

2019

Parent Name  
Address  
Address

Dear Parent Name,

Recently, you were invited to participate in a survey from the New York State Department of Health about your experience with the Early Intervention Program. You received this survey because your child received Early Intervention services and recently transitioned or is about to transition out of the program. The survey has questions about how Early Intervention services helped you and your family. Your feedback is very important to us. The information we learn from families will help improve the quality of services for all children and families.

Your responses will be kept private. Individual responses are not shared. A summary of all families' responses is included in a yearly report to the U.S. Department of Education to evaluate the program's support of families. The Bureau of Early Intervention also uses the survey feedback to make the program better.

For more information about the Early Intervention Program's work to engage families, please go to the Department of Health's website at [https://www.health.ny.gov/community/infants\\_children/early\\_intervention](https://www.health.ny.gov/community/infants_children/early_intervention).

To take part in this survey, please use the website link or QR code below. To use the QR Code, open your camera app on your smartphone device and hold it over the code. This will cause a notification to pop up, that when clicked will take you directly to the online survey.

Survey Link: [www.surveymonkey.com/r/FOS2019](http://www.surveymonkey.com/r/FOS2019)

QR Code:



Please enter in the online survey:

NYEIS ID: 000000

First Name: Child Name

If you would prefer to complete a printed version of this survey, have any questions, or need help, please call the Early Intervention Program at (518) 473-7016 or email [beipub@health.ny.gov](mailto:beipub@health.ny.gov).

If you have already completed the survey online or the paper version, thank you! Please ignore this letter.

Your feedback is very important to us. Thank you for taking the time to complete the survey.

Sincerely,

*Constance Donohue*

Constance Donohue, Au.D., CCC-A  
Director, Bureau of Early Intervention

## 参与是否有任何付款？

有一些资金可用作一次现场会议的差旅费和儿童照护费用。后续参与没有其他资金可供支付。只是，您的鼎力相助可以帮助您和其他家庭获得尽可能最好的早期干预服务。

## 如需了解更多信息或参与：

请联系您的郡早期干预项目、或 Bureau of Early Intervention (早期干预局) New York State Department of Health 公众健康项目护士 Marie Ostoyich，电话号码：(518) 473-7016, 或电子邮件地址：BEI.SSIP@health.ny.gov

关于早期干预项目的更多信息见：

[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/](https://www.health.ny.gov/community/infants_children/early_intervention/)

\*在我们报告从项目中获取的信息时，不会纳入父母、照护者及其孩子的个人姓名。

**您的孩子是  
否已经加入  
或获得早期  
干预服务？**

**父亲（或母亲）/  
家庭成员招募**

## 项目宗旨是什么？

New York State Department of Health 正与各郡共同努力，力求改善广大家庭和孩子们的早期干预项目 (EIP) 体验。

## 项目内容是什么？

这是州系统改善计划 (State Systemic Improvement Plan, SSIP) 早期干预家庭结果项目 (Early Intervention Family Outcomes Project)。该项目致力于改善家庭的早期干预项目体验。

## 团队成员：

团队将由 **3** 到 **6** 人组成，包括早期干预项目提供方、服务协调员、郡早期干预官员和父母/家庭成员。

## 加入团队：

我们需要您的帮忙。我们正在寻找其孩子目前加入或去年已获得早期干预服务的父母/家庭成员。邀请父母/家庭成员参加一项为期 12 个月的特别活动，旨在提高 EIP 服务和郡里以家庭为中心的 EIP 实践的质量。我们将与当地家庭成员团队、早期干预项目提供方和郡早期干预官员一起为广大家庭提供更好的支持。州和国家专家将协助各个团队。

## 项目三个阶段：

- **阶段 1: 计划**  
与团队开展前期工作，确定目标和策略
- **阶段 2: 协作**  
与团队和专家举行的现场学习会议和每月网络研讨会
- **阶段 3: 行动阶段**  
着手改善工作

## 会有什么安排？

- 参加一天现场会议
- 参加每月互动网络会议
- 分享体验和想法

## 加入团队有什么好处？

- 成为团队成员
- 提高面向其他孩子和广大家庭的服务的质量
- 与早期干预专家共事
- 帮助做出积极的改变
- 结识其他已获得早期干预服务的孩子的父母
- 提供对家庭的认识和父母的心声
- 改进宣传和领导技能

\*结果将在 **Department of Health** 网站上共享

## ¿Se ofrece algún pago por la participación?

Existen fondos disponibles para viáticos y cuidado infantil para la reunión única en persona. No existen otros fondos para pagar la continuidad de la participación. No obstante, su aporte puede ayudarlos a usted y a otras familias a obtener los mejores Servicios de Intervención Temprana posibles.

