PARENT SURVEY PART C of IDEA (Birth to Three) Continuous Improvement Visit by the U. S. Department of Education

Do you have a child ι Plan (IFSP)?	under age 3 who receives Birth to Three services and has an Individualized Family Service				
• •	NUE THE SURVEY)				
□ No (STOP H	ERE)				
If your child is between the ages of 3 and 21 please complete the Part B of IDEA Parent Survey .					
education and e infant and todd	with Disabilities Education Act (or IDEA) is a federal law that funds and governs special early intervention programs and services Part C is the section of IDEA that defines how ler early intervention services should be provided; this section of IDEA also defines your in this process. In Connecticut, Part C of IDEA is called the Connecticut Birth to Three				
referra	 I know how to get information about the Birth to Three programs in Connecticut (child find and referral, timely services, natural environments, transition, Individual Family Service Plan development, etc.). 				
□Yes	□ No				
a.	If yes, I can obtain that information from: (Select all that apply) Website: (Name of website) State Agency Local Birth to Three program staff The Connecticut Parent Advocacy Center Other Advocacy Groups Other:				
·	on asks you about "your rights" that are also called "parent rights" and "procedural der Part C of IDEA.				
2. Within	the last year, I received a copy of my rights from my Birth to Three program.				
	'es □ No				
a.	If yes, who gave you this information? (Please select all that apply) Service Coordinator Service Provider Connecticut Parent Advocacy [Center Department of Developmental Services Other:				
a.	If yes, was an explanation of your rights provided if needed? ☐ Yes ☐ No ☐ NA				

3.	Within	the past year I h	have asked for: (Select all that apply)	
	 	amily Service Pl	aring esolution applicable to the State, including facilitated Individualized	
	a. If you ever filed a Written Complaint, were each of your concerns addressed in the decision letter/letter of finding?			
		□Yes	□ No	
provide	er is not		non-compliance," which means that the early intervention program or rvices or supports as described in the Individualized Family Service Plan EA.	
4.		have experienced or observed early intervention practices that I believe were not in ompliance with Part C of the IDEA.		
		Yes	□ No	
	a.	If yes, please e	xplain:	
5.	•	nily is receiving ualized Family S	the frequency and intensity of services as outlined in my child's ervice Plan?	
		Yes	□ No	
	a.	If no, please ex	plain:	

6.	Based on my experiences with the Birth to Three services in Connecticut, I feel the areas that are most effective are: (Please select the top three)
	 □ Child Find and Referral (the process for finding children who qualify for services) □ Evaluation/Assessment □ Individualized Family Service Plans □ Timely Early Intervention Services (new services start within 45 days of the IFSP meeting) □ Qualified Service Providers □ Services in settings that are natural for my child
	 □ Other Community Based Services □ Transition from Part C to Part B (transition from Birth to Three topreschool or other community-based settings) □ Materials in my family's primary language □ Don't Know □ Other: (please explain briefly)
7.	Based on my experiences with the early intervention services in my State, I feel the areas that need most improvement are: (Select the top three.) Child Find and Referral (the process for finding children who qualify for services) Evaluation/Assessment Individualized Family Service Plans Timely Early Intervention Services (new services start within 45 days of the IFSP meeting) Qualified Service Providers Services in settings that are natural for my child Other Community Based Services Transition from Part C to Part B (transition from Birth to Three to preschool or other community-based settings) Materials in my family's primary language No Improvement Needed Don't Know Other: (please explain briefly)
8.	My child receives services in his/her natural environments (e.g, home, child care, or other community-based settings).
	☐ Yes ☐ No ☐ Sometimes (Please explain)

Your State is required to develop and submit an Annual Performance Report describing their plan to improve results for infants and toddlers with developmental delays and disabilities. The Office of Special Education Programs, within the U.S. Department of Education, reviews and evaluates the report.

9.	I know how to get the results of the U.S. Department of Education's evaluation of my State's performance under the IDEA (i.e., State's Determination).					
		☐ Yes	□ No			
10.	10. I know how to get the results of the State's evaluation of my Early Intervention Service program's performance under the IDEA (i.e., how my Birth to Three program performed on the Annual Performance Report indicators).					
		☐ Yes	\square No			
		If no, please explain:				
11. I think that the Connecticut Birth to Three System is providing the services and family support that my child and family need.						
		☐ Yes	\square No			
If no, please explain:						

Please return completed surveys to Connecticut Parent Advocacy Center by Wednesday, September 28, 2011.

Mail to:

Connecticut Parent Advocacy Center 338 Main Street Niantic, CT 06357

Email to:

cpac@cpacinc.org

To fill out the survey online visit:

www.surveymonkey.com/s/ParentSurveyC