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2024–2025 Birth to Three Early Intervention Family Outcomes Survey

University of Delaware

Authors:
Samantha Shewchuk, Ph.D
Isabel Gallard, BS
Kati Tilley, Ph.D
Allison Karpyn, Ph.D

Funding Agency:
Delaware Department of Health and Social Services

cresp.udel.edu

Pearson Hall
125 Academy Street
Newark, DE 19716-2922
Phone: 302-831-2928

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Executive Summary

The Birth to Three (B23) Early Intervention Program is Delaware's IDEA Part C program, serving infants and toddlers with, or at risk for, developmental delays and disabilities. The program provides family-centered services designed to enhance child development and strengthen caregiver capacity.

In 2024–2025, the B23 Family Outcomes Survey was redesigned in partnership with the Center for Research in Education and Social Policy (CRESP). The updated survey captured families' experiences across seven domains: the admissions process; interactions with Family Service Coordinators; services delivered by Early Intervention providers; federally required family outcomes (understanding rights, communicating needs, and supporting child development); social and emotional development; demographics and access; and open-ended feedback on program strengths and opportunities for improvement.

A total of 2,033 families were eligible, and 699 completed the survey (34.4% response rate). Respondents were broadly representative of the B23 population, though Hispanic/Latino families and families of children ages 1–2 were slightly underrepresented.

Key Findings

Families reported consistently high satisfaction with B23 services, with strong alignment to federal Part C indicators:

- **Understanding rights:** 97.5% positive response
- **Ability to communicate child's needs:** 97.9% positive response
- **Ability to support child's development and learning:** 97.9% positive response

Perceptions of the admissions process were strong and families rated favorably its clarity, timeliness, and feeling respected in how services were introduced. Family Service Coordinators also received strong ratings, particularly for respect and cultural responsiveness (98.9%), inclusion in decision-making (96.0%), and communication (92.2%–95.8%), reflecting stable or modest gains over time. Early Intervention providers demonstrate growth in supporting families' understanding of their child's social-emotional development, although there is room to continue to foster understanding among families. Qualitative feedback reinforced these findings, with families highlighting staff responsiveness, proactive communication, and trust-building. Many

described B23 providers and coordinators as essential partners in navigating early intervention.

Recommendations

1. **Reflect on and Document Strategies Driving Service Improvements**
   Families gave considerably higher ratings across multiple areas, with many shifting from "agree" to "strongly agree." To sustain these gains, B23 should document the strategies that contributed to improvement—such as training efforts, added resources, and enhanced communication—and embed them into staff training and quality improvement processes.

2. **Preserve Admissions Practices**
   Admissions continues to be a program strength, with satisfaction between 95–99%. Families valued timely follow-up, clear explanations, and respectful engagement. B23 should document the practices that make admissions successful, ensure consistency across staff, and periodically review family feedback to sustain these strong results.

3. **Reinforce Consistency in Proactive Communication**
   While families rated service coordination very highly, proactive monthly communication was slightly lower (92.2%). B23 could adopt a simple monthly check-in framework, use families' preferred communication modes, and implement reminders for coordinators to strengthen consistency.

4. **Continue to Expand Supports for Social-Emotional Development**
   Families reported high awareness and confidence in supporting their child's social-emotional development (94–97%), but fewer strongly agreed they fully understood services and strategies. B23 could provide clearer definitions, offer practical resources (guides, handouts, videos), and strengthen connections to local supports such as speech therapy and playgroups.

5. **Enhance Transition Preparation and School District Collaboration**
   Families felt prepared for transition (99.8%), yet fewer than half (46.2%) found their school district helpful, and some did not receive transition materials. B23 should ensure every family receives a standardized packet, expand flexible conference formats, introduce transition planning earlier, and pursue stronger collaboration with school districts, including joint planning and peer-to-peer family supports.

Introduction

The Birth to Three (B23) Early Intervention Program is Delaware's federally funded IDEA Part C initiative, dedicated to supporting infants and toddlers with, or at risk for, developmental delays or disabilities. Through a range of family-centered services, B23 aims to promote positive developmental outcomes for young children while strengthening the capacity of families to support their children's growth and well-being. Each year, the *B23 Family Outcomes Survey* provides an opportunity for families to share their experiences with the program. All states and jurisdictions receiving IDEA Part C funding are required to submit annual data to the U.S. Department of Education's Office of Special Education Programs (OSEP). OSEP uses this information to assess how effectively early intervention programs like B23 are meeting the needs of children and their families. In addition to meeting federal requirements, the insights gathered from this survey are a critical component of B23's continuous improvement efforts, informing program adjustments to serve families across the state better.

To support these efforts, the Center for Research in Education and Social Policy (CRESP) at the University of Delaware partners with B23 to design, administer, and analyze the Family Outcomes Survey. Founded in 2013 and housed within the College of Education and Human Development, CRESP is an independent research center that conducts rigorous, practice-driven research, evaluation, and policy analysis in education, community health, and human services. Working with practitioners, policymakers, and academic partners, CRESP applies expertise in diverse methods including quantitative, qualitative, and mixed methods, to identify and advance programs and policies that improve outcomes for children, youth, adults, and families.

Methods

Design of the 2024–2025 Survey Tool

The B23 Family Outcomes Survey items include demographic, Likert-response and open ended questions asking about topics including: 1) Federal Reporting Outcomes including ability to support families to know their rights, effectively communicate their child's needs, and supporting their child's development and learning, 2) admission process feedback, 3) Family Service Coordinator feedback, 4) Early Intervention Provider feedback, 5) social and emotional development support feedback and 6) transition process feedback.

The tool was revised in 2024–2025 to improve data quality, reduce response burden, and ensure alignment with both state program improvement efforts and federal reporting requirements. The revised survey tool is provided in Appendices A (English) and B (Spanish), while a detailed comparison of the changes made between the 2023–2024 and 2024–2025 versions of the survey tool is provided in Appendix C.

These changes were developed in close collaboration with B23 program leadership to ensure the tool met evolving program needs and aligned with strategic priorities, and to ensure words and phrases were consistent with service providers usage.

Key enhancements included:

- Expanded demographic questions to capture more detailed information about families served, including household income, primary language, and caregiver relationship to the child.
- Revised routing logic based on a child's age in months, allowing more precise targeting of transition-related questions.
- Improved question clarity throughout the survey.
- New items that capture proactive communication, responsiveness, and resource sharing by family service coordinators and providers.
- Streamlined open-text follow-ups, with more structured response options to reduce burden on families while still capturing meaningful feedback.
- Updated confidentiality language, explicitly informing families that their responses cannot be shared with B23 staff, even in cases where concerns are raised, and providing direct contact information for submitting complaints outside of the survey process.

Ethics Approval

This project has been reviewed and determined to be exempt by the University of Delaware's Institutional Review Board (UD IRB). A letter of exemption is on file with UD IRB. As part of the ongoing ethical oversight for this work, updated study materials, including the revised survey tool, are submitted annually to the Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), and the Human Subjects Review Board (HSRB) for continuing approval. As such, approval for the 2024–2025 survey cycle was obtained from both DPH and HSRB in January 2025. These steps ensure the study continues to meet ethical standards for human subjects research, including informed consent, voluntary participation, and protection of participant confidentiality in alignment with both state and University requirements.

Sampling Frame and Eligibility Criteria

Following ethics approvals from the University of Delaware IRB, the Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), and the Human Subjects Review Board (HSRB), the research team received a list of participating families from DHSS consisting of **n = 2033** families eligible to receive the 2024–2025 B23 Family Outcomes Survey, otherwise known as the sampling frame.

To be included in the sampling frame, families had to meet the following criteria:

1. The child must have previously received services through the Birth to Three (B23) Early Intervention Program;
2. The child must have had an Individualized Family Service Plan (IFSP) in place *for at least six months* (active or inactive cases);
3. If the case was inactive, it must not have been closed for more than six months.

The sampling frame included demographic information (e.g., child's age, race/ethnicity, and biological sex) and contact details (e.g., email addresses and phone numbers) for each family. This information was used to distribute the survey and support stratified sampling techniques.

Sampling Strategy and Recruitment Procedures

To ensure both broad participation and demographic representation, the research team employed a two phased sampling approach, initially reaching out to the entire population of eligible families, and in the second phase undertook a stratified sampling approach to ensure representation from key participant subgroups.

Phase One: Universal Outreach

In the first phase of data collection, the research team attempted to contact every family in the sampling frame via email and text message, using individualized survey links generated through Qualtrics survey software. Survey invitations were distributed in both English and Spanish, and families were also invited to learn more about the study at http://www.cresp.udel.edu/b23. Each message included a personalized link to ensure secure and confidential participation.

All survey materials which included emails, text messages, survey content, and the CRESP landing page, were provided in both English and Spanish to support accessibility across Delaware's diverse family population.

Phase Two: Stratified Recruitment

After the initial outreach period, the research team analyzed early response patterns based on children's demographic characteristics. To ensure that the final survey sample was representative of the broader B23 population, the team implemented targeted outreach strategies in a second phase of recruitment. Specifically, the team sought to reach at least 30[1]% from families across the following subgroups:

- Child's race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White
- Child's ethnicity: Hispanic or non-Hispanic

[1] 30% is calculated based on Part C Child Count data.

- Child's biological sex: Boy or girl
- Child's age: 0–36 months
- County of residence: New Castle, Sussex, and Kent

Using these benchmarks, the research team conducted a second round of phone outreach to help fill gaps in representation and ensure the final sample reflected the demographics of families served by the B23 program.

Final Sample and Respondent Characteristics

After completing two phases of outreach, a total of n = 782 families began the survey. Of these:

- n = 46 surveys were excluded because the respondent declined to participate in the consent screener.
- n = 37 surveys were abandoned partway through and excluded from analysis because they contained only demographic responses and no answers to program-related questions.

After removing these incomplete or ineligible responses, the final analytic sample included n=699 completed surveys sampled from the initial list of 2,033 eligible families, resulting in a 34.4% response rate.

Demographic Profile of Respondents

To assess the representativeness of survey participation, we compared respondent demographics with the most recent *Part C Child Count* data for the Birth to Three (B23) program. The child count provides the official annual count of infants and toddlers with active IFSPs on the federal reporting date and serves as the denominator for calculating response rates by demographic group.

