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 on to question 10 below.
   ___yes → Please check √ the Early Intervention programs that served your child.

   Early Intervention Section____ Healthy Start____
   Kailua Easter Seals ______ Kapolei Easter Seals ______
   Sultan Easter Seals ______ Waipahu Easter Seals ______
   KMC Early Intervention Services Program____ KMC Central____
   Lanakila Early Childhood Services Program (ECSP)____ Leeward ECSP____
   Windward ECSP____ Wahiawa ECSP____
   Salvation Army Therapeutic Nursery____ Public Health Nursing (PHN)____
   Waianae Parent Child Development Center____ United Cerebral Palsy____
   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 ............... ____ _____ _____

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?___________________________________________________________________________

__________________________________________________________________________________

PLEASE GO TO NEXT PAGE  for more questions
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

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<thead>
<tr>
<th>Being at a public school</th>
<th>like</th>
<th>don’t like</th>
<th>do not have</th>
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<tbody>
<tr>
<td>Being in a classroom with disabilities</td>
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<td>Being at a Head Start or community preschool</td>
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<td>Being around other children without disabilities</td>
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<td>Meeting families of children with disabilities</td>
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<td>Meeting families of children without disabilities</td>
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<td>Teachers and therapists providing services to the child</td>
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<td>Having someone at school to talk with about needs</td>
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<tr>
<td>Amount of services my child receives</td>
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</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 Nov 1. Thank you.**

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