service Plan, or IFSP, with my family.		
6. The service providers listened to and respected the needs of my family throughout our time together.		
7. The service providers were professional, reliable, and skilled.		
8. The service providers explained that our Individualized Family Service Plan, or IFSP, was based on our family's everyday activities and routines.		
9. My family benefitted from [PROGRAM] .		
10. I would recommend [PROGRAM] to a friend or colleague.		
11. What was the best part of your experience with [PROGRAM] ?		
12. What changes would you recommend that [PROGRAM] make to the services they provide to families?		
13. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM] ?		

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Page 4: Currently enrolled/receiving services

Now I will to read several statements about the service providers from **[PROGRAM]** that come to your home to work with your family. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers schedule visits at convenient times for my family.		
2. The service providers come to the home to work with my family.		
3. The service providers treat me like a valuable member of my child's early intervention team.		
4. The service providers encourage me to work with my child during visits.		
5. The service providers genuinely care about my family, and want to learn about our strengths and weaknesses.		
6. The service providers work with us to create an Individualized Family Service Plan (or IFSP) that reflects our family's concerns, priorities, and resources.		
7. The service providers show us how everyday activities support our child's learning and development.		
8. The service providers give us information about our child's disability and/or medical diagnosis.		
9. The service providers give us information about other available services, community agencies, and programs.		
10. The service providers give us information about services our child might receive in the future.		
11. The service providers give us information that is useful and easy to understand.		
12. The service providers are professional, knowledgeable, and willing to speak with us about how services are going.		
13. The service providers help us feel more confident that we can meet our child's needs.		
14. We are satisfied with the length of our home visits, and with how often the visits are.		
15. We are satisfied with our child's progress since beginning services with [PROGRAM] .		
16. We know who to call if we have questions or concerns about [PROGRAM] services.		
17. We know how to access our child's [PROGRAM] records using the online Parent Portal.		
18. We would rather get our child's visit notes on the Parent Portal, instead of a paper at the end of each visit.		
19. What changes would you recommend that [PROGRAM] make to the services they provide to families?		
20. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM] ?		

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