Hawaii Department of Health, Early Intervention Section

Family Outcomes Survey

The Department of Health, Early Intervention Section in interested in learning from you on how the early intervention system is doing, and to meet federal reporting requirements of the Individuals with Disabilities Education Act (IDEA) to the U.S. Department of Education, Office of Special Education Programs (OSEP).

The Family Outcomes Survey is designed to obtain feedback from you regarding early intervention services and how early intervention has supported you in meeting your child needs. Your responses cannot be personally linked to you or your child. If you prefer to complete a paper survey, please contact your Early Intervention Program.

When completing the survey, choose the answer that best describes your family. You may choose to not answer a question. The word "we" or "our" refer to your family.

If you have questions about the survey, please call your program directly or you may call the Early Intervention Section, at (808)594-0000. Neighbor Islands may use the toll-free number 1-800-235-5477.

Mahalo nui loa for your assistance.

inte you helj	Eructions: Section A of the Family Outcomes Survey focuses on the helpfulness of early ervention. For each question below, please select how helpful early intervention has been to and your family over the past year: Not at all helpful, a little helpful, somewhat helpful, very oful, or extremely helpful.	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful					
Knowing your rights How helpful has early intervention been in											
но 1.	Giving you useful information about services and support for you and your child?	0	0	0	0	0					
2.	Giving you useful information about your rights related to your child's special needs?	0	0	0	0	0					
3.	Giving you useful information about who to contact when you have questions or concerns?	0	0	0	0	0					
4.	Giving you useful information about available options when your child leaves the program?	0	0	0	0	0					
5.	Explaining your rights in ways that are easy for you to understand?	0	0	0	0	0					
Communicating your child's needs											
Но	w helpful has early intervention been in										
6.	Giving you useful information about your child's delays or needs?	0	0	0	0	0					
7.	Listening to you and respecting your choices?	0	0	0	0	0					
8.	Connecting you with other services or people who can help your child and family?	0	0	0	0	0					
9.	Talking with you about your child and family's strengths and needs?	0	0	0	0	0					
10.	Talking with you about what you think is important for your child and family?	0	0	0	0	0					
11.	Developing a good relationship with you and your family?	0	0	0	0	0					
Helping your child develop and learn											
How helpful has early intervention been in											
12.	Giving you useful information about how to help your child get along with others?	0	0	0	0	0					
13.	Giving you useful information about how to help your child learn new skills?	0	0	0	0	0					
14.	Giving you useful information about how to help your child take care of his/her needs?	0	0	0	0	0					
15.	Identifying things you do that help your child learn and grow?	0	0	0	0	0					
16.	Sharing ideas on how to include your child in daily activities?	0	0	0	0	0					
17.	Working with you to know when your child is making progress?	0	0	0	0	0					



Instructions: Section B of the Family Outcomes Survey focuses on the ways in which you support your child's needs. For each statement below, please select which option best describes your family right now: not at all, a little, somewhat, almost, or completely.		A little	Somewhat	Almost	Completely	
Outcome 1: Understanding your child's strengths, needs, and abilities						
18. We know the next steps for our child's growth and learning.	0	0	0	0	0	
19. We understand our child's strengths and abilities.	0	0	0	0	0	
20. We understand our child's delays and/or needs.	0	0	0	0	0	
21. We are able to tell when our child is making progress.	0	0	0	0	0	
Outcome 2: Knowing your rights and advocating for your child						
22. We are able to find and use the services and programs available to us.	0	0	0	0	0	
23. We know our rights related to our child's special needs.	0	0	0	0	0	
24. We know who to contact and what to do when we have questions or concerns.	0	0	0	0	0	
25. We know what options are available when our child leaves the program.	0	0	0	0	0	
26. We are comfortable asking for services & supports that our child and family need.	0	0	0	0	0	
Outcome 3: Helping your child develop and learn						
27. We are able to help our child get along with others.	0	0	0	0	0	
28. We are able to help our child learn new skills.	0	0	0	0	0	
29. We are able to help our child take care of his/her needs.	0	Ο	0	0	0	
30. We are able to work on our child's goals during every day routines.	0	0	0	0	0	
Outcome 4: Having support systems						
31. We are comfortable talking to family and friends about our child's needs.	0	0	0	0	0	
32. We have friends or family members who listen and care.	0	0	0	0	0	
33. We are able to talk with other families who have a child with similar needs.	Ο	Ο	0	Ο	Ο	
34. We have friends or family members we can rely on when we need help.	0	0	0	0	0	
35. I am able to take care of my own needs and do things I enjoy.	Ο	0	0	0	0	
Outcome 5: Accessing the community						
36. Our child participates in social, recreational, or religious activities that we want.	0	0	0	0	0	
37. We are able to do things we enjoy together as a family.	0	0	0	0	0	
38. Our medical and dental needs are met.	0	0	0	0	0	
39. Our childcare needs are met.	0	0	0	0	0	
40. Our transportation needs are met.	0	0	0	0	0	
41. Our food, clothing, and housing needs are met.	0	0	0	0	0	
Outcome 6: Child Outcome's Summary Process (COS)						
42. We understand the Child Outcomes Summary process related to positive social-emotional						
skills, use of knowledge and skills, and appropriate behaviors to meet their needs.	0	0	0	0	0	
43. We participated in the COS ratings discussion for our child.	0	0	0	0	0	
44. The COS discussion helped us to identify and support the development of the						
Individualized Family Support Plan (IFSP) outcomes for our child.	0	0	0	0	0	



- 45. Child's Gender
 - O Male O Female
- 46. Child's age at time of survey completion
 - O Birth to 1 year
 - 1 2 years
 - O 2 3 years
- 47. Child's age when first referred to Early Intervention
 - O Birth to 1 year
 - O 1 2 years
 - O 2 3 years
- 48. How long has your child been in Early Intervention?
 - O Less than 6 months
 - O 6 months 1 year
 - O 1 2 years
 - O Over 2 years
- 49. Is your child of Hispanic of Latino origin?
 - O Yes
 - O No

- 50. What is the primary ethnicity of your child? (Select only one)
 - O African American
 - O American Indian or Alaskan Native
 - O Caucasian (including Portuguese)
 - O Chinese
 - O Filipino
 - ${f O}$ Hawaiian/Part Hawaiian
 - O Japanese
 - O Korean
 - O Micronesian
 - O Samoan
 - ${\rm O}$ Other Asian
 - O Other Pacific Islander
- 51. What are the other ethnicities of your child? (Multiple responses accepted)
 - O African American
 - O American Indian or Alaskan Native
 - O Caucasian (including Portuguese)
 - O Chinese
 - O Filipino
 - O Hawaiian/Part Hawaiian
 - O Japanese
 - O Korean
 - O Micronesian
 - O Samoan
 - O Other Asian
 - O Other Pacific Islander