

Service Provider Evaluation of Service Coordination and the IIP

Case Specific Evaluation

Direct service staff (teachers, specialists, case managers, nurses, probation officers, etc.): Please complete this evaluation after the IIP process is complete (when you have a copy of the IIP - signed by parents - in your file). Your evaluations will help our area understand where additional efforts need to be focused as we strive to fully implement service coordination and the IIP. Thank you for your time and dedication.

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

- CAC Community Alternative Care Plan
- CADI Community Alternative for Disabled Individuals Plan
- CFSP Collaborative Family Service Plan
- IEP Individualized Education Plan
- IFCSP Individual Family Community Support Plan
- IFSP Individual Family Service Plan
- ISP Individualized Service Plan
- TBI Traumatic Brain Injury Plan
- U/S Unsure of plan name.

What agencies were involved at the coordinated meeting?

- Clay County Public Health
- Clay County Social Services
- Moorhead Public Schools, ISD 152
- Dilworth-Glyndon-Felton Public Schools, ISD 2164
- Lake Agassiz Special Education Cooperative; Barnesville/Hawley/Ulen-Hitterdal
- Children's Mental Health Case Managers from Lakeland Mental Health/Access of the Red River Valley/LSS Mn (contracted services by Clay County 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 the child attends school:

- Moorhead
- Dilworth-Glyndon-Felton
- Lake Agassiz Special Ed Co-op (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 am able to refer a family to receive IIP/service coordination.	0	1	2	3	4	5
I feel competent in providing information about the IIP and service coordination to families.	0	1	2	3	4	5
I experienced minimal difficulty scheduling a convenient meeting time and location for all involved service providers (including family).	0	1	2	3	4	5
People attending the meeting were informed that it was a coordinated process before they came to the meeting.	0	1	2	3	4	5
It was announced at the IIP meeting that the family had chosen a coordinated process.	0	1	2	3	4	5
The family was actively involved in planning the services for their child.	0	1	2	3	4	5
I have a good understanding of the unique needs, challenges, and strengths of this family.	0	1	2	3	4	5
I have obtained release forms from all interagency service providers to ensure confidentiality & ongoing service coordination.	0	1	2	3	4	5
Service providers involved with this family were available & responsive to one another's requests.	0	1	2	3	4	5
The interagency coordinator involved with this family is available & responsive to my requests.	0	1	2	3	4	5
All staff were able to enter information into the coordinated (Web-based) plan.	0	1	2	3	4	5
All team members entered their information into the written plan within the statutory timelines.	0	1	2	3	4	5
The written plan reflects the family's choices, preferences, cultural values, & family norms.	0	1	2	3	4	5
The written plan is built on a family's resources, and the child's and family's strengths.	0	1	2	3	4	5
I have up to date contact information (address, phone number, etc.) for all the service providers involved with this child.	0	1	2	3	4	5
I am able to maintain regular contact with this family appropriate to their needs.	0	1	2	3	4	5
I am able to maintain regular contact with other providers working with this family.	0	1	2	3	4	5
The needs of this child and family are being met.	0	1	2	3	4	5
The Interagency Coordinator:						
Scheduled the meeting time and location.	0	1	2	3	4	5
Facilitated a productive meeting.	0	1	2	3	4	5
Included family priorities in the meeting.	0	1	2	3	4	5
Included all settings (home, school, & community) in the planning.	0	1	2	3	4	5
Included development of realistic goals for the coming year.	0	1	2	3	4	5

Do you have any additional comments or concerns that you would like to share about service coordination or the IIP? If so, please share with us on an attached sheet of paper. Please indicate if the comments are general to service coordination/IIP process or specific to this child's case.

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