

## Exit Survey

### Allen County Local Exit Survey

Please answer the following questions "yes", "no", "sometimes", or "unsure" If a question does not apply to your family, please put an N/A for not applicable	Service Coordinator & Agency (Name)	Speech Therapist & Agency (Name)	Physical Therapist & Agency (Name)	Developmental Therapist & Agency (Name)	Occupational Therapist & Agency (name)	Other (Name)	Other (Name)
1. I am satisfied with the service my provider is giving my child and family.							
2. I feel this First Steps provider respects my family's way of life.							
3. I am comfortable asking questions, offering opinions, or suggesting improvements.							
4. This provider has helped me gain a better understanding of my child's special needs.							
5. This provider has helped me learn about my child's development and progress.							
6. I believe this provider is well trained and knows how to work with my child.							
7. I am satisfied that my child is receiving services as scheduled and as agreed to in the Family Service Plan (IFSP)							
8. My Service Coordinator has helped me to make changes I needed in my child's services. (Service Coordinator only)							
9. Before my child left First Steps, I was made aware of the variety of community activities available for my child.							
10. I am able to reach this provider easily.							
11. Information I received from this provider is easy to understand (written and spoken).							
12. Would you recommend this provider to other parents?							
13. Were there services that you didn't receive that you would have liked First Steps to provide? (please make your comment on the other side)							

*We encourage additional comments on the back of this survey. Please be as specific as possible. List question number and provider name.*