## Si desea obtener más información o participar:

Comuníquese con el Early Intervention Program de su condado o con Marie Ostoyich, enfermera del Public Health Program (Programa de Salud Pública) de la Bureau of Early Intervention (Oficina de Intervención Temprana) del New York State Department of Health llamando al (518) 473-7016 o enviando un correo electrónico a BEI.SSIP@health.ny.gov

Para obtener más información sobre el Early Intervention Program, ingrese a [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/](https://www.health.ny.gov/community/infants_children/early_intervention/).

\*Los nombres individuales de los padres, los cuidadores y los niños no se incluirán cuando divulguemos la información obtenida del proyecto.

¿Es usted padre de un niño inscrito en Servicios de Intervención Temprana o que recibió dichos servicios?

Reclutamiento de padres y familiares

## ¿De qué se trata esto?

El New York State Department of Health (Departamento de Salud del Estado de Nueva York) trabaja con cada condado para mejorar la experiencia de las familias y los niños con el Early Intervention Program (Programa de Intervención Temprana, EIP).

## ¿De qué se trata el proyecto?

Este es el Early Intervention Family Outcomes Project (Proyecto de resultados familiares de intervención temprana) del State Systemic Improvement Plan (Plan de mejora sistémica estatal, SSIP). Se centra en mejorar la experiencia de las familias con el Early Intervention Program.

## Miembros del equipo:

Los equipos estarán compuestos por 3 a 6 personas e incluyen a los proveedores del Early Intervention Program, los coordinadores de servicios, los funcionarios de Intervención Temprana del condado y los padres/familiares.

## Forme parte de un equipo:

Necesitamos su ayuda. Buscamos a padres y familiares de niños que estén actualmente inscritos en los Servicios de Intervención Temprana o que hayan recibido dichos servicios el año pasado. Invitamos a los padres y familiares a participar en una oportunidad única en un período de 12 meses para mejorar la calidad de los servicios del EIP y las prácticas centradas en la familia del EIP del condado. Trabajaremos con equipos locales de familias, proveedores del Early Intervention Program y funcionarios de Intervención Temprana del condado para mejorar el apoyo a las familias. Expertos estatales y nacionales asistirán a cada equipo.

## Proyecto de tres etapas:

- **Fase 1. Planificación**  
Trabajar previamente con el equipo para identificar los objetivos y las estrategias.
- **Fase 2. Colaboración**  
Llevar a cabo sesiones de aprendizaje en persona y seminarios web mensuales con los equipos y expertos.
- **Fase 3. Período de acción.**  
Es el momento de hacer cambios.

## ¿Qué se espera?

- Participar en una sesión en persona de un día.
- Participar en sesiones en línea interactivas mensuales.
- Compartir experiencias e ideas.

## ¿Cuáles son los beneficios de participar en el equipo?

- Formar parte del equipo.
- Mejorar los servicios para otros niños y familias.
- Trabajar con expertos en intervención temprana.
- Ayudar a realizar cambios positivos.
- Relacionarse y conocer a otros padres de niños que recibieron Servicios de Intervención Temprana.
- Brindar a los padres una perspectiva familiar y una oportunidad de expresarse.
- Mejorar las capacidades de defensoría y liderazgo.

\*Los resultados se publicarán en el sitio web del Department of Health (Departamento de Salud).

