

Make 25 copies of this form.
Use these to record individual calls.

Impact Data Collection: Phone Intakes from Parents

Phone Follow-up on Phone Intakes

Intake Date: _____ Follow-up Date: _____
Name: _____ Phone: _____
Child's name: _____ Age: _____
Address: _____ Disability: _____
Concern of Original Call: _____ School District: _____ Other: _____

Introduction:

Hello. I am _____ calling on behalf of (Parent Center). Several months ago you called _____ in _____, and we are doing a follow-up on that call for evaluation purposes. I would like to ask you a few questions that will require no more than five or ten minutes of your time. Can we speak now? (If "yes," then continue. If "no," then arrange to call back at _____.)

1. **How useful was the information you received from your contact with the Parent Center? (Circle one)**

Very Useful Not Useful
Comments:

2. **The Parent Center provided me with the relevant information I needed to make decisions about my child's education. (Circle one)**

Yes No
Comments:

3. **Because of information I received from the Parent Center, I am more knowledgeable about how to work with schools. (Circle one)**

To a great extent To some extent Not at all
Comments:

4. **My child has received more appropriate services because I have put to use the information I have learned from the Parent Center. (Circle one)**

Yes No
Comments:

***Confidentiality of information will be protected.**

If a parent needs individual help, the person making these phone calls should suggest that the parent call their Parent Center.
The evaluating person is not able to answer individual questions.

5. **To what extent have you shared the information you received from the Parent Center with other families? (Circle one)**

To a great extent

To some extent

Not at all

Comments:

6. **The information and support I received from the Parent Center helped me to resolve a disagreement with the school. (Circle one)**

Yes

No

Not applicable/No disagreement

Comments:

7. **Because of the information I received from the Parent Center, I was able to work with the school to address a critical need related to my child's education. (Circle one)**

Yes

No

Not applicable

Comments:

8. **The materials available from my Parent Center are of high quality. (Circle one).**

Yes

No

Not applicable (have not received any materials)

Comments:

9. **Additional Comments:**

***Confidentiality of information will be protected.**

If a parent needs individual help, the person making these phone calls should suggest that the parent call their Parent Center.

The evaluating person is not able to answer individual questions.

5. **To what extent have you shared the information you received from the Parent Center with other families?**

#: ____ / ____% To a Great Extent

#: ____ / ____% To some extent

#: ____ / ____% Not at all

Comments:

6. **The information and support I received from the Parent Center helped me to resolve a disagreement with the school.**

#: ____ / ____% Yes #: ____ / ____% No #: ____ / ____% Not applicable – No Disagreement

Comments:

7. **Because of the information I received from the Parent Center, I was able to work with the school to address a critical need related to my child's education.**

#: ____ / ____% Yes #: ____ / ____% No #: ____ / ____% Not Applicable

Comments:

8. **The materials available from my Parent Center are of high quality. (Circle one).**

#: ____ / ____% Yes #: ____ / ____% No #: ____ / ____% Not Applicable

Comments:

9. Additional Comments:

Please return to ALLIANCE by October 22, 2010.

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