



EARLY INTERVENTION SERVICE PROVIDER SURVEY

A. About Your Clients

- 1a. About how many active clients do you typically carry in your caseload at one time (that is, what is your typical total caseload of clients of all ages)? *PLEASE GIVE YOUR BEST ESTIMATE.*

_____ Number of active clients in your caseload

- b. About how many of these cases are children under 3 with disabilities/delays or at risk of disabilities/delays and their families (i.e., early intervention clients)? *PLEASE GIVE YOUR BEST ESTIMATE.*

_____ Number of active cases who are children under 3 with disabilities/delays or their families

- 2a. About how many clients do you provide services to in a typical week? *PLEASE GIVE YOUR BEST ESTIMATE.*

_____ Number of clients served in a typical week

- b. About how many of the clients you see in a typical week are children under 3 with disabilities/delays or at risk of disabilities/delays, or their families (i.e., early intervention clients)? *PLEASE GIVE YOUR BEST ESTIMATE.*

_____ Number of children under 3 with disabilities/delays or their families seen in a typical week

Questions? Call the NEILS 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.

3. When you work with early intervention clients, do you work with mostly children, mostly their families, or both children and families? *PLEASE CIRCLE ONE NUMBER.*

- 1 Mostly children
- 2 Mostly families
- 3 Both children and their families

4. 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/delays)
- 2 Infants and toddlers at risk of disabilities/delays

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 impairment
- 10 Speech or language delays
- 11 Visual impairment/blindness
- 12 Other disabilities/delays: _____

B. About the Early Intervention Services You Provide

The following section is about the **early intervention services you provide directly**, that is, services to **children under 3** with disabilities/delays or at risk of disabilities/delays and/or to their families.

5. Which of the following kinds of early intervention services do you provide?
(Definitions for these services are provided on a separate sheet.) *PLEASE CIRCLE ALL THAT APPLY.*

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

6. About what percentage of your early intervention caseload do you serve in the following settings? *PLEASE GIVE YOUR BEST ESTIMATE. THE TOTAL CAN EQUAL MORE THAN 100% IF CHILDREN OR FAMILIES ARE SEEN IN MORE THAN ONE SETTING. FOR EXAMPLE, IF YOU SEE ALL CHILDREN AT HOME AND YOU ALSO SEE 20% AT A CENTER, THE TOTAL WOULD BE 120%.*

Percentage
of
Caseload:

- _____ Early intervention classroom/center
- _____ Family child care
- _____ Child's home (or home of a relative)
- _____ Hospital (inpatient)
- _____ Outpatient medical facility (e.g., clinic or doctor's office)
- _____ Regular nursery school, preschool, or child care center
- _____ Residential facility
- _____ Other setting (Please specify: _____)

- 7a. About what percentage of your early intervention caseload do you serve one-to-one and what percentage do you serve in a group (two or more children or families)? *PLEASE GIVE YOUR BEST ESTIMATE. TOTAL CAN EQUAL MORE THAN 100% IF YOU SEE SOME CHILDREN OR FAMILIES BOTH ONE-TO-ONE AND IN A GROUP.*

Percentage
of
Caseload:

- _____ One-to-one
- _____ In a group **IF ANY SERVED IN GROUPS, PLEASE ANSWER 7b.**

- b. What is the typical size of a group in which you serve children under 3 or their families? *PLEASE GIVE YOUR BEST ESTIMATE. IF YOU SERVE CHILDREN/FAMILIES IN SEVERAL GROUPS OF DIFFERENT SIZES, PLEASE GIVE THE RANGE FOR THE GROUPS (E.G., FROM 3 TO 6).*

_____ Typical size of group(s) in which early intervention services are provided

OR

_____ to _____ Range of sizes of groups in which early intervention services are provided

8. In Column A, please circle **all** of the roles you play in providing early intervention services.

In Column B, please circle the one code that best describes your **primary** role in providing early intervention services.

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

A All Roles	B One Primary Role	
1	1	Administrator
2	2	Audiologist
3	3	Behavior therapist
4	4	Child care provider
5	5	Child development/infant specialist
6	6	Family support specialist/parent liaison
7	7	Family therapist/mental health professional
8	8	Interpreter/translator
9	9	Nurse
10	10	Nutritionist
11	11	Occupational therapist
12	12	Occupational therapist assistant
13	13	Orientation/mobility specialist
14	14	Paraprofessional or aide
15	15	Pediatrician
16	16	Physical therapist
17	17	Physical therapist assistant
18	18	Physician (other than pediatrician)
19	19	Preschool teacher
20	20	Psychologist
21	21	Respite care worker
22	22	Service coordinator
23	23	Social worker
24	24	Special educator
25	25	Speech/language therapist
26	26	Vision specialist
27	27	Other: _____

