



## Virtual Early Intervention Family Feedback Questionnaire

Your name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

In thinking about your early intervention visits provided virtually, rate each of these statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I was able to deal with issues with the equipment or connection when they happened.				
2. Current technology was of good enough quality to adequately communicate with my ITP provider.				
3. Receiving services virtually enhanced my ability to support my child's development.				
4. Receiving services virtually did not interfere with my relationship with my provider.				
5. Receiving services virtually was a good fit for our family's lifestyle.				
6. I would like to continue receiving services virtually if given the option.				

7. Do you have any concerns about receiving services virtually?

8. What benefits have you experienced with receiving services virtually?

**Thank you!**