Family Transition Survey

We would like to know about the services your child and family had before and after your child’s third birthday. The answers you give may improve the services provided to children like yours and their families. When you are finished, place the survey in the envelope provided. You do not need a postage stamp. PLEASE MAIL BY November 1, 2007.

1. In what year was your child born? ______

2. Did your child receive services from any early intervention program?
   ___ no → If you answered “no,” go to question 10 on page 2.
   ___ yes → Please check ✓ the Early Intervention programs that served your child.

   Healthy Start    Hilo Easter Seals
   North Hawaii Child Development Program Public Health Nursing (PHN)
   Other Early Intervention Program → program name

3. Write the age when your child first received service from an early intervention program?
   Years _____ Months _____

4. Which of the following best describes your child’s needs before he or she was three years old?
   Check ✓ one

   Speech-language problems
   Health or medical problems
   Developmental delays
   Autism
   Other ___ (describe)_____________________________________________

5. Below is a list of some ways Early Intervention programs may help children and families. Check ✓ how you felt about getting each kind of help:

   Services provided in our home or in the home of a baby-sitter or care-provider………..
   Services provided at a center with other children with disabilities …………………
   Therapists worked with my child and family……..
   Having a care coordinator to talk with ……………
   Learning about my child’s disability ……………
   Finding out how I can help my child ……………
   Information on services my family needs (such as food stamps, Quest, etc.) ……….
   Meeting families of children with disabilities …
   Meeting families of children without disabilities ..
   Amount of services my child received ……………

   liked didn’t like didn’t have

   ___ ___ ___
   ___ ___ ___
   ___ ___ ___
   ___ ___ ___
   ___ ___ ___
   ___ ___ ___
   ___ ___ ___

   PLEASE TURN OVER    for more questions
6. How did you feel when you learned your child could not have early intervention services after your child’s third birthday?

________________________________________________________________________
________________________________________________________________________

7. When your child turned three years old, did you want your child to stay in early intervention longer instead of starting DOE preschool? Yes___ No___

Why?______________________________________________________________
____________________________________________________________________

8. Now, after your experiences, would you have wanted your child to stay in early intervention longer instead of starting preschool?

Yes_____ No_____  

Why?______________________________________________________________
____________________________________________________________________

9. Please tell us about the Part C Transition Conference (A transition conference is a meeting with your Care Coordinator and someone from the DOE and/or people from other preschools)

Check √ one answer

I did not go to a Part C Transition Conference meeting ……………….. ___

I went to a Part C Transition Conference meeting and it helped me think about services for my child………………….. ___

I went to a Part C Transition Conference meeting and it was not helpful ___

10. Before you enrolled your child in a DOE special education preschool, did you visit the preschool?

Yes, I went to visit. ___

I did not know I could visit a preschool class _____

I knew I could visit a preschool class, but I did not go. ___

11. Were the DOE evaluation reports explained in a way that helped you?

No-one explained the evaluation reports to me _____

Yes, the explanation was helpful._____

No, the explanation was not helpful._____

12. Please tell us about the IEP (Individualized Education Program) meeting for your child.

I went to the meeting and people listened to my ideas _____

I went to the meeting but people did not listen to my ideas

I did not go to the IEP meeting._____

Comment?___________________________________________________________
____________________________________________________________________
13. Did you feel welcomed by DOE staff? ____Yes ____No

Comment?______________________________________________________________

14. How long has your child been in a DOE preschool? Years_____ months _____

15. Where is your child getting DOE Preschool services now?
   Please check √ the one place where your child is getting most of his or her services.
   A DOE classroom for children with disabilities ___
   A Head Start or community preschool class ___
   Other (where?)

16. Below is a list of some ways DOE Preschool may help children and families.
   Check √ how you feel about each kind of help

<table>
<thead>
<tr>
<th>Service</th>
<th>like</th>
<th>don’t like</th>
<th>do not have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being at a public school</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Being in a classroom with children with disabilities</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Being at a Head Start or community preschool</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Being around other children without disabilities</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Meeting families of children with disabilities</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Meeting families of children without disabilities</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Teachers and therapists providing services to the child</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>Having someone at school to talk with about needs</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Amount of services my child receives</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

Comments?______________________________________________________________

17. Compared with your feelings when your child started DOE preschool, how do you feel now?

   I am more satisfied._____  
   I am less satisfied._____  
   My feelings are unchanged._____  

   Comment?______________________________________________________________

18. Is there anything else you want to share?

   ________________________________________________________________
   ________________________________________________________________

Please return this survey in the attached envelope by November 1. Thank you.

If you would like to talk about your experiences, please call Jean Johnson at 956-2653