

# Parent/Family Survey - Part C (Children Ages Birth to 3)

## 1. Letter to Families

Dear Wisconsin families:

Please complete this survey if you have children who have recently received or are receiving Birth to Three services recently.

On November 30, the U.S. Department of Education will be visiting the Wisconsin Department of Public Instruction (DPI) to look at Wisconsin's compliance with IDEA Part C.

The U.S. Dept. of Education has asked us to survey parents about their experience and knowledge with the Birth to Three - Part C system in Wisconsin (see SECTION 2). This is the first time parents have been asked to provide this input and it is a great opportunity to contribute to improving the system for children in Wisconsin.

About taking the survey:

---If you have more than one child, you can do a survey for each child if you want.

---Spouses and family members can also complete the survey.

---Skip questions you are not sure about.

---The information is ANONYMOUS. Only a summary of all of the answers will be given to the US Department of Education, not individual responses.

Answers given to the questions in Sections 3-6 will not be shared with the Dept. of Education, but will give us information on how we can better serve families.

The whole survey will take about 10 minutes. If you have any questions, please contact us at 877-374-0511.

Thanks very much.

WI FACETS

## 2. Part C Survey Questions - Birth to Three Services:

Section 2 is the only part of this survey that will be shared with the U.S. Department of Education. It will be shared ANONYMOUSLY. The responses of everyone who completes Section 2 will be added together.

I was told about my rights in the Early Intervention Program and the federal special education law, the Individuals with Disabilities Education Act (IDEA).

Yes

No

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Based on my experiences with early intervention in Wisconsin, I feel this area needs the most improvement: (pick one)

- |   |   |
|---|---|
| <input type="radio"/> IFSPs                               | <input type="radio"/> Early Intervention Services Providers |
| <input type="radio"/> Transition from Part C to Part B    | <input type="radio"/> Timely Early Intervention Services    |
| <input type="radio"/> Other Community Based Services      | <input type="radio"/> Child Find and Referral               |
| <input type="radio"/> Qualified Service Providers         | <input type="radio"/> No Improvement Needed                 |
| <input type="radio"/> Evaluation Assessment               | <input type="radio"/> Don't Know                            |
| <input type="radio"/> Services in the Natural Environment |   |

In the past year, I know of problems in Wisconsin created by not following the Individuals with Disabilities Education Act (IDEA) that have been fixed.

- Yes
- No

In the past year, I have asked for one or more of the following to help solve a disagreement: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Mediation              | <input type="checkbox"/> A formal complaint to the state        |
| <input type="checkbox"/> Due process hearing    | <input type="checkbox"/> None of these (skip the next question) |
| <input type="checkbox"/> Other (please specify) |   |

If you checked above question:

The mediation agreement or the decision letter about my complaint that I received talked about each of my concerns.

- Yes
- No

I know how to get information about the early intervention system and services in Wisconsin.

- Yes
- No

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If yes to above question, I got this information from:

- Website
- Alianza Latina
- State or local education agency staff
- WSPEI
- WI FACETS
- Other (please specify)

I think the early intervention system in Wisconsin is providing the services and supports my child and family need.

Yes

No

I know that Wisconsin is collecting information on early childhood outcomes to use in improving early intervention services.

Yes

No

My child receives services in his or her natural environment including home, childcare, or other places in the community.

5=Agree Strongly

4

3=Neutral

2

1=Disagree Strongly

I know the results of the US Department of Education's evaluation show how well my state follows early intervention law and regulations. (State Compliance Determination)

Yes

No

### 3. Your Household

I live in this county of Wisconsin.

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\* I would describe myself as a: (check all that apply)

Parent

Educator

Grandparent

Professional

Family member

Service provider

My ethnicity:

African American

Caucasian

Asian

Hispanic

American Indian

Pacific Islander

Other (please specify)

## 4. Your Child

I have a child/ren within these age ranges:

Birth to age 3 years

14 through 21 years

3 through 5 years

Over 21

6 to 14 years

Child's disability (check all that apply):

ADD/ADHD

Emotional Behavioral Disability

Significant Learning Disability

Autism

Hearing Impaired

Suspected

Cognitive Delay

Mental Illness

Vision Impaired

Deaf Blindness

Orthopedic Impairment

Traumatic Brain Injury

Developmental Delay

Other Health Impaired

Other (please specify)

## 5. Getting Information

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when I need quality information about Birth to 3 or my child's rights, I get it from:

- WI FACETS
- Birth to 3 Agency
- Internet
- Friends/Relatives/Other Parents
- Other Sources

Some of my other sources are:

The information provided to me by WI FACETS ultimately helped to improve my child's Birth to Three services:

- Yes
- No
- N/A

Comments

The training or information I received from WI FACETS helped me understand how to resolve an issue or dispute related to my child's Birth to 3 services:

- Yes
- No
- N/A

Comments

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I most prefer to attend trainings that are (select only one):

In-Person

Telephone/ Webinar

Archived training (downloadable on a website or on a DVD)

Comments:

The training topics I find most helpful are (check all that apply):

IFSPs

Disability specific

Special education laws

Effective communication

IEPs

Conflict resolution (as, mediation)

Preschool Options

Positive behavior intervention & supports

Transition from Birth to 3 to School

Other (please specify):

My family faces certain barriers that sometimes make it hard to get information or training about my child's needs (check all that apply):

I don't have access to child care

I can't always get off work

I don't have access to transportation

Training and/or information is not offered in my native language

I am not comfortable in my child's school

I don't have a computer/internet in my home

I feel overwhelmed just dealing with the day-to-day issues

I don't face any obstacles

Other (please specify):

6. Thank You!

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Final comments:

Please contact: [jserak@wifacets.org](mailto:jserak@wifacets.org), [csalzer@wifacets.org](mailto:csalzer@wifacets.org), or tollfree 877-374-0511 if you have any questions about the survey.

Paper copies of the survey may be faxed to: 414-374-4655  
or mailed to: WI FACETS, 2714 N. Dr. Martin Luther King Drive, Milwaukee, WI 53212.

Thank you very much for completing this survey!