



# NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY

## Program Director Survey

**Questions? Call the NEELS Hotline toll free: 1-800-682-9319**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a request for information unless it displays a valid OMB control number. The valid OMB control number for this survey is: 1820-0616. The time required to respond to request is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and submit the information. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Office of Special Education Programs, Washington, D.C. 20202-4651 or call 202-205-9364. Approval expires December 31, 2003.



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**A. About Your Program**

- 1a. What kinds of early intervention services do your program staff provide directly to infants and toddlers with disabilities/delays or at risk of disabilities/delays, or to their families? *PLEASE CIRCLE IN COLUMN A THE CODES FOR ALL OF THE EARLY INTERVENTION SERVICES YOUR PROGRAM PROVIDES THROUGH STAFF IT EMPLOYS. DEFINITIONS OF SERVICES ARE PROVIDED ON AN ACCOMPANYING SHEET.*
- b. What kinds of early intervention services does your program contract or arrange for with outside personnel, agencies, or vendors? *PLEASE CIRCLE IN COLUMN B THE CODES FOR ALL SERVICES PROVIDED TO YOUR PROGRAM'S CLIENTS THROUGH CONTRACTS WITH INDEPENDENT PROVIDERS.*

	<b>A</b>	<b>B</b>
<b>Early Intervention Services</b>	<b>Services Provided by Your Program</b>	<b>Services Contracted or Arranged for by Your Program</b>
Assistive technology services/devices	1	1
Audiology	2	2
Behavior management services	3	3
Consultation with family day care or preschool/nursery school provider(s)	4	4
Consultation among early intervention service providers	5	5
Developmental monitoring	6	6
Family counseling/mental health counseling	7	7
Family training	8	8
Other family support	9	9
Genetic counseling/evaluation	10	10
Health services	11	11
Medical diagnosis/evaluation	12	12
Nursing services	13	13
Nutrition services	14	14
Occupational therapy	15	15
Physical therapy	16	16
Psychological or psychiatric services	17	17
Respite care	18	18
Service coordination	19	19
Social work services	20	20
Special instruction for the child	21	21
Speech/language therapy	22	22
Translation services (interpreter)	23	23
Transportation and/or related costs	24	24
Vision services	25	25
Other: _____	26	26

2a. Which of the following best describes the financial status of the agency or organization that operates your program? *PLEASE CIRCLE ONE NUMBER.*

- 1 Public agency
- 2 Private nonprofit organization
- 3 Private for-profit organization

b. Which of the following best describes the substantive nature of the agency or organization that operates your program? *PLEASE CIRCLE ONE NUMBER.*

- 1 Community-based early intervention program for young children with disabilities
- 2 Community-based organization serving persons with disabilities (various ages)
- 3 Hospital or other health care agency/program/organization
- 4 Mental health agency/program/organization
- 5 Regular preschool or child care program
- 6 School or school district
- 7 Social services agency/program/organization
- 8 Other: \_\_\_\_\_

3a. Where does your program provide the early intervention services indicated in Question 1? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Early intervention classroom/center
- 2 Family day care home
- 3 Family's home
- 4 Hospital (inpatient)
- 5 Outpatient medical service facility
- 6 Regular nursery school, preschool, or child care center
- 7 Residential facility
- 8 Other setting: \_\_\_\_\_

b. Which of the following best describes the curricula used in your early intervention program instruction? *PLEASE CIRCLE ALL THAT APPLY.*

- 0 Not applicable; we do not provide instruction to children or families.
- 1 We use one specific published curriculum (e.g., the Portage curriculum, Carolina Curriculum for Infants and Preschoolers, Parents as Teachers) and follow it closely.
- 2 We draw on a variety of published curricula in our instruction.
- 3 We have developed our own curriculum.

- 4a. In Column A, please circle the codes for **all** of the approaches or philosophies that are incorporated into the way early intervention services are provided by your program.
- b. In Column B, please circle the one code that best describes the **primary** approach or philosophy of your early intervention program.