Our goal was to achieve at least 30% representation within each key demographic category (i.e., biological sex, age, and race/ethnicity) to ensure the survey sample reflects the diversity of the B23 population. Representation was met in almost all categories, with the exceptions of children aged 1 to 2 years (20.4%) and children identified as Hispanic/Latino (28.6%), which fell slightly below the target.
Demographic categories included:

- Biological sex (boy or girl)
- Age (Birth to 1, 1 to 2, and 2 to 3)
- Race/Ethnicity (American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander, White, Multiple races)

Table 1 shows the survey completion rates by the child's biological sex. Response rates were similar for boys and girls, with both exceeding the 30% representation threshold.

Table 1: Survey completion rates by child's biological sex

Biological Sex	Number of Survey Responses, (% of survey total)	Child Count, (% Child Count total)	Percentage of Completed Surveys
Boy	448, (64.1%)	970, (63.0%)	46.2%
Girl	251, (35.9%)	569, (36.9%)	44.1%
Total	**699**	**1539**	**45.4%**

Table 2 shows the survey completion rates by the child's age. The birth-to-1 and 2 + age groups exceeded the 30% target, while the 1-to-2 group fell below, indicating underrepresentation for that age range. The birth-to-1 completion rate exceeded 100%, which may reflect differences between how the *Part C child count* is captured (a single-day snapshot) and the broader B23 contact list used for survey distribution, or potential respondent misclassification of age (e.g., selecting "3" to indicate three years instead of the correct value of "36" months).

Of note, when compared to prior years, participation among Birth to 1 families increased substantially, with 125 respondents in 2025 compared to only 9 in 2024. Further, the overall sample size grew 16% this year from 601 respondents in 2024, to the current sample of 699. The larger sample size reflects a stronger response rate this year, likely attributable to advance communication from B23 staff to families about the upcoming UD-administered survey. This proactive outreach helped reduce confusion about why the University of Delaware would be contacting families about the program, thereby improving participation rates.

Table 2: Survey completion rates by child's age, n=697

Age	Number of Survey Responses, (% of survey total)	Child Count, (% of child count total)	Percentage of Completed Surveys as compared to *Child Count* Benchmark
Birth to 1	125, (17.8%)	118, (7.7%)	105.9%
1 to 2	85, (12.2%)	417, (27.1%)	20.4%
2	487, (69.6%)	1004, (65.2%)	48.5%

Table 3 shows the survey completion rates by the child's race/ethnicity. Most racial/ethnic groups exceeded the 30% target, though Hispanic/Latino respondents fell slightly below, suggesting an opportunity to increase outreach to this group. For categories where the child count value was zero, the percentage is reported as "undefined" because division by zero is not possible. The difference between the American Indian or Alaska Native survey responses and the child count may reflect the timing of the child count snapshot (capturing only children in the program on a single day) versus the broader B23 contact list used for survey distribution, as well as potential differences in how race/ethnicity is reported or classified.

Table 3: Survey completion rates by child's race/ethnicity, n=696

Race/Ethnicity	Number of Survey Responses, (% of survey total)	Child Count, (% of child count total)	Percentage of Completed Surveys
American Indian or Alaska Native	2	0	Undefined
Asian	26	50	52.0%
Black or African American	181	460	39.3%
Hispanic/Latino	73	255	28.6%
Native Hawaiian or Other Pacific Islander	0	0	Undefined
White	285	650	43.8%
Two or more races	118	123	95.9%
Another race/ethnicity not listed	11	N/A	N/A

Nonresponse Bias Analysis

To assess whether survey respondents differed from non-respondents on key demographics, we conducted a nonresponse bias analysis and compared completion rates by child's sex, age group, and race/ethnicity (Table 4). Demographic information for all eligible children was obtained from the sampling frame provided by B23, allowing direct comparison between those who completed the survey and those who did not. Chi-square tests of independence were conducted for each demographic variable, with the significance threshold set at $p < 0.01$ to reduce the likelihood of detecting spurious differences.

Table 4: Statistical tests for differences in survey completion rates

Variable	χ^2	df	p-value	Significant?
Sex	0.205	1	0.6507	No
Age Group	7.247	3	0.0644	No
Race/Ethnicity	5.196	5	0.3924	No

No statistically significant differences in survey completion rates were found for any demographic category. These results suggest that the demographic composition of respondents closely reflects that of the overall eligible population, and that nonresponse bias related to sex, age, or race/ethnicity is unlikely to meaningfully affect the representativeness of the survey data.

Additional Demographic Information

This year, we introduced a set of new demographic questions to the Family Outcomes Survey in response to federal reporting requirements for the Annual Performance Report (APR). These questions capture information [2]about language preferences, education level, income, and county of residence. These questions are not included in Delaware's Child Count and are not used to guide recruitment decisions. For this reason, these data are reported separately.

As shown in Table 5, most respondents reported English as the primary language spoken at home, followed by Spanish. No respondents selected "Other."

Table 5: Primary language spoken at home, n=699

Language	Number of Survey Responses	Percentage
English	658	94.1%
Spanish	41	5.9%
Other	0	0.0%

Table 6 shows that the majority of respondents indicated they were "very comfortable" using English, with smaller proportions reporting "comfortable", "somewhat comfortable", or "not comfortable".

Table 6: English Comfort Level, n=694

English Comfort Level	Number of Survey Responses	Percentage
Very comfortable	647	93.2%
Comfortable	31	4.5%
Somewhat comfortable	11	1.6%
Not comfortable	5	0.7%

[2] Requirements require:

Table 7 shows that most respondents identified themselves as the child's parent, with smaller shares reporting they were a grandparent, foster parent or guardian, or other relative.

Table 7: Relationship to Child, n=692

Relationship	Number of Survey Responses	Percentage
Parent	660	95.4%
Grandparent	9	1.3%
Other relative	3	0.4%
Foster parent/Guardian	15	2.2%
Other	5	0.7%

Table 8 shows that educational attainment for mothers varied, with most having some postsecondary or high school education. The largest share held a bachelor's degree, followed by high school or GED, and some college. Few reported the lowest level of attainment (less than high school, 3.8%) or the highest levels (doctorate, 2.9%; professional degree, 1.2%).

Table 8: Mother's Education, n=692

Education Level	Number of Survey Responses	Percentage
Less than High School	26	3.8%
High School or GED	141	20.4%
Some college	140	20.2%
Associate's	75	10.8%
Bachelor's	154	22.3%
Master's	117	16.9%
Professional	8	1.2%
Doctorate	20	2.9%
Unsure	11	1.6%

Table 9 compares the household income distribution of survey respondents to statewide figures for Delaware (Statistical Atlas, U.S. Census Bureau, American Community Survey). The distributions are broadly similar, with only small differences across categories.

Table 9: Household Income, n=687

Education Level	Number of Survey Responses	Percentage	Delaware Population Share
<$25k	126	18.0%	18.2%
$25k–49k	141	20.2%	22.8%
$50k–99k	187	26.8%	32.5%
$100k–149k	121	17.3%	15.0%
$150k–199k	55	7.9%	6.11%
$200k+	57	8.2%	5.4%

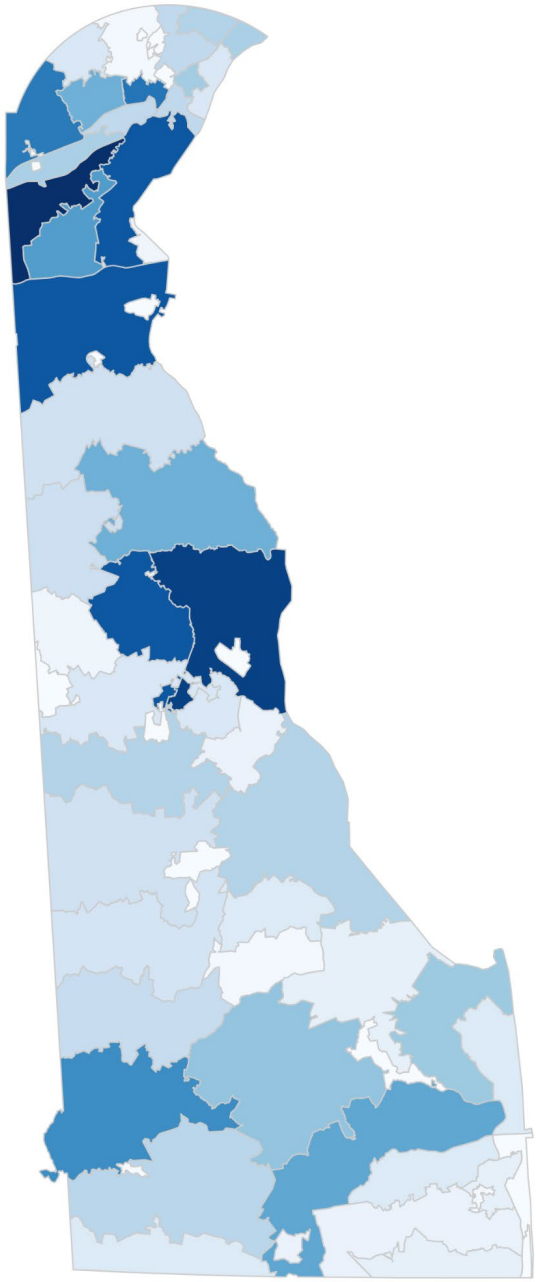
Table 10 compares the county of residence for children represented in this year's survey to the statewide distribution of Delaware's population by county. The Delaware population shares are based on county-level population data from Statistical Atlas, derived from the U.S. Census Bureau's American Community Survey. The distributions are generally aligned, with Sussex County slightly overrepresented and New Castle County slightly underrepresented in the survey sample compared to state figures**.**

Table 10: Child's county of residence, n=699

County	Number of Survey Responses	Percentage	Delaware Population Share
New Castle	360	51.5%	57.8%
Kent	160	22.9%	23.7%
Sussex	179	25.6%	18.5%

Figure 1 shows the geographic distribution of survey responses across Delaware ZIP codes, expressed as each ZIP code's share of total responses. Darker shading indicates areas that contributed a larger proportion of survey completions.

Figure 1: Proportion of survey responses by ZIP Code



This visualization highlights that survey participation was spread across the state, with some ZIP codes contributing a relatively higher share of responses. Participation was spread across the state, with higher concentrations in parts of New Castle County, central Kent County, and several ZIP codes in western and coastal Sussex County.

Results

This section presents findings from two parts of the survey: closed-ended, Likert-style questions and open-ended qualitative feedback.

For the closed-ended, Likert-style items (scored from 1 = Strongly disagree to 4 = Strongly agree), we calculated the number of respondents (*n*), mean (*M*), standard deviation (SD), percentage distribution, and the proportion of positive responses (ratings of 3 or 4).

