

SURVEY OF PRIMARY CARE PROVIDERS

Developmental Screening and Referral for Early Intervention Services

Purpose: To gain an understanding of health care providers' views on, and experience with, developmental screening and referral services.

Your responses will be confidential. They will be used to evaluate local community systems.

Section I: Using the following scale, please rate your:

1 = Very Poor 2 = Poor 3 = Adequate 4 = Good 5 = Very Good

		1	2	3	4	5
1	Knowledge regarding how to access Early Intervention Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Familiarity with the content of the Federal Law "Individuals with Disabilities Education Act" (IDEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Familiarity with the scope and purpose of Individual Family Service Plans (IFSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Knowledge of the types of services that your county's Early Intervention program offers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Knowledge of variety of developmental screening tools available for use in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section II: Using the following scale, please rate the degree to which you agree or disagree with each statement:

1 = Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree

		1	2	3	4	5
6	Parent questionnaires provide accurate reporting of a child's development and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	It is comfortable for me to discuss a child's possible developmental problems with her/his parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I am satisfied with the referral process for Early Intervention services in my county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I believe Early Intervention services are important in improving outcomes for children and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10A I am concerned that systematic use of a developmental screening tool would be difficult in my practice.	<table style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	1	2	3	4	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
10B Reasons (if any) that systematic office screening (see Question #11A) would be difficult:	<p>Check all that apply</p> <input type="checkbox"/> Staff required <input type="checkbox"/> Time <input type="checkbox"/> Cost <input type="checkbox"/> Instrument Reading Level <input type="checkbox"/> Languages <input type="checkbox"/> Other: _____										

Section III: Questions about your Practice Setting. Please answer the following with regard to the general protocols at your practice, not your individual activity.

11A Does your practice use a formal developmental screening tool periodically with each child 0 to 5 years old?	Yes <input type="radio"/>	No <input type="radio"/>
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Please rate the estimated frequency at your practice:

1 = Never 2 = Seldom 3 = Approx. Half of the time 4 = Most of the time 5 = Always

11B If "yes" to 11A, rate the frequency that children receive that series of screenings	<table style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	1	2	3	4	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
12 Families of children with, or at risk for, developmental delay(s) receive information on Early Intervention	<table style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	1	2	3	4	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

Please rate the degree of difficulty/ease at your practice:

1 = Very Difficult 2 = Difficult 3 = In-between 4 = Easy 5 = Very Easy

13 Implementation of new office protocols (for example; NIH guidelines for asthma, BMI, lead screening).	<table style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	1	2	3	4	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

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Section IV: Please use the space below or on the back of this form for your response to the following question:

14 What (if any) materials or services would be helpful in improving local systems for developmental screening and referral?

Demographics: Please check the appropriate response:

- 15 Your specialty: Family Practice Pediatrics
- 16 Your credential: MD NP
- 17 Your gender: Female Male
- 18 Approximately how many young patients (age 0 to 5) do YOU typically see PER DAY?
6 5≤-11 10-120 > 20
- 19 Approximately what percentage of young patients (age 0 – 5) in your practice have known or suspected disability (e.g., cognitive, motor, behavioral, speech/language)?
6 5≤-11 10-125 > 25
- 20 How many years have you been in practice since completing your highest level of training?
6 5≤-11 10-120 > 20
- 21 What county is your practice in? _____
- 22 What types of insurance coverage do the patients in your practice have?
(Please ESTIMATE percentage for each insurance type)
- No insurance _____
- Medicaid or Health Choice _____
- Other third party _____

Thank you from the Children of North Carolina!