PRE-SURVEY

# ACORNS TO OAK TREES IEP WORKSHOP SURVEY



#### Date:\_\_\_\_\_

| Has information or support from   | Somewhat             |          | No          | Yes        |                   |
|---|----------------------|----------|-------------|------------|-------------------|
| Harley's Hope Project helped<br>you better understand your<br>child's disabilities and needs?                   | (                    | Ć        | $\bigcirc$  | $\bigcirc$ |                   |
| I know who to contact and what<br>to do when I have questions or<br>concerns about regional center<br>services. | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |
| l believe I have the power to make positive changes for my family.  | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |
| How easy or difficult is it for you to<br>access the services you need<br>through your regional center?         | Very<br>Difficult    |          | Neutral     | Easy       | Very<br>Easy      |
| l feel a sense of community with<br>other parents who have a child<br>with a developmental disability.          | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |

If you answered a question with No, Neutral, or Not Sure please explain how we can help support you.

| Than                 | k you for your feedback |
|----------------------|-------------------------|
| Official Use Number: |                         |

### POST-SURVEY

# ACORNS TO OAK TREES IEP WORKSHOP SURVEY



### Date:\_\_\_\_\_

| Has information or support from   | Somewhat             |          | No          | Yes        |                   |
|---|----------------------|----------|-------------|------------|-------------------|
| Harley's Hope Project helped<br>you better understand your<br>child's disabilities and needs?                   | (                    | Ć        | $\bigcirc$  | $\bigcirc$ |                   |
| l know who to contact and what<br>to do when I have questions or<br>concerns about regional center<br>services. | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |
| I believe I have the power to make positive changes for my family.  | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |
| How easy or difficult is it for you to<br>access the services you need<br>through your regional center?         | Very<br>Difficult    |          | Neutral     | Easy       | Very<br>Easy      |
| l feel a sense of community with<br>other parents who have a child<br>with a developmental disability.          | Strongly<br>Disagree | Disagree | Not<br>Sure | Agree      | Strongly<br>Agree |

If you answered a question with No, Neutral, or Not Sure please explain how we can help support you.

| Than                 | k you for your feedback |
|----------------------|-------------------------|
| Official Use Number: |                         |