In addition to reporting descriptive statistics for each outcome, group comparisons were conducted to consider differences in responses by race/ethnicity, child age, and geography using Mann–Whitney U tests (two groups) and Kruskal–Wallis tests (more than two groups), with the significance threshold set at $p < 0.01$. Some demographic categories with very small numbers of respondents were combined to ensure adequate group sizes, stable estimates, and confidentiality, for example, race/ethnicity was aggregated into "respondents identifying as White" and "respondents identifying as a racial or ethnic group other than White," and age (in months) into Birth to 1, 1 to 2, and 2+ years. Only statistically significant differences are reported.

For the open-ended responses, Spanish-language feedback was translated into English before analysis. All qualitative responses were thematically coded to identify key themes and patterns. Qualitative feedback is presented alongside quantitative results in the relevant sections (e.g., comments about the admissions process appear in the Admissions section), with additional illustrative quotes included where they help contextualize the data. The complete set of quotes, organized by theme, is provided in Appendix D.

Part C Required Reporting Items

The B23 program is successful in helping families understand their rights (97.5%), effectively communicating their child's needs (97.9%), and supporting their child's development and learning (97.9%).

The family outcomes federal reporting requirement for Part C programs requires that states report on the percentage of families participating in Part C (i.e., B23) who report that early intervention services have helped their family know their rights, effectively communicate their children's needs, and have helped families help their children develop and learn. Table 11 summarizes key survey data for each federally reported item, including the number of survey responses (N), the mean response (M), the standard deviation (SD), and the percentages of respondents in each response

category: Strongly Disagree, Disagree, Agree, and Strongly Agree. Additionally, it provides the Proportion of Positive Perceptions (i.e., families who agreed or strongly agreed) for each item. The proportion of positive perceptions on these items was very high, ranging from 97.5% to 97.9%, consistent with prior years and indicating strong satisfaction with B23 support.

Table 11: Summary & descriptive statistics for federal outcome items

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
I feel confident that I know my rights as a parent/caregiver.	681	3.71	0.52	0.4	2.1	32.9	73.6	97.5
I feel more confident in communicating my child's needs to professionals working with my child.	676	3.74	0.52	0.7	1.3	21.6	76.3	97.9
I feel more confident in helping my child develop and learn.	673	3.74	0.51	0.6	1.5	21.4	76.5	97.9

Subgroup Differences in Federal Reporting Outcome Responses

For the item *"I feel confident that I know my rights as a parent/caregiver"* (as measured in the Early Intervention Program section of the survey), ratings were statistically different between families identifying their child as White and those identifying their child as Non-White (Mann–Whitney U, p = 0.0018), but the effect size was small (rank-biserial r = –0.11). Responses were measured on a 4-point Likert scale (1 = *Strongly disagree* to 4 = *Strongly agree*), meaning that the average ratings of 3.77 (White; SD = 0.50, n = 281) and 3.66 (Non-White; SD = 0.54, n = 397) indicate that the majority of families in both groups strongly agreed with this statement. While this difference reached statistical significance due to the large sample size, the magnitude of the difference is unlikely to be practically meaningful.

Admission Process Feedback

Families reported strong experiences with the initial intake and eligibility process, including timely contact, clear communication, and respectful engagement, and ratings were considerably higher than 2024.

This section of the survey focused on families' experiences during the early stages of their involvement with the B23 program, specifically, their interactions with Family Service Coordinators and the clarity of the eligibility process. Positive perception rates

were consistently high across all items, ranging from 95.4% to 99.2%. While some of the wording of these questions shifted from prior years, and may not be directly comparable, it is worth noting that considerably more families rated admissions questions with "strongly agree" than in prior years. For example, in 2024 53% responded that they strongly agreed that A family service coordinator met with me within 2 weeks after the referral was made" whereas in 2025, 64% did. This pattern whereby about 10% of responses have shifted from agree into strongly agree, is seen across all questions suggesting that meaningful improvements were experienced by families in this process in 2025.

Families found the intake process responsive and accessible, with nearly all respondents reporting timely follow-up, clear explanations, and an understanding of their legal rights and their child's strengths and needs. One respondent shared *"[Our family service coordinator] and her partner met me at my job to complete the intake…"* Another highlighted the program's efficiency, noting "*Quick response and intake allowing for services to start quickly."*

Table 12: Summary & descriptive statistics for items on the admission process

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
A family service coordinator met with me and/or my family within 2 weeks of referral.	665	3.58	0.62	1.1	3.6	31.3	64.1	95.4
A family service coordinator asked about my child's strengths, needs, and goals in our initial meeting.	662	3.77	0.45	0.3	0.5	20.8	78.4	99.2
The results of my child's assessments or evaluations were explained in ways I understood.	658	3.73	0.48	0.3	0.9	24.0	74.8	98.8
I was provided with written information about my family's legal rights (for instance, the Guide to Parent Rights document).	657	3.74	0.49	0.5	1.1	22.8	75.6	98.4
The process of determining my child's eligibility for the B23 program was clear and straightforward.	655	3.69	0.54	0.8	1.5	25.5	72.2	97.7

Family Service Coordinator Feedback

Families reported overwhelmingly positive experiences with service coordination, highlighting respectful communication, shared decision-making, and cultural responsiveness.

This set of survey items explored how well the B23 program supported families through ongoing service coordination. Positive perception rates were consistently high, ranging from 92.2% to 98.9%. Families overwhelmingly felt respected, included in decisions, and supported in navigating services. Nearly all respondents indicated that staff communicated in culturally sensitive ways and used their preferred languages and communication methods.

Two questions received the lowest rates of strong agreement. The weakest response (70% strongly agreed) came from a new 2025 question asking whether the Family Service Coordinator "Proactively communicated with me at least once a month to ensure my family's needs are met." The second-lowest response (71% strongly agreed) was for whether the FSC "Helped me understand who to speak with if we feel our family's rights are not being addressed in the program." While this rights advocacy question has consistently scored lower in previous years, there was notable improvement from 63% strong agreement in 2024 to 71% in 2025.

Overall, the results point to strong, family-centered partnerships between B23 staff and families throughout service delivery. Several respondents shared I the qualitative feedback that the B23 staff *"have become like family,"* and expressed feeling supported, respected, and heard by their coordinators. One respondent explained that the B23 staff she worked with *"have been phenomenal throughout this whole process. Listening to our concerns and finding ways to help. The communication was a two way street."*

Table 13: Summary & descriptive statistics for items on Family Service Coordinators

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
Treated me with respect.	652	3.83	0.43	0.6	0.6	13.7	85.1	98.8
Included me in decisions about services, resources, and opportunities for my child.	651	3.81	0.47	0.6	1.4	14.6	83.4	98.0
Included me in developing my child's Individualized Family Service Plan (IFSP).	652	3.81	0.43	0.3	0.8	16.1	82.8	98.9
Assisted me in obtaining access to services identified in my child's Individualized Family Service Plan (IFSP).	652	3.75	0.53	0.9	1.8	18.1	79.1	97.2
Proactively communicated with me at least once a month to ensure my family's needs are met.	649	3.6	0.68	1.7	6.2	22.2	70.0	92.2
Was responsive and helpful when I had questions and concerns.	650	3.73	0.54	1.1	1.5	20.8	76.6	97.4
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	650	3.75	0.48	0.3	1.4	21.4	76.9	98.3
Offered flexibility concerning evaluations, scheduling, and appropriate care coordination that met my family's needs.	641	3.74	0.54	0.9	2.0	19.3	77.7	97.0
Helped me understand who to speak with if we feel our family's rights are not being addressed in the program.	647	3.64	0.63	1.5	3.9	23.3	71.3	94.6
Provided information and resources in my family's primary language.	646	3.8	0.45	0.3	0.9	17.6	81.1	98.7
Provided information and resources using my preferred form of communication (text message, email, or telephone).	647	3.79	0.46	0.6	0.6	17.5	81.3	98.8

Subgroup Differences in Federal Reporting Outcome Responses:

Ratings for receiving information in the family's primary language were slightly higher among White families, but the difference was small.

For the item *"Provided information and resources in my family's primary language"* (as measured in the Early Intervention Program section of the survey), ratings were statistically different between families identifying their child as White and those identifying their child as Non-White (Mann–Whitney U, p = 0.0026), but the effect size was small (rank-biserial r = –0.094). Responses were measured on a 4-point Likert scale (1 = *Strongly disagree* to 4 = *Strongly agree*), meaning that the average ratings of 3.86 (White; SD = 0.34, n = 274) and 3.74 (Non-White; SD = 0.51, n = 363) indicate that the majority of families in both groups strongly agreed with this statement. While this difference reached statistical significance due to the large sample size, the magnitude of the difference is unlikely to be practically meaningful.

Ratings for receiving information in the preferred communication format were slightly higher among White families, but the difference was small.

For the item *"Provided information and resources using my preferred form of communication (text message, email, or telephone)"* (as measured in the Early Intervention Program section of the survey), ratings were statistically different between families identifying their child as White and those identifying their child as Non-White (Mann–Whitney U, p = 0.0093), but the effect size was small (rank-biserial r = –0.081). Responses were measured on a 4-point Likert scale (1 = *Strongly disagree* to 4 = *Strongly agree*), meaning that the average ratings of 3.85 (White; SD = 0.36, n = 274) and 3.75 (Non-White; SD = 0.52, n = 370) indicate that the majority of families in both groups strongly agreed with this statement. While this difference reached statistical significance due to the large sample size, the magnitude of the difference is unlikely to be practically meaningful.

Early Intervention Provider Feedback

Families expressed high satisfaction with the therapy services their child received, emphasizing that they were treated with respect, included in decisions about their child's services, and were kept up to date on their child's progress.

This set of survey items focused on family experiences with therapy providers, including communication, decision-making, and access to relevant resources. Positive perception rates were very high across all items, ranging from 93.3% to 99.7%. Nearly every respondent felt respected by their child's therapy team and included in service decisions. For example, *"Our physical therapist was great from day one. She made*

sure we understood exactly what to do and work on and why it was important. She taught us as well as helped our son tremendously."

The 2025 survey included more questions in this section than in 2024, though questions common to both years maintained consistent wording. Comparing family feedback on identical questions between years shows improved ratings on nearly all items, with one exception: "*Communicated with me in a way that is sensitive to my family's culture and ethnic group,*" which was unchanged in the proportion of families that strongly agreed.