9. Please think about all of the early intervention children and families you see. Also think about all of the early intervention services they receive from all of the agencies or programs that serve them. Please indicate the proportion of your early intervention caseload for which each of the following statements is true. Is each statement true for hardly any of your cases (up to 10%), for a few of your cases (11% to 25%), for some of your cases (26% to 50%), for many of your cases (51% to 89%), or for almost all of your cases (90% to 100%)? **PLEASE CIRCLE ONE NUMBER ON EACH LINE.**

		Percentage of Early Intervention Children/Families					
		Hardly Any (0% to 10%)	A Few (11% to 25%)	Some (26% to 50%)	Many (51% to 89%)	Almost All (90% to 100%)	Don't Know
a.	Children and families are getting all of the services specified on their IFSPs.	1	2	3	4	5	8
b.	As part of the IFSP process, families are actively involved in deciding on the amount of services their children will receive.	1	2	3	4	5	8
c.	As part of the IFSP process, families are actively involved in deciding on the types of services for their children and themselves.	1	2	3	4	5	8
d.	As part of the IFSP process, families are actively involved in deciding on the outcomes for their children and themselves.	1	2	3	4	5	8
e.	Families welcome IFSP meetings as a chance to talk about their children and their services.	1	2	3	4	5	8
f.	Children are getting less service than they need.	1	2	3	4	5	8
g.	Families are getting less service than they need.	1	2	3	4	5	8
h.	Families have to fight to get what their children need.	1	2	3	4	5	8
i.	Families receive appropriate referrals to services that are not early intervention services.	1	2	3	4	5	8
j.	Families are buying early intervention services on their own, in addition to those provided through the IFSP.	1	2	3	4	5	8
k.	When more than one professional is serving a child or family, they coordinate their activities.	1	2	3	4	5	8
l.	Families' cultural and family values are understood and respected by professionals who work with them.	1	2	3	4	5	8

C. About Your Local Area

10. Is there a group that functions as a local interagency coordinating council for early intervention services in your local area? By "local area," we mean the local early intervention service area in which you work. Your area could be a single county, a region including several counties, or a section of a city.

- 1 Yes **PLEASE CONTINUE WITH QUESTION 11.**
2 No → **PLEASE GO TO QUESTION 14a BELOW.**
8 Don't know → **PLEASE GO TO QUESTION 14a BELOW.**

11. How often have you attended meetings of the 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

12. 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

13. How often have you participated in regional or cross-agency in-service training for early intervention service providers (i.e., in-service training with providers who are not from your program or agency)? *PLEASE CIRCLE ONE NUMBER.*

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

D. About You

- 14a. About how many years have you been involved with early intervention services? *PLEASE GIVE YOUR BEST ESTIMATE.*

_____ Number of years involved with early intervention services

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

_____ Number of years in current job

15a. Which of the following best describes your employment status? *PLEASE CIRCLE ONE NUMBER.*

- 1 Employed by a public agency
- 2 Employed by a private nonprofit organization
- 3 Employed by a private for-profit organization
- 4 Self-employed → **PLEASE GO TO QUESTION 16a BELOW.**
- 5 Other (Please specify: _____)

b. Which of the following best describes the kind of program or agency you work for? *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 (Please specify: _____)

16a. 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

17. 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., completing forms)
- _____ 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, reviews, transition planning)
- _____ 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 (Please specify: _____)
- _____ TOTAL (SUM OF HOURS LISTED ABOVE)

18. 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

19. Which of the following benefits are provided to you by your employer as part of your job? *PLEASE CIRCLE ALL THAT APPLY.*

- 0 No benefits or self-employed
- 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 (Please specify: _____)

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 20A AND 20B.

Code	Discipline	Code	Discipline
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 20 below.)

20a. Please circle below the number next to each kind of degree you have. Then, using the discipline codes above, 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.

_____ Code(s) for professional license(s) or certificate(s) held

21a. Did any of your degree or license programs involve training in working specifically with children with disabilities/delays **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/delays?

- 1 Yes
- 2 No

22. Think about all of your professional education, training, and experience taken together. Please indicate the extent to which you believe you currently are adequately prepared to work with infants and toddlers with disabilities/delays and their families. Please rate your level of preparation from 1 (not at all prepared) to 7 (extremely well prepared). *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

a. Preparation to work with **infants and toddlers** with disabilities/delays:

1. 2. 3. 4. 5. 6. 7
Not at all prepared Extremely well prepared

b. Preparation to work with **families** of children with disabilities/delays:

1. 2. 3. 4. 5. 6. 7
Not at all prepared Extremely well prepared

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

1 Yes

2 No

24. What is your gender?

1 Female

2 Male

25. 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: _____

26a. Are you fluent in any language other than English that you use in your early intervention work (including sign language)?

- 1 Yes **PLEASE CONTINUE WITH QUESTION 26b.**
2 No → **PLEASE GO TO QUESTION 27 BELOW.**

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

- 1 Sign language
2 Spanish
3 Other: _____

27. 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
333 Ravenswood Avenue, BS 129
Menlo Park, CA 94025
1-800-682-9319**