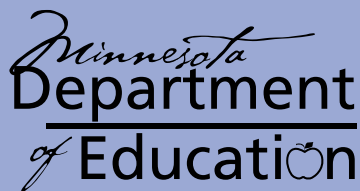


Child Health &
MINNESOTA
Developmental
QUALITY INDICATORS
Screening

REPRODUCIBLE MASTER
FAMILY SURVEY



Child Health and Developmental Screening

Family Survey



This family survey is intended to help us improve the early childhood screening process you recently went through with your child. We are interested in knowing whether the screening program helped you to better understand your child.

This survey is confidential. Your answers will not be directly connected to your family.

If you do not wish to participate in this survey, it will not prevent you or your child from participating in any programs or services.

Thank you for your help in improving these programs.

1. On what date was your child screened? (Estimate as close as you can if you don't remember the exact date.)

Screening date:
____ / ____ / ____
Month Day Year

2. At what location was your child screened?

- School
- Community center
- Clinic
- Public health clinic
- Head Start program
- Other: _____

3. How did you learn about this screening location?

- From school staff
- From county staff
- From a friend or neighbor
- From an early childhood program (ECFE, School Readiness or Head Start)
- From a childcare provider
- From a healthcare provider
- From the newspaper or radio
- From the Follow Along Program
- From a Web site
- From an other, please indicate: _____

4. What is the birth date of the child who was screened?

Birth date: ____ / ____ / ____
Month Day Year

5. Were you offered transportation to the screening location?

- Yes No Not sure

5a. Did you use the transportation offered?

- Yes No No, did not need

5a-1. Did the transportation make it easier to get to the screening location?

6. What language do you mostly speak at home?

- English
- Arabic
- Cambodian (Khmer)
- Hmong
- Laotian
- Oromo
- Russian
- Serbo-Croatian

- Somali
- Spanish
- Vietnamese
- Other: _____

6a. (If non-English spoken at home) Were you provided an interpreter?

- Yes No No, did not need

7. Were there any other things that made it hard to get the screening done?

- Schedule
- Location
- Time
- Fear
- Difficulty contacting them
- Difficulty with language issues while setting up appointment
- Other: _____

8. How welcomed did you feel at the screening visit?

- Very welcomed
- Somewhat welcomed
- Not very welcomed
- Not at all welcomed
- Not sure

8a. If you did not feel welcomed, can you describe what made you feel this way?

9. Before you went to the screening location, did someone explain to you what would happen at the screening?

- Yes No No, did not need

10. After the screening, did someone explain the results so that you clearly understand them?

- Yes No No, did not need

11. As a result of the screening visit, do you have a better understanding of your child's health?

- Much better understanding
- Somewhat better understanding No Change
- Understand less well Not sure

12. As a result of the screening visit, do you have a better understanding of your child's learning and development?

- Much better understanding
- Somewhat better understanding No Change
- Understand less well Not sure

13. As a result of the screening visit, do you have a better understanding about community programs and services available to your child and family?

- Much better understanding
- Somewhat better understanding No Change
- Understand less well Not sure

14. As a result of the screening visit, do you have a better understanding about what you can do as a parent to support your child's learning and preparation for school?

- Much better understanding
- Somewhat better understanding No Change
- Understand less well Not sure

15. Because of the screening visit, were you or your child referred to any other programs or services?

- Yes No No, did not need

15a. If yes, where?

15b. Were you provided assistance to contact these programs or services?

- Yes No No, did not need

15c. Have you contacted these programs or services?

- Yes Not yet, but I plan to
- No, don't plan to None were needed

16. Would you say the screening visit was a positive experience or a negative experience for your child?

- Very positive Somewhat positive
- Not sure Somewhat negative
- Very negative

16a. In what ways was it a negative experience?

17. Would you say the screening visit was a positive experience or a negative experience for you?

- Very positive Somewhat positive
- Not sure Somewhat negative
- Very negative

17a. In what ways was it a negative experience?

18. Do you have any suggestions for how the screening experience can be improved for other parents and their children?

Thank you
for your time and help.

19. What was the most helpful part of the screening visit?