Table 14: Summary & descriptive statistics for items on Early Intervention Providers

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
Treated me and my family with respect.	642	3.85	0.37	0.2	0.2	13.9	85.8	99.7
Kept me up to date on my child's progress and needs.	643	3.78	0.49	0.5	1.9	16.8	80.9	97.7
Included me in decisions about my child's therapy services.	643	3.82	0.40	0.2	0.3	16.6	82.9	99.5
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	641	3.8	0.45	0.2	1.1	23.3	75.4	98.4
Provided information and resources in my family's primary language.	640	3.8	0.45	0.3	1.1	17.3	81.2	98.5
Provided information and resources using my preferred form of communication (text message, email, or telephone).	641	3.82	0.42	0.5	0.2	16.2	83.2	99.4
Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.)	639	3.65	0.64	1.3	5.5	20.2	73.1	93.3

Subgroup Differences in Federal Reporting Outcome Responses

Ratings for receiving information in the primary language from early intervention providers were slightly higher among White families, but the difference was small.

For the item *"Provided information and resources in my family's primary language"* (as measured in the Early Intervention Program section of the survey), ratings were statistically different between families identifying their child as White and those identifying their child as Non-White (Mann–Whitney U, p = 0.0026), but the effect size was small (rank-biserial r = –0.094). Responses were measured on a 4-point Likert scale (1 = *Strongly disagree* to 4 = *Strongly agree*), meaning that the average ratings of 3.86 (White; SD = 0.34, n = 274) and 3.74 (Non-White; SD = 0.51, n = 363) indicate that the majority of families in both groups *strongly agreed* with this statement. While this difference reached statistical significance due to the large sample size, the magnitude of the difference is unlikely to be practically meaningful.

Social and Emotional Development Support Feedback

Families reported increased awareness and understanding of social-emotional development as a result of participating in the B23 program.

This section of the survey explored how well the B23 program supported families in understanding and engaging with their child's social-emotional development. Positive perception rates ranged from 93.8% to 97.4%, indicating that most families felt confident in their understanding of this area and received relevant information and support. Families consistently reported that both Family Service Coordinators and early intervention providers discussed social-emotional development and explained its importance. In the words of a respondent, *"I have learned a lot about different developmental stages and all the resources available out there. As a first time mom, no one teaches you about the developmental stages your child needs to be in and when it is a good time to interfere and get help."*

Looking back to the 2024 report where similar items were first included and the 2025 data, the largest improvements were seen in items related to discussing children's social-emotional development and awareness of how to support it. For example, the proportion of families who *strongly agreed* that they had discussed their child's social emotional development as part of the B23 program rose from 58.1% in 2024 to 64.9% in 2025, and those who felt *more aware of how to support social-emotional development* increased from 58.2% to 66.2%.

Understanding of social-emotional development also strengthened, with a higher share strongly agreeing in 2025 (73.4% vs. 68.9% in 2024). By contrast, items related to providers explaining or sharing information about social-emotional development showed smaller gains, with mean scores rising only slightly (from 3.55–3.61 in 2024 to

3.58–3.61 in 2025) and overall positive response rates staying fairly consistent. (We recognize however that the wording of some of these questions added the provider type in 2025 and the comparisons are not one-for-one).

While responses to the social emotional questions overall are positive, the percentage indicating strongly agree is lower than other categories suggesting some reluctance or uncertainty on the part of family respondents. One possible reason is that social emotional development for their child is not a relevant topic, however it is also possible that more could be done to help families better understand the nuances in behavior and support strategies that are directly related to social emotional development. It is possible that families, for example, understand the general idea of the concept, but are less clear of the specific behaviors that their child is (or is not) exhibiting that are developmentally tied to social-emotional learning.

Table 15: Summary & descriptive statistics for items on Social and Emotional Development

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
I understand what social-emotional development means.	638	3.70	0.52	0.3	2.4	24.0	73.4	97.4
My family service coordinator explained social-emotional development and its importance to me.	627	3.58	0.62	0.6	5.3	29.7	64.4	94.1
My family service coordinator discussed my child's social-emotional development as part of the B23 program.	627	3.58	0.63	0.8	5.4	28.9	64.9	93.8
My early intervention provider(s) explained social-emotional development and its importance to me.	627	3.61	0.6	1.0	3.2	29.5	66.3	95.8
My early intervention provider(s) discussed my child's social-emotional development as part of the B23 program.	627	3.6	0.59	0.5	4	30.5	65.1	95.6

My early intervention provider(s) provided information and resources to support my child's social-emotional development.	627	3.6	0.6	0.6	4.1	30.1	65.1	95.2
As a result of participating in the B23 program, I am more aware of information related to the social-emotional development of infants and toddlers.	627	3.6	0.61	0.6	4.9	28.2	66.2	94.4

Although 24.7% of families indicated that their child was not currently experiencing any social-emotional difficulties, the majority of families did report that their child was experiencing one or more social-emotional challenges; with communication difficulties being the most common.

Families were asked to identify the types of social-emotional challenges their child was currently experiencing, with the option to select multiple responses. Among the 621 respondents for this question, 52.6% reported communication challenges, followed by 34.9% who identified behavioral challenges and 23.0% who noted social challenges. A smaller proportion (4.6%) reported other types of challenges.

Notably, 24.7% of families indicated that their child was not currently experiencing any social-emotional difficulties.

These trends were echoed in responses to the optional open-ended item, where the majority of responses focused on communication and language, followed by behavioral challenges. These results suggest that communication challenges are a predominant concern among families, often occurring alongside other behavioral and social issues.

Transition Process Feedback

Families reported strong awareness of the transition process and felt supported by B23 staff as they prepared for their child to exit the program.

This section of the survey explored how well the B23 program prepared families for the transition out of early intervention services, and many new questions were added in 2025. Positive perception rates ranged from 85.2% to 99.8%, with nearly all families reporting that they understood when and how their child would transition out of the program. Most respondents indicated that their Family Service Coordinator offered support during the process and that they understood the next steps. In line with these

results, a respondent remarked, *"I was very confused and at a loss of how the process is before [the coordinator] briefly explained it to me and set me up with a district counselor to hopefully help me with regarding my twins and their transition to kindergarten."*

The majority also reported that a transition conference was arranged and that staff shared information about available community options, such as preschool or outpatient therapy.

Slightly fewer families reported receiving printed resources about the transition, suggesting that this may be an area for continued emphasis. Considering the 2 questions that remained consistent between 2024 and 2025 survey administrations, "B23 staff shared resources about the transition process (such as brochures and handouts) with me", and "During the transition process, B23 staff shared information about options such as preschools, Head Start, or outpatient therapy services," families reported stronger agreement overall, with greatest improvement in rating for the shared information item (2024 mean score = 3.39 vs 2025=3.51).

Table 16: Transition Process

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Positive Response Rates
I understand that my child will transition out of the program by age 3, or when the child meets their goals, or by withdrawing at any point during the program.	410	3.82	0.40	0.2	0	17.1	82.7	99.8
A transition conference was/has been arranged to facilitate the development of a transition plan for my child.	409	3.65	0.62	0.7	5.9	20.8	72.6	93.4
My Family Service Coordinator offered to assist me in the transition process.	409	3.68	0.56	0.7	2.7	24.2	72.4	96.6
During the transition process, B23 staff shared information about options such as preschools, Head Start, or outpatient therapy services.	405	3.51	0.72	0.7	11.1	24.4	63.7	88.1

B23 staff shared resources about the transition process (such as brochures and handouts) with me.	405	3.42	0.79	2	12.8	26.7	58.5	85.2
I understand the next steps for transitioning my child out of B23.	407	3.59	0.65	1.5	4.4	27.3	66.8	94.1

Families most commonly identified virtual meetings and in-home visits as the best locations for transition conferences.

Families were asked where they felt would be the best place for a transition conference to occur. Among the 408 respondents, 42.9% preferred a virtual meeting, while 29.2% identified their home as the best setting. Fewer families selected the child's school or preschool (24.8%), a community center (0.9%), or another location (2.2%). These findings highlight the value families place on flexible, accessible meeting formats and suggest that virtual and in-home options may be particularly effective in meeting families' needs during the transition process.

Less than half of families reported positive experiences with their local school district during the transition process, with many expressing uncertainty or encountering challenges.

This item focused on families' experiences with the school district during their child's transition out of the B23 program. Among the 333 respondents, only 46.2% agreed or strongly agreed that the school district was helpful during the transition process. A significant portion of families either disagreed (13.2%) or strongly disagreed (23.3%) with this statement. Additionally, 5.7% of respondents indicated that their child was not eligible for preschool special education, while 11.7% were unsure of their child's eligibility status. These findings suggest that families may face more variability or uncertainty in navigating school district processes compared to their experiences within the B23 program. Strengthening coordination and communication between B23 and local school districts may help ensure smoother transitions for families. As one respondent noted, *"I wish there was a little more of a handoff between B23 and the district... The transition didn't feel seamless for us."*

Recommendations

The 2024–2025 Family Outcomes Survey results reflect a program that is delivering consistently high-quality, family-centered support across the Birth to Three (B23) Early Intervention experience. Families reported overwhelmingly positive perceptions in nearly every area, with satisfaction rates frequently above 95%. These findings highlight

B23's deep commitment to respectful communication, cultural responsiveness, and collaborative decision-making.

The recommendations below are designed to celebrate these strengths while identifying opportunities to document effective practices and build on areas of high performance.

Recommendations

1. Reflect on and Document Strategies Driving Service Improvements
Families gave considerably higher ratings across multiple areas, where in many cases ratings of "agree" are now "strongly agree". While the population is not the same, this trend is so broad and consistent it warrants consideration. To sustain these gains, B23 may wish to reflect on and document the specific strategies and practices that contributed to this improvement. These may include new staff training efforts, additional resources for service providers, different approaches to engaging teams or enhancements in communication practices. Codifying these strategies will help ensure they are applied consistently statewide, embedded in staff training as new staff are hired, and used to guide ongoing quality improvement.

2. Preserve Admissions Practices
Admissions remains one of B23's strongest areas, with satisfaction rates ranging from 95.4% to 99.2%. Families described timely follow-up, clear explanations, respectful interactions, and a thoughtful focus on their child's strengths and needs. These results show that admissions not only meet requirements but set a positive tone for each family's B23 journey. To preserve this success, B23 should continue to document and share the approaches that make admissions so effective, such as scripts and communication strategies, and ensure they remain consistent as staff change. Periodic reviews of admissions practices and family feedback will help the program sustain the welcoming, supportive start that families value.

3. Reinforce Consistency in Proactive Communication
Families rated their experiences with Family Service Coordinators extremely highly, with positive perception rates often exceeding 95%. In particular, families consistently felt respected, included in decisions, and supported in culturally and linguistically responsive ways. One area rated slightly lower, however, was proactive monthly communication, with 92.2% of families agreeing or strongly agreeing their Coordinator reached out at least once a month. Strengthening consistency in this area could ensure every family receives the same level of ongoing contact. B23 could:

- Establish a simple monthly check-in framework covering progress, milestones, and challenges.

