# **Family Phone Survey**

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| **Child’s**  **Name:** | **Date**  **Contacted:** |
| **Person Contacted (name & relationship to child):** | |
| **Survey Completed by:** | |
| Services Provided by Click here to enter text. | |
| Special Instruction  Occupational Therapy  Physical Therapy | |
| Speech Therapy  SI – Behavior  SI – Nutrition  Other Click here to enter text. | |
| **Interventionist(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Services Provided by **Other Agency (ies)** | |
| Special Instruction  Occupational Therapy  Physical Therapy | |
| Speech Therapy  SI – Behavior  SI – Nutrition  Other Click here to enter text.  None | |
| **Introduction** – introduced myself & agency; explained nature of call | |
| **Problems** – identified any problems family may be experiencing  \***Service Delivery**  No service delivery problems at this time  Interventionist frequently “no shows”  Interventionist frequently cancels at the last minute  Interventionist frequently changes date and/or time of appointments  Interventionist does not stay as long as they should per the IFSP  Other:  **\*Early Intervention Services**  No problems with services themselves at this time  Services aren’t helping my child  Services aren’t explained to me for purposes of carryover  Progress notes are insufficient/not understandable/other  Interventionists doesn’t seem to know what to do with my child  Interventionist doesn’t fit with our family (e.g. acts/speaks inappropriately; there is a personality conflict; has a language barrier/problem). Please explain:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:  **Additional Information and follow-up (as appropriate):** | |