



Early On® Family Questionnaire 2021

Please FILL IN circles like this: ●, not like this: ◐ or ◑ or ◒. You can use a pen or pencil. Please think about your child whose initials are indicated below the bar code. Consider this child in answering the questions.

(For every question, please FILL IN ONE circle)

Over the past year, Early On Services have helped me and/or my family:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. participate in typical activities for children and families in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. know about services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. improve my family's quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. know where to go for support to meet my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. know where to go for support to meet my family's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. get the services that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. feel more confident in my skills as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. keep up friendships for my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. make changes in family routines that will benefit my child with special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. be more effective in managing my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. do activities that are good for my child even in times of stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. feel that I can get the services and supports that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. understand how the Early Intervention system works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. be able to evaluate how much progress my child is making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not for Distribution

(For every question, please FILL IN ONE circle)

Over the past year, Early On Services have helped me and/or my family:

Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

- 15. feel that my child will be accepted and welcomed in the community.
- 16. feel that my family will be accepted and welcomed in the community.
- 17. communicate more effectively with the people who work with my child and family.
- 18. understand the roles of the people who work with my child and family.
- 19. know about my child's and family's rights concerning early intervention services.
- 20. do things with and for my child that are good for my child's development.
- 21. understand my child's special needs.
- 22. feel that my efforts are helping my child.

Not for Distribution

Now, we would like to ask you some questions about your family.

23. Please select your relationship to the child (*Please FILL IN ONE circle that best applies*):

- Mother Grandparent Other Caregiver: _____
- Father Other Relative

24a. Please select the *ethnic* category that best describes how you identify yourself:

- Hispanic/Latino Not Hispanic/Latino

24b. Please select the *race identity* category that best describes yourself: (*Please FILL IN ONE or MORE*)

- American Indian or Alaska Native Asian American Black or African American
- Native Hawaiian/Other Pacific Islander White

25. What was your family's total income for 2020? (*Please FILL IN ONE circle that best applies*):

- Under \$10,000 \$15,000 to \$24,999 \$35,000 to \$49,999 \$75,000 and over
- \$10,000 to \$14,999 \$25,000 to \$34,999 \$50,000 to \$74,999 No answer

The following questions ask about your awareness of social emotional development. You may or may not have been involved with some of the activities, and there is no wrong answer. Your answers will help to improve services for infants, toddlers, and their families. Thank you for your feedback.

(For every question, please FILL IN ONE circle)

- | Over the past year: | Yes | No | Not Sure |
|--|-----------------------|-----------------------|-----------------------|
| 26. I completed a social-emotional questionnaire for my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I discussed and planned with my provider how to use the results from a social-emotional questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I received materials and information about social-emotional development (if Yes, go to 29; if No or Not Sure, go to 30). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Very Strongly Disagree | Strongly Disagree | Disagree | Agree | Strongly Agree | Very Strongly Agree |
|--|-------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 29. The materials and information I received about social-emotional development were written in an understandable way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Over the past year, Early On Services have helped me and/or my family:

- | | Very Strongly Disagree | Strongly Disagree | Disagree | Agree | Strongly Agree | Very Strongly Agree |
|--|-------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 30. define what social and emotional health is. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. learn more about my child's social and emotional development and what to look for as they grow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. feel confident in my ability to recognize social-emotional health in my child (e.g., express emotions, respond to others, engage in play, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. identify activities that I can do to support social-emotional health for my child (e.g., soothing, calming activities, establishing routines, teach problem solving skills, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. recognize the importance of my parent-child relationship to all areas of development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. know the importance of talking with my child in a soothing and comforting tone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(For every question, please FILL IN ONE circle)

Over the past year, *Early On* Services have helped me and/or my family:

Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

- 36. help my child to calm down and recover when he/she feels sad or anxious.
- 37. pay more attention to my child's feelings and emotions (e.g., happy, sad, anxious, etc.).
- 38. increase the amount of quality eye contact and face-to-face time with my child (cooing and babbling together, playing during floor time, etc.).
- 39. talk with my child about feelings and emotions (e.g., "I see your tears and I can tell you're feeling sad that your toy broke," "I see that big smile, it looks like you feel happy that we're going to play at the park.").
- 40. respond quickly to my child's needs (pick them up when they cry, laugh together, smile back and forth with my infant...)
- 41. feel more confident addressing behavior that challenges me (e.g., tantrums, biting, etc.).


I feel my *Early On* provider(s):

Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

- 42. is knowledgeable about social-emotional health and behavior.
- 43. answers questions and shares resources related to support social-emotional development.
- 44. demonstrates and talks to me about how I can respond to my child and talk about feelings and emotions.

Not for Distribution

Thank you for taking the time to complete the *Early On* Family Questionnaire.

 Please return it to us in the self-addressed envelope or to:

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