- Use families' preferred communication modes (text, phone, email) to increase accessibility.
- Implement reminder systems for coordinators during busier caseload periods.

4. Continue to Expand Supports for Social-Emotional Development

Survey findings confirm that social-emotional development has been a program priority, with families reporting positive perception rates between 93.8% and 97.4%. Families also noted greater awareness of how to support their child's growth in this area, yet still, families were reluctant in many cases to "strongly agree" with statements related to understanding services and strategies pertaining to social-emotional development. To build on this progress, B23 could continue to expand supports by:

- Providing clearer definitions of social-emotional development that tie everyday behaviors (e.g., communication, play, peer interactions) to the concept.
- Offering additional resources such as short guides, handouts, videos, and examples of age-appropriate milestones.
- Strengthening connections to local services like speech therapy, playgroups, and parent–child activity programs.

5. Enhance Transition Preparation and School District Collaboration

Families generally felt well-prepared for transition, with 99.8% reporting they understood when the transition would occur. Most indicated that staff offered support and shared information about available options. However, fewer than half (46.2%) agreed that their local school district was helpful during the transition. Additionally, while 85.2% reported receiving printed resources, many still did not, and this leaves room to ensure all families receive consistent materials. To strengthen the transition process, B23 could:

- Provide every family with a standardized transition packet (timelines, checklists, rights, and local contacts), available in multiple languages, large print, and digital formats (e.g., QR code).
- Explore joint planning with school districts through earlier IFSP reviews, cross-training opportunities, and district liaisons.
- Offer flexible transition conference formats that reflect family preferences (42.9% preferred virtual meetings, 29.2% preferred in-home visits).
- Introduce transition planning earlier, beginning around 26 months, with reminders leading up to the child's third birthday.
- Pilot a peer mentoring program or similar grass-roots support strategy that connects families approaching transition with those who have recently completed it.

Conclusion

The 2024–2025 Family Outcomes Survey affirms the Birth to Three (B23) Early Intervention Program's deep and lasting impact on families across Delaware. With satisfaction rates frequently exceeding 95%, families consistently described respectful, culturally responsive interactions; meaningful inclusion in decision-making; and clear, supportive guidance at every stage of their journey. These results highlight not only the dedication of B23 staff, but also the program's ability to foster strong partnerships that help children thrive.

As B23 moves forward, these findings provide a roadmap for honoring what is already working well, making small but meaningful enhancements, and continuing to build trust and impact with every family served. The program's strong performance this year is not only a reflection of its skilled staff and thoughtful leadership, but also a testament to the collaborative spirit that has made B23 a trusted partner to families across the state.

Appendix A:
2024-2025 Survey Tool (English)

The following is a shortened version of the information found at http://www.cresp.udel.edu/b23

Dear Family Member:

This survey is for families receiving services from Delaware's Birth to Three (B23) Early Intervention Program. The Center for Research in Education and Social Policy (CRESP) at the University of Delaware conducts the Family Outcomes Survey for the B23 Program.

The survey takes approximately **10 to 15 minutes** to complete. Completing this survey is voluntary. You can choose to skip any questions you do not wish to answer. You can leave the survey and resume your progress later if you use the same browser from which you started.

Individuals who complete this survey can enter a drawing for a **$50 Amazon gift card**. Ten gift cards will be given away. At the end of the survey, you can provide your email address or phone number to enter the drawing. Participation in the drawing is voluntary.

The information that you provide in this survey will be **kept confidential**. In other words, your personal information is not linked to your survey responses. Your answers will be combined with the information collected from other families to create a summary report, and no single person or family will be named. This means that if you provide feedback or share concerns about the program in the survey, CRESP cannot legally share that information with the B23 program for further investigation.

If you have a complaint or concern about the program that you would like to be investigated, please contact **Erin Rich,** Part C Coordinator / Senior Social Services Administrator at erin.rich@delaware.gov or 302-739-2730. This ensures that your concerns can be appropriately addressed while maintaining the confidentiality of your survey responses. If you have questions about the survey, please contact **Dr. Samantha Shewchuk** at 302-831-3486 or shewchuk@udel.edu.

The survey has been reviewed and approved by the University of Delaware's Institutional Review Board (UD IRB) and the Delaware Department of Health and Social Services Human Subjects Review Board (DHSS HSRB). If you have any questions or concerns about your rights as a survey participant, you may contact **UD IRB** at 302-831-2137 or hsrb-research@udel.edu. You may also contact **DHSS HSRB:** Division of Management Services, Herman Holloway Sr. Campus, 1901 N. DuPont Highway, New Castle, DE 19720; (302) 255-9000; DHSS_HSRB@delaware.gov

If you have any questions about the survey at this point, please take this opportunity to have them answered before granting your consent. If you are ready to provide your consent, do so by answering the question below.

Please select whether you agree to take this survey.

☐ Yes, I would like to take the survey
☐ No, I would not like to take the survey

Survey Overview

The survey is made up of four parts:

- Part 1: Demographic questions about your child and family
- Part 2: Questions to support B23's federal reporting requirements
- Part 3: Questions about your program experiences
- Part 4: Space to provide any additional comments about the program

If you prefer not to answer a question, you may simply skip it.

Part 1: Demographic Questions

This section asks to provide basic demographic information about your child and your family. We ask these demographic questions to better understand who participates in the program and ensure B23 serves all families effectively. Your responses will help B23 meet federal requirements and improve B23's services. Please note that your answers are confidential and will only be used for program evaluation and improvement. If you prefer not to answer a question, you may simply skip it.

Q1. Is your child a boy or a girl?

☐ Boy
☐ Girl

Q2. How old is your child (in months?)

▼ 0 (1) ... 36+ (37)

Q3. How would you describe your child's race/ethnicity? (select all that apply)

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic/Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ A race/ethnicity not listed here (please specify):
_____

Q4. What county do you live in?

☐ New Castle
☐ Kent
☐ Sussex

Q5. What is your ZIP code?:_____

Q6. What is the primary language spoken at home?

☐ English
☐ Spanish

☐ Other (please specify):_____

Q7. How comfortable are you communicating in English?
☐ Very comfortable
☐ Somewhat comfortable
☐ Not very comfortable
☐ Not comfortable at all

Q8. Which best describes your relationship with the child receiving B23 services?
☐ Parent (biological, adoptive, or stepparent)
☐ Grandparent
☐ Another relative (e.g., aunt, uncle, cousin; please specify):_____
☐ A foster parent or legal guardian
☐ Other (please specify):_____

Q9. What is the highest level of education completed by the child's mother?
☐ Less than high school
☐ High school or GED
☐ Some college, no degree
☐ Associate's degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, BS)
☐ Master's degree (e.g., MA, MS, MBA)
☐ Professional degree (e.g., JD, MD, DDS)
☐ Doctorate (e.g., PhD, EdD)
☐ Unsure

Q10. What is your household's annual income?
☐ Less than $25,000
☐ $25,000 to $49,999
☐ $50,000 to $99,999
☐ $100,000 to $149,999
☐ $150,000 to $199,999
☐ $199,999 or more

Part 2: Federal Reporting Requirements

The Individuals with Disabilities Act (IDEA) is a federal law that funds and governs special education and early intervention programs and services. IDEA requires Delaware's Birth to Three (B23) Program to ask families for feedback about how well the program has informed them of their rights, helped them communicate their child's needs, and helped their children learn. This next section asks for your feedback about these topics. Please indicate how much you agree or disagree with the following statements. If you prefer not to answer a question, you may simply skip it.

Q11. As a result of participating in early intervention services (B23):

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I feel confident that I know my rights as a parent/caregiver.	☐	☐	☐	☐
I feel more confident in communicating my child's needs to professionals working with my child.	☐	☐	☐	☐
I feel more confident in helping my child develop and learn.	☐	☐	☐	☐

Part 3: Program Experiences

The B23 program is interested in learning about your experiences during the admission processes, your experiences with your family service coordinator, your experiences with your early intervention provider(s), your experiences engaging with B23 about your child's social-emotional development, and your experiences during the transition process. This section contains items for each of these topics. If you prefer not to answer a question, you may simply skip it.

Part 3a: Admissions Process

The following items focus on your experiences during the admission process. Please indicate how much you agree or disagree with the following statements.
Q12. At the start of my experience with B23:

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
A family service coordinator met with me and/or my family within 2 weeks of referral.	☐	☐	☐	☐
A family service coordinator asked about my child's strengths, needs, and goals in our initial meeting.	☐	☐	☐	☐
The results of my child's assessments or evaluations were explained in ways I understood.	☐	☐	☐	☐
I was provided with written information about my family's legal rights (for instance, the Guide to Parent Rights document).	☐	☐	☐	☐

Q13. Families are often referred to the B23 program or find out about it on their own. Once they contact the program and apply, they undergo an eligibility determination process. Please rate your agreement with the following statement: The process of determining my child's eligibility for the B23 program was clear and straightforward.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Part 3b: Interactions With Your Family Service Coordinator

The following items focus on your interactions with your family service coordinator over the past year. Your family service coordinator is the person who works with you to develop your child's Individualized Family Service Plan (IFSP). He or she coordinates services that multiple early intervention providers may deliver. Please indicate how much you agree or disagree with the following statements.
Q14. My family service coordinator:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Treated me with respect.	☐	☐	☐	☐
Included me in decisions about services, resources, and opportunities for my child.	☐	☐	☐	☐
Included me in developing my child's Individualized Family Service Plan (IFSP).	☐	☐	☐	☐
Assisted me in obtaining access to services identified in my child's Individualized Family Service Plan (IFSP).	☐	☐	☐	☐
Proactively communicated with me at least once a month to ensure my family's needs are met.	☐	☐	☐	☐
Was responsive and helpful when I had questions and concerns.	☐	☐	☐	☐
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	☐	☐	☐	☐
Offered flexibility concerning evaluations, scheduling, and appropriate care coordination that met my family's needs.	☐	☐	☐	☐
Helped me understand who to speak with if we feel our family's rights are not being addressed in the program.	☐	☐	☐	☐
Provided information and resources in my family's primary language.	☐	☐	☐	☐

	Strongly Agree	Agree	Disagree	Strongly Disagree
Provided information and resources using my preferred form of communication (text message, email, or telephone).	☐	☐	☐	☐
Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.).	☐	☐	☐	☐

[If 'Disagree' or 'Strongly Disagree' for *Helped me understand who to speak with if we feel our family's rights are not being addressed in the program.*]
You indicated that you disagreed or strongly disagreed that your Family Service Coordinator helped you understand who to speak with if you feel your family's rights are not being addressed in the program. To learn more about your family's rights and dispute resolution options, please see the Guide to Parent Rights document.

