We are working with a team from the University of Vermont who are conducting a research study to improve our systems for assessing your child’s development (i.e. how your child is growing, learning, playing, communicating, behaving and moving). Please take a few moments to complete this survey to help us better understand your experiences at <Prgrmname>. Completed surveys will be collected in a confidential box at your ECE program and a member from the UVM research team will pick them up. Your answers will be combined with other survey answers before being shared with the ECE program to ensure your responses are confidential. You may be asked to complete a survey again in 6-12 months to see if anything has changed for you and/or your child.

Please do NOT write your name on this survey.

Instead, create a confidential code using the first three letters of your street name followed by the last 3 digits of

your phone number. Please use all caps and write clearly.

**For example: Maple Street; (555)999-1234 🡪 PIN: MAP234**

First three letters of **your street name** \_\_\_\_ \_\_\_\_ \_\_\_\_ Last three digits of **your phone number** \_\_\_ \_\_\_ \_\_\_

1. **Which languages are regularly spoken in your home?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What is your child’s age?** \_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months
3. **Does your child currently have a usual provider, clinic, or setting that you use for health care?**

🞏 Yes 🡪 If **yes**, what is your child’s primary source of health care?

🞏 Doctor’s Office 🞏 Walk-in Clinic 🞏 Emergency Room 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 No

1. **Does your child go to regularly scheduled health care check-ups (i.e. well-child visits)?**

🞏 Yes: 🡪 If **yes**, when was your child’s most recent scheduled check-up (month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 No

1. **Do you feel that your child is developing (i.e. growing, learning, playing, communicating, behaving and moving) at the same rate as other children his/her age?**

🞏 Yes

🞏 No

1. **Please respond to the following statement:**

**I feel confident about my knowledge of how children develop (i.e. growing, learning, playing, communicating, behaving and moving)**

🞏 Strongly agree 🞏 Agree 🞏 Neutral 🞏 Disagree 🞏 Strongly Disagree 🞏 Don’t Know

1. **Do you have any concerns about how your child is developing (i.e. growing, learning, playing, communicating, behaving and moving)?**

🞏 Yes 🡪 go to question 8a 🞏 No 🡪 go to question 9

**8a. Have you shared these concerns with your child’s health care provider?**

🞏Yes 🞏 No

**8b. Have your concerns been addressed to your satisfaction by your child’s health care provider?**

🞏Yes 🞏No

**8c. Have you shared these concerns with your child’s early care and education provider?**

🞏Yes 🞏No

**8d. Have your concerns been addressed to your satisfaction by your child’s early care and education provider?**

🞏Yes 🞏No

9. When we say “child development”, we mean how your child is growing, learning, playing, communicating, behaving and moving. Thinking about, <Prgrmname> and the professionals who work there (such as teachers, directors, clinicians, interventionists, etc.), please respond to the following statements by checking the appropriate box:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STATEMENT | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don’t Know |
| I feel respected in conversations about my child’s development |  |  |  |  |  |  |
| I am satisfied with the quality of communication about my child’s development  |  |  |  |  |  |  |
| I am satisfied with the frequency of communication about my child’s development  |  |  |  |  |  |  |
| Overall, I am satisfied with communication about my child’s development  |  |  |  |  |  |  |

10. Thinking about <Insert Program Name> and the professionals who work there, (such as teachers, directors, clinicians, interventionists, etc.), please respond to the following statements by placing checking the appropriate box:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STATEMENT | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don’t Know |
| I receive information and guidance about how to help my child develop and learn |  |  |  |  |  |  |
| I am frequently asked about my opinions and/or concerns about my child’s development |  |  |  |  |  |  |
| I feel comfortable bringing up questions and concerns about my child’s development  |  |  |  |  |  |  |
| I feel confident that if I bring up questions or concerns about my child’s development, my concerns would be acknowledged quickly and respectfully |  |  |  |  |  |  |
| I feel my family’s culture, language, and preferences are respected |  |  |  |  |  |  |
| I feel comfortable following recommendations made about my child’s development |  |  |  |  |  |  |
| I receive regular updates about my child’s development in the form of reports, photos, journals, portfolios or some other documentation |  |  |  |  |  |  |

1. We are interested in your experiences with developmental screening at <Prgrmname>l. When we say “developmental screening”, we mean using a standard set of questions to see how your child moves, learns, speaks, plays, and behaves compared to other children his/her age. Please respond to the following statements by checking the appropriate box:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don’t Know |
| My child is screened by <Prgrmname> to monitor his/her development  |  |  |  |  |  |  |
| I am encouraged to participate in my child’s developmental screening |  |  |  |  |  |  |
| I am able to provide the date and results for my child’s most recent completed developmental screening |  |  |  |  |  |  |
| I would feel comfortable receiving a referral from <Prgrmname> to follow-up on specific developmental concerns about my child |  |  |  |  |  |  |
| I would follow-up on a referral by <Prgrmname> by contacting the referral agency for an appointment |  |  |  |  |  |  |
| I would feel comfortable sharing the results of this referral with <Prgrmname> |  |  |  |  |  |  |
| I would feel comfortable with <Prgrmname> talking directly with the referral agency about my child’s developmental progress |  |  |  |  |  |  |

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If you would like to discuss any of topics on this survey further, please follow up with <Prgrmname> or Lauren Smith at the University of Vermont at (802)656-8325.

***Thank you for your time!!***