

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM**

PARENT QUESTIONNAIRE AFTER INITIAL IFSP MEETING

Questionnaire	Parent Response		
	Yes	No	N/A
1 Did your EIP Service Coordinator help you to learn about different options for screening and evaluating your child?			
2 Were all evaluation(s) of your child done with your signed consent?			
3 Were your rights within the early intervention system given to you in writing and were they explained to you?			
4 Were all of your questions and concerns about screening and evaluations answered to your satisfaction?			
5 If additional evaluations were recommended by the evaluator, were you given reasons why the recommendations were made?			
6 If you disagreed with the results of the evaluation(s) were you informed of your options(s) to obtain additional evaluations?			
7 Did you receive those additional evaluations?			
8 Was a written summary of the evaluation given to you?			
9 Was an effort made to schedule the Individualized Family Service Plan (IFSP) meeting at a time and place convenient to you and your family?			
10 Were you comfortable with the role of your initial service coordinator during the evaluation & IFSP process?			
11 Does your IFSP reflect your priorities, resources and concerns?			
12 If you disagreed with any recommendations made at the IFSP meeting were you informed about your right to:			
▪ refuse services altogether?			
▪ consent to some services while refusing others?			
▪ request additional services?			
▪ request mediation?			
▪ request additional appeals?			
13 How long after giving written consent for an evaluation did you wait to be seen for your first evaluation visit?			
▪ 0-15 days			
▪ 15-30 days			
▪ 30-45 days			
▪ 45-60 days			
▪ More than 60 days			
▪ Not applicable			
14 How long did you wait before beginning to receive the service agreed upon at the IFSP meeting?			
▪ 0-15 days			
▪ 15-30 days			
▪ 30-45 days			
▪ 45-60 days			
▪ More than 60 days			
▪ Not Applicable			
15 Have you been treated with respect and dignity by the EIP staff?			
16 Have you been treated with respect and dignity by your EIP service coordinator?			

Comments:

Optional

Name _____ Child's Name _____ Date _____