

Central Indiana First Steps  
Annual IFSP Survey

Please take a few minutes to provide feedback about your experiences in First Steps. This information will help us to better serve your needs and improve services for other children and families. This information is confidential.

We have provided a stamped/addressed envelope for the return of this survey.

Age of your child? \_\_\_\_\_ Your zip code? \_\_\_\_\_ Service Coordinator (optional) \_\_\_\_\_

Please respond to each statement using the following scale:

SA=Strongly Agree    A=Agree    D=Disagree    SD=Strongly Disagree    NA=Not Applicable

1. My annual IFSP meeting was scheduled at a time/date convenient to my family.	SA	A	D	SD	NA
2. My child's evaluation was scheduled at a time/date convenient to my family.	SA	A	D	SD	NA
3. My child's ongoing therapists attended the IFSP meeting.	SA	A	D	SD	NA
3. My Service Coordinator presented my rights and procedural safeguards both verbally and in writing.	SA	A	D	SD	NA
4. My Service Coordinator explained my cost participation obligation both verbally and in writing.	SA	A	D	SD	NA
5. The IFSP meeting addressed my concerns.	SA	A	D	SD	NA
6. My input and choices for my child have been respected.	SA	A	D	SD	NA
7. I am satisfied with my ongoing therapy providers.	SA	A	D	SD	NA
8. My Service Coordinator is responsive to my questions and concerns.	SA	A	D	SD	NA
9. I know who to contact if I have concerns about my ongoing therapy providers or Service Coordinator.	SA	A	D	SD	NA
10. First Steps is meeting the needs of my child and family.	SA	A	D	SD	NA

Additional comments or feedback:

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Please return this survey in the envelope provided. Your responses are confidential and will be used for program planning only. Thank you!