



April 24, 2008

Dear Parent,

You are receiving this survey because you at one time had utilized the Individual Interagency Intervention Plan (IIIP). The Clay County Collaborative IIIP work group is currently participating in an Evaluation Project with the Minnesota Department of Education. Through evaluation we hope to determine which parts of the process are working well and which parts are in need of tweaking in order to serve families better. Because you, at one time, utilized this plan in coordinating the care of your child with special needs, your input is important to us. We hope that you can take a few minutes to fill out this survey and return it to us in the postage paid envelope provided for you.

Thank you for your assistance with the Clay County Evaluation Project!

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My child's age when I utilized the IIIP was (circle one): preschool      elementary  
middle school      high school

Length of time my child had an IIIP: \_\_\_\_\_

My child is currently on an:    IEP \_\_\_\_\_    ISP \_\_\_\_\_    CADI Waiver \_\_\_\_\_

Reason my child is no longer on a IIIP:

\_\_\_\_\_ No longer receives services outside of school that require coordination

\_\_\_\_\_ Did not see a change in way services were coordinated and delivered as a result of using this process. Please explain \_\_\_\_\_

\_\_\_\_\_ Was confused or frustrated with the document and process. Please explain \_\_\_\_\_

\_\_\_\_\_ Team members encouraged us to switch to use separate IEP and ISP documents. If so, who encouraged the switch: \_\_\_\_\_

\_\_\_\_\_ Other, please explain \_\_\_\_\_

Thinking about when your child was served under an IIP, please answer the following questions:

	Strongly Agree			Strongly Disagree		
1. I was asked to share my parent page.	5	4	3	2	1	
2. I feel the team listened to my ideas.	5	4	3	2	1	
3. The plan considered the needs of my child.	5	4	3	2	1	
4. My child's strengths were used in developing the plan.	5	4	3	2	1	
5. My child's IIP included global goals	5	4	3	2	1	

What did you like about the IIP plan and process? \_\_\_\_\_

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What did you dislike about the IIP plan and process? \_\_\_\_\_

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Please share any ideas on how we can improve the way we utilize the IIP in our county/schools? \_\_\_\_\_

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With additional training/support would you consider trying a IIP again for your child?  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

A Parent Forum will be held in May to discuss the strengths and barriers to effectively utilizing the IIP for families in our county. If you are interested in being a part of that discussion, please include your contact information on this form. We will then send you information as to date and time of the Forum.

Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Thank you!