**Introducing the Survey**

*Below is some language that you can use to introduce yourself and the reason for the survey to the parents/youth that you contact to complete the survey.*

**For Written/On-line Surveys:**

Dear XXXX,

In (*specify time period*), you contacted the [*insert name of parent center*] with a question or request for support. We are interested in your satisfaction with the information or support you received. Please complete this survey to help with our evaluation and to help us improve our services. It will only take 5 minutes. The survey is only being sent to a sample of [parents / youth who are transition age and older] who contacted [*insert name of the center*] so it is important that we get responses to all the surveys we send out. Your individual answers will be kept confidential. They will only be shared after they are put together with answers from other parents.

Please complete the survey by MM/DD/YY. Thank you in advance for your cooperation.

Sincerely,

XXXX

Director of the [*Name of Center*]

**For Phone or In-Person Surveys:**

Hello,

My name is [name of person contacting parent] from [*insert the name of the center*]. We are interested in your satisfaction with the information or support you received from us. Would you have just 5 minutes to help us to improve our services by answering just seven (7) questions? These questions ask about your satisfaction with information or support you received from [*insert the name of the center*] in [*specify time period*]. Your answers will be kept confidential. They will only be shared after they are put together with answers from other parents.

**SD= Strongly Disagree | D= Disagree | A= Agree | SA= Strongly Agree**

Select **one** response for each question. Help text shown in *italics.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Families of Children Under Transition Age Responses** | | | | | **Families of Transition-Age Youth and Older Responses** | | | | | **Youth who are Transition-Age and older Responses** | | | |
| **Question** | SD | D | A | SD | SD | | D | A | SA | SD | | D | A | SA |
| *For the next question, try to think about the information or support you received, not what happened if you acted upon it. Please indicate how much you agree or disagree with each of the following statements: strongly disagree, disagree, agree, strongly agree.* | | | | | | | | | | | | | | |
| **1. The information or support you received from [*insert name of parent center*] met your needs.** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| *For the next question, think about how the information or support you received from [insert name of parent center] in [time period] may have prepared you for a variety of activities: working with [your child’s / your (youth)] school, program, or service provider to make decisions about [your child / you (youth)] and available options, to work with others to support [your child/ you], to become involved in meetings, or to resolve possible disputes. Please indicate how much you agree or disagree with the following statement: strongly disagree, disagree, agree, strongly agree.* | | | | | | | | | | | | | | |
| **2. You were able to understand the information you received from [*insert name of parent center*].** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| *Please indicate how much you agree or disagree with the following statement: strongly disagree, disagree, agree, strongly agree. If you have not had the opportunity to interact with a school, program or service provider, leave blank.* | | | | | | | | | | | | | | |
| **3. The information [*insert name of parent center*] provided helped you learn more about how to meet your needs or the needs of your child/your own needs (youth)** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **4. The information [*insert name of parent center*] provided was useful.** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **5. You are prepared to use the information you received within the past 6 months from [*insert name of parent center*].** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **6. You feel confident in your ability to work with school or service providers (including vocational and independent living services).** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **7. You would recommend** *[insert name of parent center]* **to others.** |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **Thank you. We appreciate your input. This information will help us to continue to improve our programs and services at [*insert name of parent center*].** | | | | | | | | | | | | | | |