

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.

Please complete the **Pre-Workshop column before the program** begins and complete the *Post-workshop column at the conclusion of the program*. Your responses will be confidential. They will be used to evaluate local community systems as well as to measure the impact of the curriculum.

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

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

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

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

		Pre-workshop					Post-workshop				
6	Parent questionnaires provide accurate reporting of a child's development and behavior.	1 ○	2 ○	3 ○	4 ○	5 ○	1 ○	2 ○	3 ○	4 ○	5 ○
7	It is comfortable for me to discuss a child's possible developmental problems with her/his parents.	1 ○	2 ○	3 ○	4 ○	5 ○	1 ○	2 ○	3 ○	4 ○	5 ○
8	I am satisfied with the referral process for Early Intervention services in my county.	1 ○	2 ○	3 ○	4 ○	5 ○	1 ○	2 ○	3 ○	4 ○	5 ○

Continue to next page

9 I believe Early Intervention services are important in improving outcomes for children and families.	1 ○	2 ○	3 ○	4 ○	5 ○	1 ○	2 ○	3 ○	4 ○	5 ○
10A I am concerned that systematic use of a developmental screening tool would be difficult in my practice.	1 ○	2 ○	3 ○	4 ○	5 ○	1 ○	2 ○	3 ○	4 ○	5 ○
10B Reasons (if any) that systematic office screening (see Question #11A) would be difficult:	Check all that apply <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: _____					Check all that apply <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 ○	No ○
---	-----------------	----------------

If you indicated yes to 11 A, please indicate what tool your practice uses.

DDST-II (Denver)

ASQ (Ages & Stages)

PEDS

CDI (Child Development Inventory)

Denver Prescreening Developmental Questionnaire II (PDQ)

Items I've put together from other tools

My own check list from experience

Other _____

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	1 ○	2 ○	3 ○	4 ○	5 ○
12 Families of children with, or at risk for, developmental delay(s) receive information on Early Intervention	1 ○	2 ○	3 ○	4 ○	5 ○

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).	1	2	3	4	5
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?
≤5 6 -10 11-20 >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)?
≤5 6 -10 11-25 >25

20 How many years have you been in practice since completing your highest level of training?
≤5 6 -10 11-20 >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 SCHIP _____

Other third party _____

Thank you from the Children of _____!