



Please take this opportunity to evaluate the resources that you receive from us and tell us how we are doing. This information will be used to update and establish goals to support individuals with developmental disabilities.

Please complete and email, regular mail or fax to us at 360-736-1436 as soon as possible. *Thank you.*

AGE OF INTEREST Check boxes that apply to the age group of clients in your practice:

- Birth-age 6 Elementary (age 7-11) Secondary (age 12-18)
 Transition (age 18-21) College Post School/Adult

NEWSLETTER

CIRCLE ONE

Do you use information in the Newsletter, Child Health Notes and other resources from us? YES NO

If NO, why not? _____

If YES, how do you use the information with others? (email, copy, post, distribute to co-workers, parents, etc.)

What other information would you like to see in our newsletters or Child Health Notes?

COMMUNITY

Are you familiar with the Medical Home concept? YES NO

Do you (or someone from your office) attend Medical Home workshops or meetings ? YES NO

Would you like to receive more information about Medical Home? YES NO

What community activities or services for families of CSHCN would you like to see available?

ADVOCACY

Are you familiar with our Helping Parent program? YES NO

If YES, would you refer a parent to our program? YES NO

If NO, why not? _____

Would you like more information about the program? YES NO

May we call you to help with one or two events each year? YES NO

Are you attending any local advisory boards? YES NO

If YES, What type _____

If NO, would you be interested in information on them? YES NO

LEGISLATIVE ISSUES

Is the legislative information provided helpful to you in your practice? YES NO

If NO, please tell us why not. _____

Do you contact your legislators? Phone E-mail Mail Not at all

LOCAL RESOURCES

Are you familiar with the Birth to 3 programs in Lewis County?	YES	NO
Would additional information be helpful?	YES	NO
Are you aware of/ do you read or distribute Child Health Notes?	YES	NO
Are you familiar with the Lewis County ICC (Interagency Coordinating Council)	YES	NO
Have you or someone in your practice attended an ICC meeting?	YES	NO
Would you like to receive regular information from the local ICC meetings?	YES	NO
Are you aware that Lewis County has an Early Learning Coalition, a Healthy Families Coalition and a Mental Health Coalition?	YES	NO
Would you like to receive more information on the meetings?	YES	NO
Are you familiar with IDEA and aware of the education entitlements until age 21?	YES	NO
Are you aware of resources and supports to promote independence for all individuals?	YES	NO
Can your office use more information on (DDD) D ivision D evelopmental D isabilities services?	YES	NO
Do you have any clients on a waiting list for any DDD services?	YES	NO
If yes, what service and for how long? _____		
Do you have our Consent for Release of Information forms?	YES	NO

We also provide advocacy services and information on IEPs, parent education and diagnosis-specific information. May we present our information at a staff meeting? Please let us know how we can help you.

Please complete (This information will not be shared with any other party):

Name _____ Phone: _____

Street or Mailing Address: _____

City, State and Zip Code: _____

E-mail: _____

With regard to disabilities, what is the main interest or priority need for your practice (staff education, parent education, legislative issues, respite, long term care, etc.):

Suggestions for future services, comments, or questions:

***We appreciate your time to complete this review. If you would like to contact us, call Paula Zamudio, Program Coordinator or Roberta Bryan, Outreach Coordinator at 360-736-9558
203 W. Reynolds Avenue - Centralia, WA 98531***