**Improving Family Centeredness Together (IFaCT)**  
*In-Person Learning Session*  
 October 26, 2018

*Embassy Suites Saratoga Springs*  
 86 Congress Street  
 Saratoga Springs, NY 12866

<b>Time</b>	<b>Activity</b>	<b>Presenter</b>
9:30-9:45 am	Registration	
9:45-10:00 am	Welcome and Introductions	Jessica Simmons
10:00-11:15 am	Improving Family Centeredness Together (IFaCT): Overview Parent Perspective <i>Group Activity 1: Reflecting on Experiences and Current Practice</i>	Jessica Simmons Jenna Lequia, Ph.D. Mariela Adams, M.S.
11:15-12:15 am	How will we Improve? <i>Group Activity 2: Aim Statement</i> <i>Group Activity 3: PDSA Plan</i>	Jenna Lequia, Ph.D.
12:15-1:15 pm	Lunch	(On your own)
1:15-2:00 pm	How will we measure it? <i>Group Activity 4: Evaluation Plan</i>	Tricia Patrick, DrPH
2:00-2:15 pm	Break	
2:15-2:45 pm	County Team Sharing: Report Out	Jenna Lequia, Ph.D.
2:45-3:00 pm	Evaluation & Next Steps	Katie Borrás, M.S., MBA

# Improving Family Centeredness Together (IFaCT)

## Practitioner Family-Centered Practices for Working With Families

Family-centered practices are a particular way of working with and developing collaborative relationships with families. These practices include two key elements: Relationship-building and participatory parent and family involvement. Both practices, when used together, increase the likelihood that any type of intervention practice done in a family-centered manner will have optimal parent, family, and child outcomes and benefits.

[Watch a video of this Learning Guide](#)

### Learning Guide: Family-Centered Practices

- Relationship building takes time. Trust and respect—the cornerstones of family-practitioner relationships—develop when the two people work together, each contributing to achieving desired family goals and outcomes.
- Put yourself in the parent's shoes. The more you can understand parents' concerns and priorities from a family's point-of-view, the more you can help them.
- Develop and use effective listening skills. Show sincere concern and empathy for parents' struggles and celebrate family strengths and accomplishments. Acknowledge and be responsive to family members' beliefs about their situation or circumstances. Remain nonjudgmental even if you do not agree with a parent's point-of-view.
- Be responsive to each family's unique circumstances. This includes a parents' personal and cultural beliefs and values. It is important to remember that beliefs influence how a family sees and responds to their situation.
- Building relationships with parents starts with identifying what a family wants to accomplish as part of their work with you. Move beyond just talking, however, to taking concrete steps to achieve family-identified goals or outcomes.
- Doing for others rather than people learning to do for themselves perpetuates a need for help. Family participatory involvement means that parents are actively engaged in obtaining family-identified supports or resources and taking action to achieve desired outcomes or goals.
- As part of any intervention plan, ask the parents which steps or actions they feel comfortable doing themselves and which steps or actions they want to do together with you. Things parents feel comfortable doing build on family strengths. Things parents do together with others promote new abilities.
- Parents look to professionals for advice and guidance. As part of identifying the steps and actions to obtain supports and resources, offer suggestions and ideas for parents to consider. These should be shared in an unbiased manner and not be imposed on the parents.
- Remember to engage the parents in a review of their actions and accomplishments. This helps strengthen their sense of confidence and competence in achieving desired goals and outcomes.

### A Quick Peek

Jen is a single parent with a 2-year-old son, Adam. Adam recently qualified for Early Intervention services due to delays in his speech and overall development. When speaking with her service coordinator, Jen stated that she wants to bring Adam into the community where there are other young children. She never knows if activities are appropriate for Adam. The service coordinator offered to help. She tells Jen of some activities in their community that might work well for Adam. She also gave Jen information on a Facebook group that provides information on upcoming events in the area. They made a plan to have service providers meet Jen and Adam at community activities once per month. In this way, Jen will see how to support Adam outside of the home and help him interact more with other kids. These activities will build Jen's confidence in accessing the community with her son.



### You'll know family-centered practices are working if ...

- The parent is comfortable sharing information with a practitioner
- The parent indicates he/she and the practitioner work well together
- The parent plays a central role in achieving desired outcomes





# Improving Family Centeredness Together (IFaCT)

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- The parent is comfortable sharing information with a practitioner
- The parent indicates he/she and the practitioner work well together
- The parent plays a central role in achieving desired outcomes

**Improving Family Centeredness Together (IFaCT)**  
*Learning Session – Parent Prework*

*Please reflect on your experience with the New York State early intervention program by answering the following questions. Your responses will prepare you for the activities during the learning session. Please bring this document with you to the in-person session.*

