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|  | **Early Childhood Intervention Prevention Services**  **(ECLIPSE) Parent Survey** |

**For person completing form please list relationship to child enrolled in program.**

**(Example-** mother, father, foster mother, foster father, relative guardian- aunt, uncle, grandmother)

Please answer each of the questions below by checking one of the options provided under each question***.***

**Early Learning**

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| **1.** Does the program recognize and meet your child’s unique, individual characteristics, interests, abilities. |
| Needs?  Yes  No Don’t Know *Optional: How could service be improved?* |
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| **2.**  Have the monthly home visits provided you with useful information, resources, and support about parenting and | |
| your child’s development and progress?  Yes  No Don’t Know  *Optional: How could service be improved?* | |
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| **3.**  Were you satisfied with the intake and initial assessment process that you took part in when you and your child |
| Enrolled in the program?  Yes  No Don’t Know Optional: How could service be improved? |
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| **4.**  Does your child’s treatment plan and daily activities support the goals you have for your child’s development and |
| training?  Yes  No Don’t Know *Optional*: *How* *could* *service* *be improved?* |
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| **5.**  Have your experienced safe, reliable, and timely transportation services for your child daily? |
| Yes  No Don’t Know *Optional: How could service be improved?* |
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**Communication**

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| **6.**  Do you have enough access to the child and family therapist, home visitors, teachers, transportation and | |
| Administrative staff by phone, by e-mail, and in person?  Yes  No Don’t Know | |
| *Optional: How could service be improved?* |  |
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| **7.**  Overall, do child and family therapist, home visitors, teachers, transportation, and administrative staff address | |
| Your questions in a thorough and timely manner?  Yes  No Don’t Know | |
| *Optional: How could service be improved?* |  |
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**General Satisfaction**

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| **8.**  Overall, are you satisfied with the quality of the program for your child and your family? | |
| Yes  No Don’t Know | |
| *Optional: How could service be improved?* |  |
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| **9.**  Would you recommend other families to participate in the ECLIPSE Program |
| Yes  No Don’t Know *Optional: How could service be improved?* |
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| **10.**  Would you recommend other families to participate in the ECLIPSE Program? |
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| **11.**  Additional comments: |
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