- English version
- Spanish version
- Haitian Creole version

Q15. Occasionally, there may be a need to change your Family Service Coordinator. Please indicate whether your Family Service Coordinator has changed over the past year.

☐ Yes, my Family Service Coordinator has changed over the past year.
☐ No, my Family Service Coordinator has not changed over the past year.

Q16. [If 'Yes' for Q15]: You indicated that your Family Service Coordinator has changed over the past year. How many different Family Service Coordinators have you had in the past year?

☐ 2
☐ 3
☐ 4+

Part 3c: Interactions with Your Early Intervention Provider(s)

The following items focus on your interactions with your early intervention provider(s) over the past year. These include early child education (ECE) specialists, speech-language therapists, physical therapists, or occupational therapists. Please indicate how much you agree or disagree with the following statements.

Q17. My early intervention provider(s)

	Strongly Agree	Agree	Disagree	Strongly Disagree
Treated me and my family with respect.	☐	☐	☐	☐
Kept me up to date on my child's progress and needs.	☐	☐	☐	☐
Included me in decisions about my child's therapy	☐	☐	☐	☐
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	☐	☐	☐	☐
Offered flexibility in services that meet my family's needs (e.g., telehealth, in-person appointments).	☐	☐	☐	☐
Provided information and resources in my family's primary language.	☐	☐	☐	☐
Provided information and resources using my preferred form of communication (text message, email, or telephone).	☐	☐	☐	☐
Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.)	☐	☐	☐	☐

Part 3d: Social-Emotional Development

The following items focus on how B23 has engaged with you about your child's social-emotional development. Please indicate how much you agree or disagree with the following statements.

Q18. I understand what social-emotional development means:

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

In the last question, we asked you what social-emotional development means. Thanks for answering! To ensure we're on the same page for the rest of the questions in this section, when talking about your child's social-emotional development, we are referring to his or her ability to interact with adults and other children.

Q19. My Family Service Coordinator:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Explained social-emotional development and its importance to me.	☐	☐	☐	☐
Discussed my child's social-emotional development as part of the B23 program.	☐	☐	☐	☐
Provided information and resources to support my child's social-emotional development	☐	☐	☐	☐

Q20. My early intervention provider(s):

	Strongly Agree	Agree	Disagree	Strongly Disagree
Explained social-emotional development and its importance to me.	☐	☐	☐	☐
Discussed my child's social-emotional development as part of the B23 program.	☐	☐	☐	☐
Provided information and resources to support my child's social-emotional development	☐	☐	☐	☐

Q21. Please indicate how much you agree or disagree with the following statement:
As a result of participating in the B23 program, I am more aware of information related to the social-emotional development of infants and toddlers.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Q22. What social-emotional challenges, if any, are you currently experiencing with your child?

☐ Communication challenges (e.g., difficulty expressing needs or understanding others)

☐ Behavioral challenges (e.g., tantrums, difficulty following directions)
☐ Social challenges (e.g., difficulty interacting with peers or forming relationships)
☐ Other challenges (please specify):_____
☐ I’m not currently experiencing social-emotional challenges with my child.

Part 3e: Transition Process

[Note: Families only saw Part 3e if they indicated their child was 26 months or older]

The following items focus on your experiences during the transition process.

Q23. Please indicate how much you agree or disagree with the following statements.

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I understand that my child will transition out of the program by age 3, or when the child meets their goals, or by withdrawing at any point during the program.	☐	☐	☐	☐
A transition conference was/has been arranged to facilitate the development of a transition plan for my child.	☐	☐	☐	☐
My Family Service Coordinator offered to assist me in the transition process.	☐	☐	☐	☐
During the transition process, B23 staff shared information about options such as preschools, Head Start, or outpatient therapy services.	☐	☐	☐	☐
B23 staff shared resources about the transition process (such as brochures and handouts) with me.	☐	☐	☐	☐

Q24. For children potentially eligible for preschool special education services, a school district representative will participate in the transition process. Please indicate how much you agree or disagree with the following statement:

I found the School District to be helpful during the transition process.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Q25. What's the best location for the transition conference?

☐ In the family's home
☐ At the child's future preschool or school site
☐ Virtual meeting (e.g., on Zoom or another web conferencing program)
☐ A community center or local library
☐ Other (please specify):
_____

Q26. I understand the next steps for transitioning my child out of B23.
☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Q27. [If 'Disagree' or 'Strongly Disagree' for Q26] You indicated that you 'disagreed' or 'strongly disagreed' that you understand the next steps for transitioning your child out of B23. Please tell us more about the specific challenges or uncertainties you are facing.

[If 'Disagree' or 'Strongly Disagree' for Q26]

Thank you for sharing about your transition-related challenges. Here is a resource on B23's transition process. If you still have questions, please contact your family service coordinator. If you cannot reach your family service coordinator, contact your county's Early Childhood Transition Coordinator.
NCC Early Childhood Transition Coordinator:
Fiona KL Vivar - fiona.vivar@doe.k12.de.us
Kent/Sussex Early Childhood Transition Coordinator:
Katie Burris - kathleen.burris@doe.k12.de.us

Part 4: Additional Feedback for the B23 Program

In this last section, we invite you to share additional written feedback about the B23 program. If you prefer not to answer a question, you may simply skip it.

Q28. What aspects of the B23 program have had the biggest impact on your child and family? This could be a specific service, support from a staff member, or anything else that made a meaningful difference.

Q29. What types of resources or information would be most helpful for you and your family? This could include materials, referrals, or guidance on specific topics related to your child's development or family support.

Q30. Is there anything else you would like to share about your experience with the B23 program? We appreciate any feedback about what has worked well or areas where B23 could improve.

This concludes the survey. We thank you for answering these questions.

As stated in the consent form, none of your personal information is linked to any of your survey responses, including answers to open-ended questions. This means that if you provided feedback or shared concerns about the program through this survey, CRESP cannot legally share your information with the B23 program for further investigation.

If you have a complaint or concern about the program that you would like to be investigated, please contact Erin Rich, Part C Coordinator/Senior Social Services Administrator, directly at erin.rich@delaware.gov or 302-739-2730.

This ensures that your concerns can be appropriately addressed while maintaining the confidentiality of your survey responses.

If you want to enter the drawing to win one of ten $50 Amazon gift cards, please provide your email address or phone number (whichever is preferred). Entering the drawing is voluntary and, therefore, is not required.

Appendix B:
2024-2025 Survey Tool (Spanish)

La siguiente es una versión abreviada de la información que se encuentra en http://www.cresp.udel.edu/b23

Estimado/a miembro de la familia:

Esta encuesta es para familias que reciben servicios del Programa de Intervención Temprana Birth to Three (B23) de Delaware. El Centro de Investigación en Educación y Política Social (CRESP) de la Universidad de Delaware realiza la Encuesta de Resultados Familiares para el Programa B23.

La encuesta toma aproximadamente de **10 a 15 minutos** para completarse. Responder esta encuesta es voluntario. Puede omitir cualquier pregunta que no desee contestar. Puede abandonar la encuesta y reanudar su progreso más tarde si utiliza el mismo navegador desde el que comenzó.

Las personas que completen esta encuesta podrán participar en un sorteo para ganar una tarjeta de regalo de **Amazon de $50**. Se entregarán diez tarjetas de regalo. Al final de la encuesta, podrá proporcionar su dirección de correo electrónico o número de teléfono para participar en el sorteo. La participación en el sorteo es voluntaria.

La información que proporcione en esta encuesta se mantendrá confidencial. En otras palabras, su información personal no estará vinculada a sus respuestas. Sus respuestas se combinarán con la información recopilada de otras familias para crear un informe resumido, y no se identificará a ninguna persona o familia individualmente. Esto significa que, si proporciona comentarios o comparte inquietudes sobre el programa en la encuesta, CRESP no puede, por ley, compartir esa información con el programa B23 para su investigación.

Si tiene una queja o inquietud sobre el programa que desea que se investigue, comuníquese con **Erin Rich**, Coordinadora de la Parte C / Administradora Principal de Servicios Sociales, al correo electrónico erin.rich@delaware.gov o al teléfono 302-739-2730. Esto garantiza que sus inquietudes se aborden adecuadamente mientras se mantiene la confidencialidad de sus respuestas a la encuesta. Si tiene preguntas sobre la encuesta, comuníquese con la **Dra. Samantha Shewchuk** al 302-831-3486 o shewchuk@udel.edu.

La encuesta ha sido revisada y aprobada por la Junta de Revisión Institucional de la Universidad de Delaware (UD IRB) y por la Junta de Revisión de Sujetos Humanos del Departamento de Salud y Servicios Sociales de Delaware (DHSS HSRB). Si tiene preguntas o inquietudes sobre sus derechos como participante de la encuesta, puede comunicarse con el **UD IRB** al 302-831-2137 o hsrb-research@udel.edu. También puede comunicarse con el **DHSS HSRB**: División de Servicios Administrativos, Campus Herman Holloway Sr., 1901 N. DuPont Highway, New Castle, DE 19720; (302) 255-9000; DHSS_HSRB@delaware.gov.

Si tiene alguna pregunta sobre la encuesta en este momento, aproveche esta oportunidad para que se le respondan antes de otorgar su consentimiento. Si está listo/a para dar su consentimiento, hágalo respondiendo a la siguiente pregunta.

Por favor, seleccione si acepta participar en esta encuesta.

☐ Sí, me gustaría participar en la encuesta
☐ No, no me gustaría participar en la encuesta

Resumen de la encuesta

La encuesta consta de cuatro partes:

- **Parte 1:** Preguntas demográficas sobre su hijo/a y su familia
- **Parte 2:** Preguntas para respaldar los requisitos de informes federales de B23
- **Parte 3:** Preguntas sobre sus experiencias con el programa
- **Parte 4:** Espacio para proporcionar cualquier comentario adicional sobre el programa

Si prefiere no responder una pregunta, simplemente puede omitirla.

Parte 1: Preguntas demográficas

Esta sección solicita información demográfica básica sobre su hijo/a y su familia. Hacemos estas preguntas demográficas para comprender mejor quién participa en el programa y asegurarnos de que B23 atienda a todas las familias de manera eficaz. Sus respuestas ayudarán a B23 a cumplir con los requisitos federales y a mejorar sus servicios. Tenga en cuenta que sus respuestas son confidenciales y solo se utilizarán para la evaluación y mejora del programa. Si prefiere no responder una pregunta, simplemente puede omitirla.