1. Thinking back on your experience in the Early Intervention Program:
  - a. Did you feel involved in the planning of your services?
  - b. Ideally, **how** would you have liked to be involved in the planning of your services in the Early Intervention Program, including supports for your child and your whole family?
2. When you were in the Early Intervention Program:
  - a. Did you get information about or connected to your community (for example, resources, events, support groups, etc.)?
  - b. Ideally, **how** could the Early Intervention team of service coordinators and providers best connect parents and families with the community?
3. List 3 things that you think should occur for all families receiving early intervention services to make sure families get connected to other families and to their community.
  - a)
  - b)
  - c)

County Team: \_\_\_\_\_

Date: \_\_\_\_\_

**Improving Family Centeredness Together**  
*Plan-Do-Study-Act Worksheet*

**STEP ONE - PLAN**

Briefly describe the test (i.e., what you plan to do):

How will you know that the change was successful or led to improvements?

What do you predict or expect will happen as a result of this change?



County Team: \_\_\_\_\_

Date: \_\_\_\_\_

List the tasks necessary to complete this test	Identify the person responsible	When will it be completed	Where will it be completed	Existing data sources

Describe the plan for collecting data on this test and evaluating the impact:

County Team: \_\_\_\_\_

Date: \_\_\_\_\_

**STEP TWO – DO**

Was the cycle carried out as planned?

Yes

No

What did you observe that was not part of your plan?

What barriers did you encounter when implementing the plan?

**STEP THREE – STUDY**

Did the results match your predictions?

Yes

No

Compare the results of your test to your previous performance (if applicable):

What did you learn from this test?

County Team: \_\_\_\_\_

Date: \_\_\_\_\_

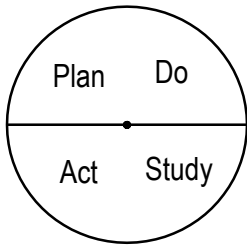
#### **STEP FOUR – ACT**

Please indicate if you will Adopt, Adapt, or Abandon the changes tested in this PDSA cycle.

**ADOPT:** Select changes to implement on larger scale and develop an implementation plan and plan for sustainability. Specify plans:

**ADAPT:** Improve the change and continue testing plan. Specify plans/changes for next test:

**ABANDON:** Discard this change idea and try a different one.



# PDSA WORKSHEET

Team Name :	Date of test:	Test Completion Date:
Overall team/project aim:		
What is the objective of the test?		

Please send completed worksheets to:

## PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

## PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			

Plan for collection of data:

**DO:** Test the changes.

Was the cycle carried out as planned?  Yes

What did you observe that was not part of your plan?

## STUDY:

Did the results match your predictions?  Yes

Compare the result of your test to your previous performance:

What did you learn?

**ACT:** Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.  
Plans/changes for next test:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability Display Storyboard in Birth Records Office. Educate new staff through SPDS "Guidelines for the New York State Certificate of Live Birth & Quality Improvement".

Abandon: Discard this change idea and try a different one



County: \_\_\_\_\_

Date: \_\_\_\_\_

**Improving Family Centeredness Together**  
**Record Review Data Form**

*INSTRUCTIONS: In the gray column header, write in one of your PDSA tasks that will be evaluated through a record review. At the end of the PDSA cycle, write the NYEIS ID of the IFSP being reviewed and indicate whether the planned task is reflected in the IFSP by circling Yes or No.*

	NYEIS ID				Reviewer Role (EIOD, ISC, OSC, etc)	Reviewer Initials
1.		Yes	No			
2.		Yes	No			
3.		Yes	No			
4.		Yes	No			
5.		Yes	No			
6.		Yes	No			
7.		Yes	No			
8.		Yes	No			
9.		Yes	No			
10.		Yes	No			
11.		Yes	No			
12.		Yes	No			
13.		Yes	No			
14.		Yes	No			

County: \_\_\_\_\_

Date: \_\_\_\_\_

15.		Yes	No		
16.		Yes	No		
17.		Yes	No		
18.		Yes	No		
19.		Yes	No		
20.		Yes	No		
21.		Yes	No		
22.		Yes	No		
23.		Yes	No		
24.		Yes	No		
25.		Yes	No		

