

Family Survey of Service Coordination and the IIP

Dear Parent: Please complete this evaluation and return it in the self addressed stamped envelope. Your evaluation will help the agencies involved to understand where additional efforts need to be focused as we strive to fully implementing service coordination and the IIP. Thank you for your time and input.

Type(s) of plan involved with your child's IIP (check ALL that apply):

- CAC Community Alternative Care Plan (County Social Services)
- CADI Community Alternative for Disabled Individuals Plan
(County Social Services)
- CFSP Collaborative Family Service Plan (County Social Services)
- IEP Individualized Education Plan (Special Education in the school)
- IFCSPP Individual Family Community Support Plan
(Children' Mental Health Case Management)
- IFSP Individual Family Service Plan (Adult Mental Health Case Mgmt)
- ISP Individualized Service Plan (County Social Services)
- TBI Traumatic Brain Injury Plan (County Social Services)
- U/S Unsure of plan name. Please describe some of the services your child receives so that we can attempt to identify plan:

What agencies were involved at the coordinated meeting? (Check ALL that apply)

- Clay County Public Health
- Clay County Social Services
- Moorhead Public Schools
- Dilworth-Glyndon-Felton Public Schools
- Lake Agassiz Special Ed Co-op (Barnesville, Hawley, Ulen-Hitterdal)
- Children's Mental Health Case Managers from Lakeland Mental Health, Access of the Red River Valley, or LSS Mn (contracted services by CC Social Services)
- Probation (Family Court Services/West Central Regional Juvenile Corrections)
- Clay-Wilken Head Start
- Other agencies or private services: _____

Age of Child:

- 0-5
- 5-9
- 10-14
- 14-21

Race/Ethnicity of Child:

- American Indian
- African American
- Asian American
- Caucasian
- Hispanic
- Other: _____

City in which your child attends school:

- Moorhead
- Dilworth-Glyndon-Felton
- Barnesville-Hawley-Ulen-Hitterdal

Return By Date Below:	Return Completed Form To:
Date:	Name: Address Line 1: Address Line 2: City, State, Zip:

Important Note: After completing and printing the form, make sure you CLEAR the form by clicking the "CLEAR FORM" button. If you do not CLEAR the form, your information will be disclosed to those persons subsequently using the computer.

Statement	N/A	Disagree 1	2	3	4	Agree 5
I have been given information about and understand service coordination and the Individual Interagency Intervention Plan (IIIP).	0	1	2	3	4	5
The meeting was scheduled at a time and place convenient for me.	0	1	2	3	4	5
Team members were aware that I have chosen a coordinated planning process.	0	1	2	3	4	5
I feel valued as part of the team.	0	1	2	3	4	5
My family's culture, race and values are understood and respected by all team members.	0	1	2	3	4	5
Sensitive family matters that we want kept private are respected.	0	1	2	3	4	5
Service providers involved with my family are available & responsive to my requests.	0	1	2	3	4	5
The written plan includes information for each plan that my child has (see list on other side).	0	1	2	3	4	5
I have access to the information on my child's plan.	0	1	2	3	4	5
The written plan reflects our choices, preferences, cultural values and family norms.	0	1	2	3	4	5
I have up to date contact information (addresses, telephone numbers, etc.) for all the service providers involved with my child.	0	1	2	3	4	5
I know what to do when I have questions or concerns about my child's plan or services.	0	1	2	3	4	5
The needs of my child and family are being met.	0	1	2	3	4	5
The team helped me find and get services in the community to meet my family's needs.	0	1	2	3	4	5
The IIIP simplified the planning process for my child.	0	1	2	3	4	5
The IIIP process has given us central involvement in planning for our child.	0	1	2	3	4	5
The IIIP process has increased communication between my child's service providers.	0	1	2	3	4	5
The IIIP process has streamlined planning for our child so that we now have only one plan for all services.	0	1	2	3	4	5

Do you have additional comments or concerns that you would like to share about service coordination or the IIIP? If so, please share with us:

Return By Date Below:	Return Completed Form To:
Date:	Name: Address Line 1: Address Line 2: City, State, Zip:

Important Note: After completing and printing the form, make sure you CLEAR the form by clicking the "CLEAR FORM" button. If you do not CLEAR the form, your information will be disclosed to those persons subsequently using the computer.