



Dear Parent(s)/Caregiver(s):

Now that you and your child have seen both the educational evaluation team and their medical partner, we would like to ask you to comment on your experiences. Your feedback will let us know how to help future families. Please know that your responses will be kept anonymous.

1. How old was your child when you were first concerned about his/her development?  months
2. How old was your child when you first talked to someone about your concerns?  months

3. What happened then?

4. How old was your child when you were referred to the Early Intervention Program?  months
5. How old is your child today?  months

6. How satisfied are you with...

Please check that which applies.	Not at all	Somewhat	Very
How the evaluations were explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How the educational team and the physician listened to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How the educational team and the physician made you feel like an equal member of the team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How the findings were explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your questions were answered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The diagnosis itself (e.g., language delay, autism)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The recommendations that were shared with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where the evaluation process was completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long it took to complete the evaluation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you had to go through this evaluation process again, would you?  Yes  No
8. Would you be willing to recommend the process to a friend?  Yes  No
9. What would have made the process better for you and your child?

Thank you so much! Please send completed form to Rachel Hausfeld at [rhausfeld@auglaizedd.org](mailto:rhausfeld@auglaizedd.org).

County ID#