

DHS Early Intervention Monitoring Program

Child and Family Connections Family Satisfaction Survey

| MONITOR/EVALUATION COMPONENT | | Yes | No | COMMENTS |
|------------------------------|---|-----|----|----------|
| 001 | Were you satisfied with the amount and type of information you initially received about the EI service system? | | | |
| 002 | Did the CFC Staff explain confidentiality of data collection? (HIPAA Rights) | | | |
| 003 | Did you feel you received the information you needed to make informed choices? | | | |
| 004 | Were you given the choice of where your child's evaluations were going to be held? | | | |
| 005 | Were the evaluation(s) and/or assessment(s) conducted on your child, scheduled at times convenient for you and your family? | | | |
| 006 | Were you told how the evaluation(s) and/or assessment(s) information would be used to determine needed services for your child? | | | |
| 007 | Were you involved with the evaluation(s) and/or assessment(s) of your child? | | | |
| 008 | Were the results of the evaluation(s) and assessment(s) fully explained to you in an understandable manner? | | | |
| 009 | Were the family fees fully explained to your family? | | | |
| 010 | Have you sent your fees to the Central Billing Office? | | | |
| 011 | Did the CFC explain the use of private insurance for payment of services? | | | |
| 012 | Did the IFSP team members ask for your assistance in the development of outcomes for your child and family? | | | |
| 013 | Do you feel your priorities for your child and family were the most important considerations when the outcomes were developed for the IFSP? | | | |
| 014 | Did you receive a complete copy of your child's IFSP before services for your child began? | | | |
| 015 | Did your Service Coordinator inform you about documents needed to start services (prescriptions, insurance information, Medicaid card, consent for services) so you had the information required to start services? | | | |
| 016 | Did your services begin approximately 2-weeks after the development of your child's IFSP? | | | |