Total number of records reviewed: \_\_\_\_\_

Total number of records in which the planned task was completed (i.e., Yes circled): \_\_\_\_\_

Other Notes:

## FOLLOW UP WITH COHORT 1 COUNTIES

### *Interview Script*

**INTRODUCTION:** *Hi [Name of Interviewee] this is [Name of Interviewer] calling from [Site]. How are you today? (Response time...) As you know, NYS BEI has asked us to follow up with cohort one teams to see how things are going. Is now still a good time to touch base? (Response time...) Okay great! I have some general questions to help guide the conversation but please feel free to share whatever thoughts or feelings that you have as they come up! I just need to inform you that the interview portion of this conversation will be recorded but all of your responses will be completely confidential. Recording this conversation will allow me to transcribe it for documentation purposes (Since I can't write that fast!). Once I finish with the transcription, I will immediately delete the audio recording. Do I have your permission to record the interview? (Response time...) Great! Let's get started.*

### **BACKGROUND INFORMATION**

1. What is your current position within the early intervention program?
2. What county do you currently work within?
  - a. Provide a brief description of your county program?
  - b. Rural, urban, suburban?
  - c. How many kids are served in your program (in a typical year)?
3. What role did you play in the IFaCT project? Were you the point person, data person?

### **MAIN QUESTIONS**

4. What was the purpose of your team's IFaCT project?
5. Explain what your county has been doing related to the IFaCT project since your formal involvement between January and December 2018.
  - a. Is your team still intact? Who is still on your team? How does the team stay in contact with each other?
  - b. How are you continuing work on improving family outcomes?
6. Describe your plans for sustainability.
  - a. What structures and/or plans do you have in place to sustain your project over time?
  - b. What resources and/or supports are you planning to use to help with this?
  - c. Have you completed any sustainability activities? How are they going?
7. What supports do you still feel you need in order to continue to carry out this important work?
  - a. How can NYS BEI support you?
  - b. How can the UCEDDs support you?

### **CLOSING**

*Thank you again for taking time to talk with me today regarding your current work on the IFaCT project. Is there anything else you would like to share before we end the call today? (Response time...) We appreciate all of the time and dedication your team has put forth for this project and we look forward to continuing to work with and support you in your efforts to improve family outcomes. Have a good [day/afternoon/evening].*

# SCDD: IFaCT Project Completion- Cohort 2

Please complete this form to share the progress your team has made to improve family outcomes in early intervention.

## Question Title

1. County

## Question Title

2. Who was on your IFaCT team? Select all that apply.

- EI Official, Manager, or Designee
- Parent/Family Member
- Service Coordinator
- EI Provider (OT, PT, Speech, etc.)
- Other (please specify)

## Question Title

3. Briefly describe your team's IFaCT project? (i.e. development of a product, creation of a social media platform, etc.)

## Question Title

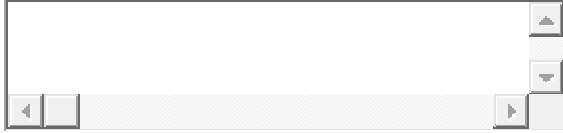
4. What barriers were encountered as you completed your project? (i.e. social media permission, turnover, etc.)

## Question Title

5. How did you measure your project's impact? (i.e. surveys, etc.)

## Question Title

6. How is your project sustainable?



**Question Title**

**7. Please upload your team's final PDSA worksheet**

DOCX, DOC, JPEG, GIF, JPG, PDF, PNG file types only.

Choose File

No file chosen Remove File

**Question Title**

**8. Please upload any completed product you'd like to share (i.e. newsletter, activity list, etc.)**

DOCX, DOC, JPEG, GIF, JPG, PDF, PNG file types only.

Choose File

No file chosen Remove File

**Question Title**

**9. Please upload any other data sources you'd like to share (i.e., survey results, Facebook stats., etc.)**

DOCX, DOC, JPEG, GIF, JPG, PDF, PNG file types only.

Choose File

No file chosen Remove File

Next

**Westchester Institute of Human Development  
LEND Program Family Survey Questions**

1. What county does your child receive Early Intervention Services (EI) services in?  
[ Dropdown list of all Cohort 1 Counties]

**\*\* Depending on answer to question 1, respondents will be directed to the set of questions associated with the same county**

**IMPROVE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) OUTCOMES TO BE  
FAMILY FRIENDLY**

*(MADISON, WESTCHESTER)*

Please indicate the extent to which you agree with the following statements.

