

Service Provider Evaluation of Service Coordination and the IIP

In January 200_ we began implementing service coordination and the IIP for families with a child with a disability. Now that a year is complete, we are hoping that you can provide us with evaluation information. Please answer the questions on these two pages and return it to the address listed below. Thank you for your time.

How many IIPs were you been involved with during the calendar year 200_?

- None
- One
- More than one (please state exact number): _____

What agencies were involved with your coordinated plans?

- 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(s) of Child(ren)

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

Race/Ethnicity of child(ren):

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

Agency that you represent:

- Clay County Human Services
- Clay County Public Health
- West Central Regional Juvenile Center/Family Court Services
- Moorhead Schools, ISD 152
- D-G-F Schools, ISD 2164
- Lake Agassiz Special Ed Co-op, ISD 146, 150, 914
- Other agency _____

City in which you work (check all that apply):

- Moorhead
- Other: _____
- Other: _____

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 the service coordination/IIIP Mandate.	0	1	2	3	4	5
If I need it, I know where to get additional information on this mandate.	0	1	2	3	4	5
I am able to refer a family to receive IIIP/service coordination.	0	1	2	3	4	5
I feel competent in providing information about the IIIP and service coordination to families.	0	1	2	3	4	5
I experienced minimal difficulty scheduling convenient meeting times and locations for all involved service providers (including family).	0	1	2	3	4	5
The IIIP process was planning for the whole child in all settings (school, home & community).	0	1	2	3	4	5
People attending meetings were informed that it was a coordinated process before they came to the meeting.	0	1	2	3	4	5
It was announced at IIIP meetings when a family had chosen a coordinated process.	0	1	2	3	4	5
Families were actively involved in planning the services needed for their child.	0	1	2	3	4	5
Service providers involved with families were available and responsive to one another's requests.	0	1	2	3	4	5
The IIIP process has been an opportunity to reduce gaps and duplication of services.	0	1	2	3	4	5
Written plans reflect family choices, preferences, cultural values and family norms.	0	1	2	3	4	5
The written plans that were developed were built on a family's resources, and the child's and family's strengths.	0	1	2	3	4	5
All team members entered their information into the written plan within agreed upon timelines.	0	1	2	3	4	5
The needs and priorities of children and families are being met through the IIIP process.	0	1	2	3	4	5
The IIIP process has helped me to see common elements and differences between agencies.	0	1	2	3	4	5
The IIIP process has helped me learn about other systems and their services.	0	1	2	3	4	5
The Interagency Coordinator:						
Is available and responsive to my requests.	0	1	2	3	4	5
Is available to facilitate meetings.	0	1	2	3	4	5
Includes family priorities in meetings.	0	1	2	3	4	5
Includes all settings (community, home, school) in the planning.	0	1	2	3	4	5
Includes 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 IIIP? If so, please share with us on an attached sheet of paper.

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