



FAMILY OUTCOME SURVEY

Dear Parents,

We are going through the process of gathering information about your child through work samples, observations, as well as input from you about your child's progress at home. We ask that you fill out the enclosed Family Outcomes Survey Form. This process is mandated through the Office of Early Learning and School Readiness. Your information will assist us in making informed decisions on effective strategies and practices, which result in your child's progress. We appreciate your participation in this process.

Respectfully,

Trumbull County Early Childhood Staff

Please fill out the information below:

Please return this questionnaire by : _____

If you have any questions or concerns when filling out this questionnaire please contact your child's teacher: _____

Child's name: _____

Child's date of birth: _____

Today's date: _____

Name of person filling out this questionnaire: _____

What is your relationship to the child: _____

Program: TCESC Preschool Program

Building your child attends: _____

Teacher: _____

12/30/09

Directions: Please circle one number for each statement below. If you circle “0” you do not agree with the statement, if you circle “1” you agree somewhat, if you circle “2”, you strongly agree with the statement.

Section 1 Early Intervention Services

Answer only if your child participated in Early Intervention service from the ages of 0-3. If your child did not participate go to section 2.

	Agree=2	Somewhat agree=1	Disagree=0
1. I feel that Early Intervention helped our family to help our child develop and learn.	0	1	2
2. I feel that Early Intervention helped our family effectively communicate our child’s needs.	0	1	2
3. I feel that Early Intervention helped our family know and understand our rights and our child rights.	0	1	2

Section 2 My Child’s Development and Support Systems

All families please complete this section

1. I feel that I understand how my child is developing and learning.	0	1	2
2. I feel that I understand the curriculum that the preschool is following.	0	1	2
3. I feel I know how to help my child learn to behave the way our family would like.	0	1	2
4. I feel that our family helps our child learn and practice new skills.	0	1	2
5. I feel that my family has someone that we can rely on for help if we need it	0	1	2
6. I feel that I have other people that I trust who will listen and talk with me when I need it.	0	1	2
7. I feel that our family is often able to do things that we enjoy.	0	1	2
8. I feel that our medical care meets the needs of our child.	0	1	2
9. If you have childcare, you feel that it meets your child’s needs adequately.	0	1	2
	_____	We do not need childcare	
10. I feel that my child’s transition into preschool was a smooth process.	0	1	2

I would like to know more about

Section 3 Understanding your child’s special needs

Families with children on Individual Education Plans (IEP’s) please fill in the next section.

1. I feel that I have a good understanding of my child’s special needs.	0	1	2
2. I feel that my child is able to participate in social activities often.	0	1	2
3. I feel that I am well informed about my child program and services.	0	1	2
4. I feel comfortable meeting with my child’s teacher and other professionals in meetings and conferences.	0	1	2
5. I feel that I understand my rights and my child’s rights.	0	1	2