2. I understand the outcomes that are listed in my child's Individualized Family Service Plan(IFSP).  
1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
3. My child's IFSP team involved me in the development of my child's IFSP outcomes.  
1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
4. My child's IFSP team checked in with me to make sure I understood my child's IFSP outcomes.  
1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
5. Please explain what you found helpful to increase your understanding of your child's IFSP outcomes.
6. Is there anything that would have been helpful to you in further understanding your child's IFSP outcomes?

**DEVELOP/MODIFY LIST OF COMMUNITY RESOURCES**

*(ROCKLAND, ORANGE, DUTCHESS, GREENE, OTSEGO, CHENANGO)*

Please indicate the extent to which you agree with the following statements.

2. Early Intervention staff support my family to participate in community activities.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
3. Early Intervention staff support my family in accessing resources that align with our priorities and needs.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot

4. The information and resources provided by my Early Intervention Program is helpful to my family in meeting needs and addressing our priorities.
- 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot

5. I was given information about opportunities for my child to play with other children.

Yes/No

If yes, what information were you given? Did you access any of the services/supports? Which ones?

If no, would this information have been helpful to you?

6. I was given information about ways to connect with other families for information and mutual support.

Yes/No

If yes, what information were you given? Did you access any of the services/supports? Which ones?

If no, would this information have been helpful to you?

7. What methods has your Early Intervention Program used to connect you to the community, share resources, and help identify services to support the needs of other children in the family? Please circle all that apply.

- Other parents
- Support groups
- Brochures/handouts
- Medical professionals
- Internet sites
- Social media
- Email
- Phone calls
- Discussions during sessions
- Other:

8. How can your Early Intervention Program improve the ways they provide information about community events or resources?

## **INTENTIONALLY INVOLVE PARENTS IN SESSIONS**

*(COLUMBIA, SULLIVAN, ULSTER, PUTNAM)*

2. I am involved in my child's early intervention sessions.
- 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot

3. Did your early intervention provider go out into the community with you and your child to help get you involved in community activities and services? Some examples include: the grocery store, the library, the park, etc.

Yes/no

If yes, where did you go?

4. If you received Early Intervention services in your community (the grocery store, the library, the park, etc), would you recommend other families also receive Early Intervention services in the community?

Yes/no

5. Were you given information about activities that you could do with your child in your everyday lives?

Yes/no

If yes, how was this information shared with you?

**DEVELOP QUESTIONS / PROMPTS FOR THE SERVICE COORDINATOR TO ASK AT INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETINGS (DELAWARE)**

2. During my Individualized Family Service Plan (IFSP) meeting(s), I am asked about my family's needs regarding community activities and resources.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
3. I contributed to the discussion during my child's IFSP meeting.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
4. The outcomes in my child's IFSP relate to my concerns.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
5. My IFSP team values my family's beliefs, opinions and concerns.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
6. How did your IFSP team encourage or invite your participation during the meeting?

**CREATE FACEBOOK PAGE (BROOME)**

2. I accessed the Facebook page developed by my county's Early Intervention Program.

Yes/No



If yes, how frequently did you access it?

1 – Daily, 2 – Weekly, 3 – Monthly, 4 – Only when my Individualized Family Service Plan (IFSP) team directed me to a specific posting, 5 – Other: \_\_\_\_\_

If yes, would you recommend other families receiving Early Intervention services have access to a Facebook page developed by the county Early Intervention Program? Yes/no

3. Early intervention staff support my family to participate in community activities.
  - a. 1-not at all, 2-very little, 3-some, 4-quite a bit, 5-a lot
4. Were you given information about opportunities for your child to play with other children? (Yes/no)
  - a. If yes, what types of information were you given?
  - b. If yes, did you/your family take advantage of these opportunities?
    - i. If yes, which ones?
5. Were you given information about ways to connect with other families for information and mutual support? (Yes/no)
  - a. If yes, what types of information were you given?
6. How does Facebook and other social media outlets help to connect you to other parents and/or your community?
7. How did you learn about your county's Facebook page?