

**COUNTY EARLY CHILDHOOD
INTERAGENCY TRANSITION COUNCIL**

Parent Questionnaire

Parents: Your answers on this questionnaire will help improve the movement of children from one program to another.

My child is currently enrolled in _____ program, school, or therapy.

Check the following programs that you child has been in :	Check the following services that you child receives:
<input type="checkbox"/> Hospital (more than 10 consecutive days) <input type="checkbox"/> Home <input type="checkbox"/> First Steps <input type="checkbox"/> Child Care <input type="checkbox"/> Pre-School <input type="checkbox"/> Pre-School Special Education <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Special Education Program <input type="checkbox"/> List other _____	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech-Language Therapy <input type="checkbox"/> Developmental Therapy <input type="checkbox"/> List other _____ <hr/> Check where your child receives these services: <input type="checkbox"/> home; <input type="checkbox"/> school; <input type="checkbox"/> preschool; <input type="checkbox"/> day care: <input type="checkbox"/> Hospital; <input type="checkbox"/> list other _____

Check the following that apply:

My Child's Needs	Yes	No
1. My child's needs have been identified by a therapist, teacher, doctor, etc.		
2. I feel my child's needs are being met.		
3. I use teacher meetings as a time to discuss my child's needs.		
4. I have seen positive changes in my child after talking with the teacher.		
List the needs of your child that are not being met.		

Services	Yes	No
1. I know what services are offered/available in the community.		
2. I know what services are offered/available in my child's program.		
3. I know and understand which services my child can receive.		
4. I know and understand why my child can not receive some services.		
5. The services my child receives meets my child's needs.		
State any comments on your child's services.		

Turn the page over

Information	Yes	No
1. I know who to call to get information when my child moves from one program to another.		
2. I know where to get information about the choices I have for my child.		
3. I know what needs to be done to move my child from one program to another.		
4. Information about my child's move was given to me in a timely manner.		
5. The information I was given was easy to understand.		
What needs improvement in the way you can get information?		

Parent Responsibilities	Yes	No
1. I know that I must give written permission for an evaluation to be completed, gather information, etc about my child.		
2. I know that keeping appointments is necessary for me to get my child moved from one program to another.		
3. I know that if I miss an appointment that I must call to get another one.		
4. I was involved in planning my child's move from one program to another.		
5. I understand what my parental rights and responsibilities are.		
State your comments on parent responsibilities.		

Special Needs Children	Yes	No
1. Moving my child into First Steps was smooth process.		
2. Moving my child into Special Services Unit (SSU) was smooth process.		
3. My child's First Steps (birth to 3 years) IFSP includes a transition page.		
4. I was given information about moving to other programs before my child left First Steps.		
5. Transition planning included activities to prepare my for my child's move to another program.		
6. I am satisfied with the move from one program to another.		
State any comments on your special needs child's moves from one program to another.		

Parent Name (Optional) _____ Phone Number (Optional) _____