***PLEASE CIRCLE ALL THAT APPLY IN COLUMN A AND ONE CODE IN COLUMN B.***

A	B	
All Philosophies	One Primary Philosophy	Our early intervention program:
1	1	Assumes that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.
2	2	Emphasizes principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.
3	3	Combines developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.
4	4	Focuses on a child's medical diagnosis and concentrates on therapeutic interventions.
5	5	Emphasizes the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.
6	6	Recognizes that the child is a member of a family system and bases services on the perceived strengths and priorities of family members.
7	7	Other. Please describe: _____ _____

**B. About Your Staff**

- 5a. What kinds of personnel does your program employ to provide early intervention services to infants, toddlers, and their families? *PLEASE CIRCLE IN COLUMN A THE NUMBERS THAT CORRESPOND TO THE KINDS OF EARLY INTERVENTION PERSONNEL WHO ARE EMPLOYED BY YOUR PROGRAM.*
- b. What kinds of personnel does your program contract with to provide early intervention services to the infants, toddlers, and their families who are enrolled in your program? *PLEASE CIRCLE IN COLUMN B THE NUMBERS THAT CORRESPOND TO THE KINDS OF EARLY INTERVENTION PERSONNEL YOUR PROGRAM CONTRACTS WITH.*

	<b>A</b>	<b>B</b>
Early Intervention Personnel	Personnel Employed by Your Program	Personnel Contracted with by Your Program
Audiologist	1	1
Behavior therapist	2	2
Child development/infant specialist	3	3
Family support specialist	4	4
Family therapist/mental health professional	5	5
Nurse	6	6
Nutritionist	7	7
Occupational therapist	8	8
Occupational therapy assistant	9	9
Orientation/mobility specialist	10	10
Paraprofessional	11	11
Parent of a child with a disability	12	12
Pediatrician	13	13
Physical therapist	14	14
Physical therapist assistant	15	15
Physician (other than pediatrician)	16	16
Psychologist/psychiatrist	17	17
Service coordinator	18	18
Social worker	19	19
Special educator	20	20
Speech/language pathologist	21	21
Vision specialist	22	22
Other: _____	23	23

6a. How many full-time-equivalent (FTE) staff employed by your program are involved with early intervention activities? (For example, 2 half-time positions equals 1 FTE.) If staff work with age groups other than infants and toddlers, please count only the portion of their time spent with infants and toddlers. *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Total number of FTEs involved with early intervention

b. How many FTE staff provide early intervention services directly to children and families? *PLEASE EXCLUDE ADMINISTRATIVE AND CLERICAL STAFF. GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Number of FTEs providing direct early intervention services

7. Which of the following statements best describes the way in which your early intervention staff work in teams with providers from multiple disciplines in serving children and families? Teams with providers from multiple disciplines can include members of your staff alone or professionals from other programs or agencies. *PLEASE CIRCLE ONE NUMBER.*

1 Our program staff generally do not work in teams that involve people from multiple disciplines.

2 Staff from several disciplines are involved in teams but generally conduct assessments, develop plans, and provide services independently. Family members generally meet separately with different team members.

3 Team members share responsibilities across disciplines. They conduct separate assessments but share results. They set goals related to their individual disciplines but integrate them into a single plan for a child/family. They meet regularly for case conferences and consultations.

4 Team members work across disciplinary boundaries. Team members share responsibilities and learn and teach across disciplines. A service plan is developed by the team, which includes the family, and team members share responsibility and accountability for implementing the plan. The team meets regularly to share information and assess mutual progress.

5 Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Please rate the extent to which each statement below describes the early intervention staff of your program. Rate each statement on a scale of 1 (not at all like my staff) to 7 (very much like my staff). *PLEASE CIRCLE ONE NUMBER FOR EACH STATEMENT.*

a. As a whole, staff have extensive backgrounds and experience working with infants and toddlers with disabilities.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7  
Not at all like my staff Very much like my staff

b. As a whole, staff have extensive training working with parents and other family members.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7  
Not at all like my staff Very much like my staff

c. As a whole, staff are quite competent in dealing with the cultural and ethnic diversity of the families we serve.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7  
Not at all like my staff Very much like my staff

d. As a whole, staff are eager to take part in early intervention training opportunities.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7  
Not at all like my staff Very much like my staff

**C. About the Children and Families Your Program Serves**

9. Approximately how many infants and toddlers with Individual Family Service Plans (IFSPs) does your program serve in a 1-year period? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Number of infants and toddlers served in 1 year

10. Approximately how many infants and toddlers with IFSPs does your program have enrolled or in your caseload on a typical day? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Number of infants and toddlers enrolled on a typical day