Q1. ¿Su hijo/a es niño o niña?

☐ Niño
☐ Niña

Q2. ¿Cuántos meses tiene su hijo/a?

▼ 0 (1) ... 36+ (37)

Q3. ¿Cómo describiría la raza/etnicidad de su hijo/a? (seleccione todas las que correspondan)

☐ Nativo americano o nativo de Alaska
☐ Asiático/a
☐ Negro/a o afroamericano/a
☐ Hispano/Latino
☐ Nativo hawaiano u otra isla del Pacífico
☐ Blanco/a
☐ Una raza/etnicidad no incluida aquí (por favor, especifique):
_____

Q4. ¿En qué condado vive?

☐ New Castle
☐ Kent
☐ Sussex

Q5. ¿Cuál es su código postal?:

_____

Q6. ¿Cuál es el idioma principal que se habla en su hogar?

☐ Inglés
☐ Español
☐ Otro (por favor, especifique):

_____

Q7. ¿Qué tan cómodo/a se siente comunicándose en inglés?

☐ Muy cómodo/a
☐ Algo cómodo/a
☐ Poco cómodo/a
☐ Nada cómodo/a

Q8. ¿Cuál describe mejor su relación con el niño/a que recibe servicios de B23?

☐ Padre/madre (biológico/a, adoptivo/a o padrastro/madrastra)
☐ Abuelo/a
☐ Otro familiar (por ejemplo, tío/a, primo/a; por favor, especifique): _____
☐ Padre/madre de crianza temporal o tutor/a legal
☐ Otro (por favor, especifique):

_____

Q9. ¿Cuál es el nivel educativo más alto completado por la madre del niño/a?

☐ Menos que la secundaria
☐ Secundaria o GED
☐ Algo de estudios universitarios, sin título
☐ Título de asociado (por ejemplo, AA, AS)
☐ Licenciatura (por ejemplo, BA, BS)
☐ Maestría (por ejemplo, MA, MS, MBA)
☐ Título profesional (por ejemplo, JD, MD, DDS)
☐ Doctorado (por ejemplo, PhD, EdD)
☐ No está seguro/a

Q10. ¿Cuál es el ingreso anual de su hogar?

☐ Menos de $25,000
☐ $25,000 a $49,999
☐ $50,000 a $99,999
☐ $100,000 a $149,999
☐ $150,000 a $199,999
☐ $199,999 o más

Parte 2: Requisitos de informes federales

La Ley de Educación para Personas con Discapacidades (IDEA, por sus siglas en inglés) es una ley federal que financia y regula los programas y servicios de educación especial e intervención temprana. IDEA exige que el Programa Birth to Three (B23) de Delaware pida a las familias su opinión sobre qué tan bien el programa les ha informado de sus derechos, les ha ayudado a comunicar las necesidades de su hijo/a y ha apoyado el aprendizaje de sus hijos/as.

Esta sección le pide su opinión sobre estos temas. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones. Si prefiere no responder una pregunta, simplemente puede omitirla.

Q11. Como resultado de participar en los servicios de intervención temprana (B23):

	Totalmente de acuerdo	**De acuerdo**	**En desacuerdo**	**Totalmente en desacuerdo**
Me siento seguro/a de que conozco mis derechos como padre/madre/ cuidador/a.	☐	☐	☐	☐
Me siento con más confianza para comunicar las necesidades de mi hijo/a a los profesionales que trabajan con él/ella.	☐	☐	☐	☐
Me siento con más confianza para ayudar a mi hijo/a a desarrollarse y aprender.	☐	☐	☐	☐

Parte 3: Experiencias con el programa

El programa B23 está interesado en conocer sus experiencias durante el proceso de admisión, sus interacciones con su coordinador/a de servicios familiares, sus interacciones con su(s) proveedor(es) de intervención temprana, sus experiencias al relacionarse con B23 sobre el desarrollo socioemocional de su hijo/a y sus experiencias durante el proceso de transición. Esta sección contiene preguntas para cada uno de estos temas. Si prefiere no responder una pregunta, simplemente puede omitirla.

Parte 3a: Proceso de admisión

Los siguientes puntos se centran en sus experiencias durante el proceso de admisión. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones.

Q12. Al inicio de mi experiencia con B23:

	Totalmente de acuerdo	**De acuerdo**	**En desacuerdo**	**Totalmente en desacuerdo**
Un/a coordinador/a de servicios familiares se reunió conmigo y/o mi familia dentro de las 2 semanas posteriores a la remisión.	☐	☐	☐	☐
Un/a coordinador/a de servicios familiares preguntó sobre las fortalezas, necesidades y metas de mi hijo/a en nuestra reunión inicial.	☐	☐	☐	☐
Los resultados de las evaluaciones o valoraciones de mi hijo/a fueron explicados de una manera que entendí.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Se me proporcionó información escrita sobre los derechos legales de mi familia (por ejemplo, el documento *Guía de Derechos de los Padres*).	☐	☐	☐	☐

Q13. Las familias a menudo son referidas al programa B23 o lo conocen por su cuenta. Una vez que se ponen en contacto con el programa y presentan la solicitud, pasan por un proceso de determinación de elegibilidad.

Por favor, indique su nivel de acuerdo con la siguiente afirmación:

El proceso para determinar la elegibilidad de mi hijo/a para el programa B23 fue claro y sencillo.

☐ Totalmente de acuerdo
☐ De acuerdo
☐ En desacuerdo
☐ Totalmente en desacuerdo

Parte 3b: Interacciones con su coordinador/a de servicios familiares

Los siguientes puntos se centran en sus interacciones con su coordinador/a de servicios familiares durante el último año. Su coordinador/a de servicios familiares es la persona que trabaja con usted para desarrollar el Plan Individualizado de Servicios Familiares (IFSP, por sus siglas en inglés) de su hijo/a. Él o ella coordina los servicios que pueden ser prestados por múltiples proveedores de intervención temprana. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones.

Q14. Mi coordinador/a de servicios familiares:

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me trató con respeto.	☐	☐	☐	☐
Me incluyó en las decisiones sobre los servicios, recursos y oportunidades para mi hijo/a.	☐	☐	☐	☐
Me incluyó en el desarrollo del Plan Individualizado de Servicios Familiares (IFSP) de mi hijo/a.	☐	☐	☐	☐
Me ayudó a obtener acceso a los servicios identificados en el Plan Individualizado de Servicios Familiares (IFSP) de mi hijo/a.	☐	☐	☐	☐
Se comunicó proactivamente conmigo al menos una vez al mes para asegurar que se cumplieran las necesidades de mi familia.	☐	☐	☐	☐
Fue receptivo/a y útil cuando tuve preguntas o inquietudes.	☐	☐	☐	☐
Se comunicó conmigo de una manera sensible a la cultura y grupo étnico de mi familia.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Ofreció flexibilidad en cuanto a evaluaciones, programación y coordinación de cuidados apropiados que satisficieron las necesidades de mi familia.	☐	☐	☐	☐
Me ayudó a entender con quién debo hablar si sentimos que los derechos de nuestra familia no están siendo respetados en el programa.	☐	☐	☐	☐
Proporcionó información y recursos en el idioma principal de mi familia.	☐	☐	☐	☐
Proporcionó información y recursos usando mi forma de comunicación preferida (mensaje de texto, correo electrónico o teléfono).	☐	☐	☐	☐
Me dio información y recursos sobre actividades y servicios en la comunidad que ayudan a mi hijo/a y a mí (por ejemplo, guarderías, grupos de juego, etc.).	☐	☐	☐	☐

[Si respondió **"En desacuerdo"** o **"Totalmente en desacuerdo"** en la afirmación *Me ayudó a entender con quién debo hablar si sentimos que los derechos de nuestra familia no están siendo respetados en el programa*:]
Usted indicó que está en desacuerdo o totalmente en desacuerdo en que su coordinador/a de servicios familiares le ayudó a entender con quién debe hablar si

siente que los derechos de su familia no están siendo respetados en el programa. Para obtener más información sobre los derechos de su familia y las opciones de resolución de disputas, por favor consulte el documento *Guía de Derechos de los Padres*.

- Versión en inglés
- Versión en español
- Versión en criollo haitiano

Q15. Ocasionalmente, puede ser necesario cambiar a su coordinador/a de servicios familiares. Por favor, indique si su coordinador/a de servicios familiares ha cambiado durante el último año:

☐ Sí, mi coordinador/a de servicios familiares ha cambiado durante el último año.

☐ No, mi coordinador/a de servicios familiares no ha cambiado durante el último año.

Q16. [Si respondió "Sí" en la pregunta Q15]: Usted indicó que su coordinador/a de servicios familiares ha cambiado durante el último año. ¿Cuántos coordinadores/as de servicios familiares diferentes ha tenido en el último año?

☐ 2

☐ 3

☐ 4+

Parte 3c: Interacciones con su(s) proveedor(es) de intervención temprana

Los siguientes puntos se centran en sus interacciones con su(s) proveedor(es) de intervención temprana durante el último año. Esto incluye especialistas en educación infantil temprana (ECE), terapeutas del lenguaje y el habla, fisioterapeutas o terapeutas ocupacionales. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones.

Q17. Mi(s) proveedor(es) de intervención temprana:

	Totalmente de acuerdo	**De acuerdo**	**En desacuerdo**	**Totalmente en desacuerdo**
Me trató a mí y a mi familia con respeto.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me mantuvo informado/a sobre el progreso y las necesidades de mi hijo/a.	☐	☐	☐	☐
Me incluyó en las decisiones sobre la terapia de mi hijo/a.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Se comunicó conmigo de una manera sensible a la cultura y grupo étnico de mi familia.	☐	☐	☐	☐
Ofreció flexibilidad en los servicios que satisfacen las necesidades de mi familia (por ejemplo, telesalud, citas presenciales).	☐	☐	☐	☐
Proporcionó información y recursos en el idioma principal de mi familia.	☐	☐	☐	☐
Proporcionó información y recursos usando mi forma de comunicación preferida (mensaje de texto, correo electrónico o teléfono).	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me dio información y recursos sobre actividades y servicios en la comunidad que ayudan a mi hijo/a y a mí (por ejemplo, guarderías, grupos de juego, etc.).	☐	☐	☐	☐

Parte 3d: Desarrollo socioemocional

Los siguientes puntos se centran en cómo B23 se ha relacionado con usted en torno al desarrollo socioemocional de su hijo/a. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones.

