

FAMILY- PROFESSIONAL PARTNERSHIP SCALE

*Developed by the Beach Center on Disability
University of Kansas
in partnership with families, service providers and researchers*

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Suggested reference for reports utilizing this instrument:

Summers, J.A., Hoffman, L., Marquis, J., Turnbull, A., Poston, D., & Nelson, L.L. (2005). Measuring the quality of family-professional partnerships in special education services. *Exceptional Children*, 72(1), 65-83.

Beach Center on Disability

Making a Sustainable Difference in Quality of Life



SURVEY INFORMATION AND INSTRUCTIONS

All the information you give us is confidential. Your name will not be attached to any of the information you give us. It is important that you answer as many questions as you can, but please feel free to skip those questions that make you feel uncomfortable.

Please use a pencil to mark your answers. Use a check mark or "X" – please do NOT shade in the whole box. If you change any answers, please completely erase any previous answers or any extra pencil marks on the page. Please do not make any stray marks, including comments, on the form. If you have comments to share, you may e-mail them to Jean Ann Summers (jsummers@ku.edu).

Partnership

This survey is about how you feel about the main person who works with you and your child. We will use what we learn from families to inform policy makers and service providers for children and families.

There may be many different service providers who work with your child with special needs, such as teachers, social workers, or speech, occupational, physical, or behavior therapists. Think about the service provider who has worked **THE MOST** with your child over the **last six months**. Please tell us what type of service provider you are thinking about.

(Check only one)

- | | |
|-------------------------------------|--------------------------|
| Behavior therapist | <input type="checkbox"/> |
| Special education teacher | <input type="checkbox"/> |
| Occupational therapist | <input type="checkbox"/> |
| Physical therapist | <input type="checkbox"/> |
| Social worker | <input type="checkbox"/> |
| Counselor or therapist | <input type="checkbox"/> |
| Speech therapist | <input type="checkbox"/> |
| Case manager or service coordinator | <input type="checkbox"/> |
| Doctor | <input type="checkbox"/> |
| Job Coach | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> |
| Vocational counselor | <input type="checkbox"/> |
| Other (please specify) _____ | <input type="checkbox"/> |

FAMILY-PROFESSIONAL PARTNERSHIP

How <u>satisfied</u> are you that your child's service provider....	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
1. Helps you gain skills or information to get what your child needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the skills to help your child succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides services that meet the individual needs of your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speaks up for your child's best interests when working with other service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lets you know about the good things your child does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is available when you need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Treats your child with dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Builds on your child's strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Values your opinion about your child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is honest, even when there is bad news to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Keeps your child safe when your child is in his/her care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Uses words that you understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY-PROFESSIONAL PARTNERSHIP (cont.)

How satisfied are you that your child's service provider....	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
13. Protects your family's privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Shows respect for your family's values and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Listens without judging your child or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is a person you can depend on and trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pays attention to what you have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you! You have finished completing this survey. Please make sure you erase any extra marks and have answered all the questions.

This research was conducted in collaboration with the Beach Center on Disability. It was funded by the Rehabilitation Research and Training Center on Families of Children with Disabilities of the National Institute on Disability Rehabilitation and Research (H133B30070) and private endowments. Permission granted to reproduce and distribute this research tool.

Please credit the Beach Center on Disability.

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