11. Which of the following are included in the population of infants and toddlers currently served by your program? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Typically developing infants and toddlers (not at risk of nor having disabilities)
- 2 Infants and toddlers at risk of disabilities

Infants and toddlers with:

- 3 Atypical development
- 4 Behavioral/emotional disorders, including autism
- 5 Developmental delays
- 6 Hearing impairment/deafness
- 7 Health impairment/medically fragile
- 8 Multiple impairments
- 9 Orthopedic impairments
- 10 Speech or language delays
- 11 Visual impairments/blindness
- 12 Other disabilities/delays: \_\_\_\_\_

12. What are the ages of the persons with disabilities who are served by your program? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Up to age 3
- 2 Ages 3 up to 6
- 3 Ages 6 up to 22
- 4 Ages 22 and older

13. About what percentage of the children or families to whom your program provides early intervention services are low income (e.g., receive TANF or other public assistance)? *PLEASE CIRCLE ONE NUMBER.*

- 1 0% to 10%
- 2 11% to 25%
- 3 26% to 50%
- 4 51% to 75%
- 5 76% to 89%
- 6 90% to 100%



e. Agencies that provide early intervention are working together effectively to coordinate services.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

f. Early intervention professionals see their role as building on family strengths, enhancing family capabilities, and promoting family decision-making.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

g. IFSPs are written so they are readily understood, meaningful, and useful to parents.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

h. Early intervention professionals help with family concerns as well as children's needs.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

i. Early intervention service providers are aware of and sensitive to the variety of cultures of families in this community.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

j. Early intervention serves all families in this community equally well, including those from diverse ethnic and linguistic backgrounds.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

k. Early intervention programs have relationships with a wide range of community resources to help children and families meet many kinds of needs.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

l. Early intervention programs have active relationships with local preschool and child care providers in order to help integrate infants and toddlers with disabilities with typically developing children.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

m. Effective procedures for transitioning out of early intervention minimize the stress of transition for families.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

n. A range of services and placements are available for preschool-age children with disabilities and their families so that they continue to receive what they need after leaving early intervention.

1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . . 6. . . . . 7

Not at all like my area

Very much like my area

16. Is there a group that functions as a local interagency coordinating council for early intervention services in your local area?

- 1 Yes → **PLEASE CONTINUE WITH QUESTION 17 BELOW**
- 2 No → **PLEASE GO TO QUESTION 19a ON THE NEXT PAGE.**
- 8 Don't know → **PLEASE GO TO QUESTION 19a ON THE NEXT PAGE**

17. How often have you attended meetings of this local interagency coordinating council for early intervention services in your area? *PLEASE CIRCLE ONE NUMBER.*

- 1 Never
- 2 Once or twice
- 3 Several times
- 4 Regularly

18. How informed do you feel concerning the issues discussed and work done by the local interagency coordinating council in your area? *PLEASE CIRCLE ONE NUMBER.*

- 1 Not at all informed
- 2 Somewhat informed
- 3 Fairly well informed
- 4 Very well informed

**E. About You**

19a. About how many years have you been involved with early intervention? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Number of years involved with early intervention

b. About how many years have you been in your current job? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Number of years in current job

20a. About how many total hours do you work in this job in a typical week, **including paid and any unpaid hours** you work? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Hours worked per week in this job

b. About how many hours do you work **for pay** in a typical week in this job? *PLEASE GIVE YOUR BEST ESTIMATE.*

\_\_\_\_\_ Hours per week for pay in this job

21. In a typical week, about how many hours do you devote to each of the following early intervention activities, **including both paid and any unpaid hours** you work? *PLEASE GIVE YOUR BEST ESTIMATE.*

**Hours Worked**

\_\_\_\_\_ Administrative activities related to early intervention (e.g., budgeting, program planning)

\_\_\_\_\_ Consultation with other professionals (e.g., therapists, child care providers) about children under 3 or their families

\_\_\_\_\_ Direct service to children under 3 or their families

\_\_\_\_\_ Meetings regarding children under 3 or their families (e.g., IFSP meetings)

\_\_\_\_\_ Preparation for direct services to children under 3 or their families

\_\_\_\_\_ Training and supervision (either providing or receiving) regarding early intervention services

