"ABCD"
Parent Survey

Date of contact

Child’s name

Home phone number

Parent name

For Questions 1 and 2-see SDBS measures-CAHMI
Customize survey to your practice

3- At your child’s “well” visit, did you receive any written information on how children develop?
Yes_______  No___________  Unsure______________

4-Did you read the information?  Yes ___  No____  Did you find it helpful in understanding how children develop?  Yes ____  No____

5-Do you have suggestions on how you would like to receive information about child development in the future?  e.g. classes, healthfairs, brochures, etc.

________________________________________________________________________________________

6- If we offer programs or classes, are there any special needs you would have in regards to attending?  ________________,  ________________
   e.g. Transportation, babysitting, etc.

7-Do you feel that knowing about child development has helped you in raising your child?  Yes___________  No______________

Comments

________________________________________________________________________________________

Thank you for your time and for sharing with us how you feel about the child development services your child receives at _________________(Practice Name)