

## DHS Early Intervention Monitoring Program

### Early Intervention Provider Family Satisfaction Survey

MONITOR/EVALUATION COMPONENT		Yes	No	COMMENTS
001	Did you participate in and identify appropriate goals for your child?			
002	Did the therapist relate exercises and activities to the goals that were important to your family?			
003	Did your therapist assist you in learning new skills to help with your child's needs and development?			
004	Did you actively participate in the therapy sessions?			
005	If you were unable to attend/participate in your child's therapy session, did the therapist communicate with you to the extent you wanted?			
006	Did you feel the therapist valued your opinion?			
007	Did your therapist ask you to sign any blank documents?			
008	Were the written information and reports, received from each therapist, clearly understood?			
009	Did the therapist's outlined activities fit easily into your family's lifestyle?			
010	Do you feel you know more about how to set goals and strategies for your child?			
011	Were you given the opportunity to be involved in the development of the IFSP and writing of the goals?			
012	Did the provider routinely arrive on time for scheduled appointments?			
013	Did the provider stay the entire time of scheduled appointments?			
014	Were you notified if the provider was unable to attend scheduled appointments?			

**Comments:**