\_\_\_\_\_ Travel to and from the point of early intervention services

\_\_\_\_\_ Other early intervention activities: \_\_\_\_\_

\_\_\_\_\_ TOTAL (SUM OF HOURS LISTED ABOVE)

22. What is your hourly rate of pay? *PLEASE GIVE YOUR BEST ESTIMATE.*

\$\_\_\_\_\_ Hourly rate of pay

If you are not paid by the hour or you do not know your hourly rate of pay, please record one of the following regarding your rate of pay. *PLEASE GIVE YOUR BEST ESTIMATE.*

\$\_\_\_\_\_ Gross (before taxes) annual salary

\$\_\_\_\_\_ Gross (before taxes) monthly salary

23. Which of the following benefits are provided as part of your job? *PLEASE CIRCLE ALL THAT APPLY.*

0 None

1 Paid vacation

2 Paid holidays

3 Health insurance

4 Dental insurance

5 Vision insurance

6 Contribution to a retirement plan

7 Life insurance

8 Disability insurance

9 Other: \_\_\_\_\_

*BELOW ARE LISTED A VARIETY OF DISCIPLINES IN WHICH EARLY INTERVENTION PROFESSIONALS MIGHT HOLD DEGREES, CERTIFICATES, OR LICENSES. PLEASE USE THE CODES LISTED BELOW TO ANSWER QUESTIONS 24A AND 24B.*

<b>Code</b>	<b>Discipline</b>	<b>Code</b>	<b>Discipline</b>
01	Audiology	10	Occupational therapy
02	Child development	11	Orientation/mobility
03	Elementary/secondary education	12	Physical therapy
04	Early childhood education	13	Psychology
05	Early childhood special education	14	Public health
06	Family therapy/counseling	15	Social work
07	Medicine	16	Special education
08	Nursing	17	Speech/language pathology
09	Nutrition	18	Other (Please write in kind in 24 below.)

24a. Please circle below the number next to each kind of degree you have received. Then, using the discipline codes above, please write in the space provided the discipline(s) or subject area(s) of your degree(s). *PLEASE CIRCLE AND WRITE IN ALL THAT APPLY.*

- 1 High school diploma or GED
- 2 Associate degree (Discipline code(s): \_\_\_\_\_ )
- 3 Bachelor’s degree (Discipline code(s): \_\_\_\_\_ )
- 4 Master’s degree (Discipline code(s): \_\_\_\_\_ )
- 5 Doctoral degree (Discipline codes(s): \_\_\_\_\_ )

b. Using the discipline codes listed at the top of the page, please write in the space provided below any discipline(s) in which you hold a professional license or certificate.

\_\_\_\_\_ Professional license(s) or certificate(s) held

25a. Did any of your degree or license programs involve training in working specifically with children with disabilities **ages birth to 3**?

1 Yes

2 No

b. Did any of your degree or license programs involve training in working specifically with **families** of children with disabilities?

1 Yes

2 No

26. Do you have a family member with a disability (e.g., a spouse, child, parent, sibling)?

1 Yes

2 No

27. What is your gender?

1 Female

2 Male

28. What is your race/ethnicity? *PLEASE CIRCLE ALL THAT APPLY.*

1 African-American or Black

2 American Indian, Eskimo, or Aleut

3 Asian or Pacific Islander

4 Caucasian or White

5 Hispanic, Latino, or other Spanish origin

6 Other: \_\_\_\_\_



29a. Do you personally use any language other than English in your early intervention work (including sign language)?

- 1 Yes **PLEASE CONTINUE WITH QUESTION 29b.**
- 2 No → **PLEASE GO TO QUESTION 30 BELOW.**

b. Which of the following language(s) other than English do you personally use in your early intervention work? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Sign language
- 2 Spanish
- 3 Other: \_\_\_\_\_

30. What is your age? *PLEASE CIRCLE ONE NUMBER.*

- 1 20 years old or younger
- 2 21 to 30 years old
- 3 31 to 40 years old
- 4 41 to 50 years old
- 5 51 to 60 years old
- 6 More than 60 years old

**Thank you very much** for your time in answering these questions and supporting this important study of early intervention services. Please return your completed questionnaire in the envelope provided to:

National Early Intervention Longitudinal Study  
SRI International  
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Menlo Park, CA 94025  
1-800-682-9319