



"ABCD"

Parent Survey

Date of contact _____

Child's name _____

Home phone number _____

Parent name _____

For Questions 1 and 2-see SDBS measures-CAHMI Customize survey to your practice

3- At your child's "well" visit, did you receive any written information on how children develop?

Yes _____ No _____ Unsure _____

4-Did you read the information? Yes ____ No ____ Did you find it helpful in understanding how children develop? Yes ____ No ____

5-Do you have suggestions on how you would like to receive information about child development in the future? *e.g. classes, healthfairs, brochures, etc.*

6- If we offer programs or classes, are there any special needs you would have in regards to attending? _____, _____

e.g. Transportation, babysitting, etc.

7-Do you feel that knowing about child development has helped you in raising your child? Yes _____ No _____

Comments _____

Thank you for your time and for sharing with us how you feel about the child development services your child receives at _____(Practice Name)