

FAMILY AND CHILD DEMOGRAPHICS

Caregivers may seal their responses in an envelope for confidentiality purposes or may choose to remain anonymous. Remind families that they are providing information voluntarily and that they do not have to provide information that they do not wish to share. Please make sure the provider's name is on this form.

Child's Name:	Date of Birth:
Parent/Guardian Name:	
Provider's Name:	
1. Gender of person completing this form: <input type="checkbox"/> Female <input type="checkbox"/> Male	
2. Relationship to child of person completing this form:	
3. What is your marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
4. How many children are in your family?	
5. What is your household structure? <input type="checkbox"/> One parent <input type="checkbox"/> Two parent <input type="checkbox"/> Other (please explain: _____)	
6. Is this child your: <input type="checkbox"/> Firstborn <input type="checkbox"/> Non firstborn	
7a. Child's Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian, non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial/Other Specify: _____	
7b. Your race/ethnicity (if different from child's): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian, non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial/Other Specify: _____	
7. Annual Family Income (from all sources): <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000-30,999 <input type="checkbox"/> 31,000 - 50,999 <input type="checkbox"/> 51,000 - 75,999 <input type="checkbox"/> 76,000 - 100,000 <input type="checkbox"/> More than 100,000 <input type="checkbox"/> Do not wish to provide	
8. Highest Education Level of the Child's Mother/Primary Female Caregiver: <input type="checkbox"/> Less than High school <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. <input type="checkbox"/> Do not wish to provide	
9. Highest Education Level of the Child's Father/Primary Male Caregiver: <input type="checkbox"/> Less than High school <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. <input type="checkbox"/> Do not wish to provide	

<p>10. Does your child receive additional intervention therapy or educational services beyond that she/he is provided with through your early intervention services?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>11. If yes to number 10, please list what other services your child may receive as well as the frequency of those services:</p>
<p>12. In your opinion, how would you characterize the severity of your child's disability?</p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>
<p>13. Does your child have a formal diagnosis? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>14. If yes to number 13, what is your child's diagnosis?</p>
<p>15. How would you describe your child's disability?</p>
<p>16. Is there anything else you would like to tell us that might be helpful to our understanding of your child?</p>

The Philadelphia Teaching and Learning Collaborative (TLC) is interested in learning whether providers' participation in this professional development course impacts the way in which services are provided for your family. Your participation includes providing information about your family and participating in videotaped sessions. The information that we collect will be summarized and reported in the final report that TLC is required to submit for the County (MRS office) and the State (OMR). Information will be summarized in such a way that you are ensured confidentiality and anonymity.

I understand that my information will be reported with full confidentiality and anonymity without identifying my family by name or in any other manner that might lead to my identification. I understand that information will be used in reporting for the county/state and may be used in a future formal publication.

Signature

Date