# **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):** |