

SoonerStart Family Survey



This survey is for families currently (or recently) receiving SoonerStart services. Your responses will help guide efforts to improve services and results for children and families. The survey should take less than ten minutes to complete. Your participation is entirely voluntary and you may stop at any time.

You may fill in each circle or use an X or a ✓ to indicate your answer.

Over the past year, SoonerStart has helped me and/or my family...		Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
1.	...Identify and engage in learning activities that I can do with my child throughout the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	...Do things with and for my child that are good for my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	...Be able to evaluate how much progress my child is making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	...Understand my child's and family's rights concerning all services provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	...Communicate more effectively with the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
6.	My family is better off because of the services we have received through SoonerStart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I am comfortable sharing concerns and asking questions about the services my family receives with Soonerstart staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Yes	No	Not Sure		
8.	My family was given information about the rights of parents regarding SoonerStart services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9.	My family was given information about who to call if I am not satisfied with the services my child receives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10.	My family was given information about how to advocate for my child and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

11. Please tell us anything you would like SoonerStart to know about your experiences this past year:

12. Is your child male or female?

- Male Female Prefer not to answer

13. How old is your child currently?

- Birth to 12 months
 13 to 24 months
 25 to 36 months
 More than 3 years old
 Prefer not to answer

14. How old was your child when referred to SoonerStart?

- Birth to 12 months
 13 to 24 months
 More than 2 years old
 Prefer not to answer

15. What is your child's racial or ethnic identity? Check all that apply.

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Pacific Islander
 White or Caucasian
 Prefer not to answer

16. In which county do you currently live?

-- Thank you for your time! --