Q18. Entiendo lo que significa el desarrollo socioemocional:

☐ Totalmente de acuerdo
☐ De acuerdo
☐ En desacuerdo
☐ Totalmente en desacuerdo

En la pregunta anterior, le pedimos que indicara qué significa el desarrollo socioemocional. ¡Gracias por responder! Para asegurarnos de que estemos en la misma página para el resto de las preguntas de esta sección, cuando hablamos del desarrollo socioemocional de su hijo/a, nos referimos a su capacidad para interactuar con adultos y otros niños/as.

Q19. Mi coordinador/a de servicios familiares:

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me explicó qué es el desarrollo socioemocional y su importancia.	☐	☐	☐	☐
Habló sobre el desarrollo socioemocional de mi hijo/a como parte del programa B23.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me proporcionó información y recursos para apoyar el desarrollo socioemocional de mi hijo/a.	☐	☐	☐	☐

Q20. Mi(s) proveedor(es) de intervención temprana:

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Me explicó qué es el desarrollo socioemocional y su importancia.	☐	☐	☐	☐
Habló sobre el desarrollo socioemocional de mi hijo/a como parte del programa B23.	☐	☐	☐	☐
Me proporcionó información y recursos para apoyar el desarrollo socioemocional de mi hijo/a.	☐	☐	☐	☐

Q21. Por favor, indique cuánto está de acuerdo o en desacuerdo con la siguiente afirmación:

Como resultado de participar en el programa B23, estoy más consciente de la información relacionada con el desarrollo socioemocional de bebés y niños pequeños.

☐ Totalmente de acuerdo
☐ De acuerdo
☐ En desacuerdo
☐ Totalmente en desacuerdo

Q22. ¿Qué desafíos socioemocionales, si alguno, está experimentando actualmente con su hijo/a?

☐ Desafíos de comunicación (por ejemplo, dificultad para expresar necesidades o comprender a otros)
☐ Desafíos de conducta (por ejemplo, berrinches, dificultad para seguir instrucciones)
☐ Desafíos sociales (por ejemplo, dificultad para interactuar con compañeros o formar relaciones)
☐ Otros desafíos (por favor, especifique):
_____
☐ Actualmente no estoy experimentando desafíos socioemocionales con mi hijo/a.

Parte 3e: Proceso de transición

[Nota: Las familias solo vieron la Parte 3e si indicaron que su hijo/a tenía 26 meses o más]
Los siguientes puntos se centran en sus experiencias durante el proceso de transición.

Q23. Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes afirmaciones.

	Totalmente de acuerdo	**De acuerdo**	**En desacuerdo**	**Totalmente en desacuerdo**
Entiendo que mi hijo/a dejará el programa al cumplir 3 años, o cuando alcance sus metas, o si se retira en cualquier momento durante el programa.	☐	☐	☐	☐
Se organizó una conferencia de transición para facilitar la elaboración de un plan de transición para mi hijo/a.	☐	☐	☐	☐
Mi coordinador/a de servicios familiares se ofreció a ayudarme en el proceso de transición.	☐	☐	☐	☐

	Totalmente de acuerdo	De acuerdo	En desacuerdo	Totalmente en desacuerdo
Durante el proceso de transición, el personal de B23 compartió información sobre opciones como preescolares, Head Start o servicios de terapia ambulatoria.	☐	☐	☐	☐
El personal de B23 compartió recursos sobre el proceso de transición (como folletos y guías) conmigo.	☐	☐	☐	☐

Q24. Para los niños que potencialmente son elegibles para servicios de educación especial preescolar, un representante del distrito escolar participará en el proceso de transición.
Por favor, indique cuánto está de acuerdo o en desacuerdo con la siguiente afirmación:
Considero que el distrito escolar fue útil durante el proceso de transición.
☐ Totalmente de acuerdo
☐ De acuerdo
☐ En desacuerdo
☐ Totalmente en desacuerdo

Q25. ¿Cuál es el mejor lugar para realizar la conferencia de transición?
☐ En el hogar de la familia
☐ En el futuro preescolar o escuela del niño/a
☐ Reunión virtual (por ejemplo, en Zoom u otra plataforma de videoconferencia)
☐ En un centro comunitario o biblioteca local
☐ Otro (por favor, especifique):
_____

Q26. Entiendo los próximos pasos para la transición de mi hijo/a fuera de B23.
☐ Totalmente de acuerdo
☐ De acuerdo

☐ En desacuerdo
☐ Totalmente en desacuerdo

Q27. [Si respondió “En desacuerdo” o “Totalmente en desacuerdo” en Q26]
Usted indicó que está en desacuerdo o totalmente en desacuerdo en que entiende los próximos pasos para la transición de su hijo/a fuera de B23. Por favor, cuéntenos más sobre los desafíos o incertidumbres específicas que enfrenta:

[Si respondió “En desacuerdo” o “Totalmente en desacuerdo” en Q26]

Gracias por compartir sus desafíos relacionados con la transición. Aquí tiene un recurso sobre el proceso de transición de B23. Si aún tiene preguntas, por favor contacte a su coordinador/a de servicios familiares. Si no puede comunicarse con su coordinador/a de servicios familiares, contacte al Coordinador/a de Transición de la Primera Infancia de su condado:

- **Coordinadora de Transición de la Primera Infancia en NCC:**
  Fiona KL Vivar - fiona.vivar@doe.k12.de.us

- **Coordinadora de Transición de la Primera Infancia en Kent/Sussex:**
  Katie Burris - kathleen.burris@doe.k12.de.us

Parte 4: Comentarios adicionales para el programa B23

En esta última sección, le invitamos a compartir comentarios escritos adicionales sobre el programa B23. Si prefiere no responder una pregunta, simplemente puede omitirla.

Q28. ¿Qué aspectos del programa B23 han tenido el mayor impacto en su hijo/a y su familia? Esto podría ser un servicio específico, el apoyo de un miembro del personal u otra cosa que haya marcado una diferencia significativa.

Q29. ¿Qué tipo de recursos o información serían más útiles para usted y su familia? Esto podría incluir materiales, referencias o guías sobre temas específicos relacionados con el desarrollo de su hijo/a o el apoyo a la familia.

Q30. ¿Hay algo más que le gustaría compartir sobre su experiencia con el programa B23? Agradecemos cualquier comentario sobre lo que ha funcionado bien o las áreas donde B23 podría mejorar.

Esta encuesta ha finalizado. Le agradecemos por responder estas preguntas.

Como se indica en el formulario de consentimiento, ninguna de su información personal está vinculada a sus respuestas en la encuesta, incluidas las respuestas a las preguntas abiertas. Esto significa que, si proporcionó comentarios o compartió inquietudes sobre el programa a través de esta encuesta, CRESP no puede, por ley, compartir su información con el programa B23 para su investigación.

Si tiene una queja o inquietud sobre el programa que desea que se investigue, comuníquese directamente con **Erin Rich**, Coordinadora de la Parte C / Administradora Principal de Servicios Sociales, al correo **erin.rich@delaware.gov** o al teléfono **302-739-2730**.

Esto garantiza que sus inquietudes puedan abordarse adecuadamente mientras se mantiene la confidencialidad de sus respuestas a la encuesta.

Si desea participar en el sorteo para ganar una de diez tarjetas de regalo de Amazon de $50, por favor proporcione su dirección de correo electrónico o número de teléfono (el que prefiera). La participación en el sorteo es voluntaria y, por lo tanto, no es obligatoria.

Appendix C:
Summary of Changes from 2023–2024 to 2024–2025 Survey

Survey Area	2023–2024 Version	2024–2025 Version	Type of Change
Survey Structure	Four parts: 1) Demographics, 2) Program experiences, 3) Federal reporting, 4) Additional feedback.	Four parts: 1) Demographics, 2) Federal reporting, 3) Program experiences, 4) Additional feedback. Order of Parts 2 and 3 swapped.	Section order change to align with OSEP priority.
Consent & Confidentiality	Brief confidentiality statement; did not specify inability to share responses with B23 if concerns were raised.	Expanded confidentiality section explaining CRESP cannot share responses with B23, even if concerns are raised; provides direct contact info for Part C Coordinator (Erin Rich) for complaints.	Expanded confidentiality and complaint procedure.
Demographics	Limited to child's age group, gender, Hispanic origin, race, county, and ZIP code.	Expanded to include: exact age in months, primary language at home, comfort communicating in English, relationship to child, mother's education, and household income.	New data fields for richer demographic insights.

Survey Area	2023–2024 Version	2024–2025 Version	Type of Change
Age-based Routing	Routing logic based on broad age categories (e.g., 1–2 years, 2–3 years).	Routing logic based on exact age in months (26–36+ months) for transition-related questions.	Increased precision in question routing.
Admissions Process	Included items on timeliness of initial meeting, assessment explanation, and ease of determining eligibility.	Retained items but reworded eligibility question to “process of determining eligibility was clear and straightforward”; added an item on receiving written legal rights information at start.	Wording change + added legal rights question.
Family Service Coordinator (FSC)	Focused on respect, inclusion in decisions, assistance accessing services, cultural sensitivity, flexibility, advocacy, understanding rights, and timeliness.	Streamlined wording for clarity; added items on monthly proactive communication, responsiveness to concerns, and providing community resources; reordered items for flow.	New items, rewording, and reordering.

Survey Area	2023–2024 Version	2024–2025 Version	Type of Change
Early Intervention Provider(s) (EIP)	Questions on respect, progress updates, inclusion in decisions, cultural sensitivity, and flexibility.	Same topics retained; added items on providing information in primary language, preferred communication method, and community resources.	Expanded scope to include language and communication preferences.
Social-Emotional Development	Separate items for understanding, explanation, discussion, awareness, and supporting resources; open-ended follow-up on challenges.	Combined FSC and EIP ratings in side-by-side format for explanation, discussion, and resources; replaced open-ended follow-up with multiple-choice list of challenges.	Streamlined format + structured response options.
Transition Process	Asked about conference location (school, home, virtual, other), understanding next steps, and information sharing.	Expanded to include: understanding exit reasons, conference arranged, best location (expanded to 5 options), FSC assistance, school district helpfulness, and sharing resources; reordered for clarity.	Expanded content and options.

Survey Area	2023–2024 Version	2024–2025 Version	Type of Change
Open-ended Feedback	Two open-ended questions on additional feedback and suggestions for improvement.	Three open-ended questions: biggest impact, most helpful resources, and other feedback; moved prize drawing and interview invite into closing section with confidentiality reminder.	Expanded feedback section + rearranged closing items.
Conditional Follow-up Questions	Many open-text “please tell us why” follow-ups for negative responses.	Most conditional follow-ups were removed or replaced with resources or structured options to reduce the burden.	Streamlining to improve completion rates.