



SCHOOL COMMUNITY INTERVENTION & PREVENTION

Intervention Feedback from Parent/Guardian

Thank you for taking your time to provide feedback on your school's SCIP process.

School Name _____ **School Year** _____

	Yes	No	Somewhat/ Perhaps	Not Applicable
1. Was your experience with the SCIP team positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the SCIP intervention help you deal more effectively with your student's situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you were to look for help again, would you come back to this program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you involved in deciding what resources would be best for your student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you feel that the suggestions/resources offered by SCIP were appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the intervention provide you with more awareness regarding your student's behavior(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you plan to utilize the suggestions/resources offered by SCIP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you recommend SCIP to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Before the SCIP intervention, how would you describe your son/daughter's difficulties?
 No Problem Minor Problem Moderate Problem Serious Problem

10. Rate your perception of the overall EFFECTIVENESS of SCIP.
 Not Effective Somewhat Effective Effective Very Effective

11. Rate your overall SATISFACTION with the SCIP process.
 Very Unsatisfied Unsatisfied Satisfied Very Satisfied

12. Indicate the overall BENEFIT of the SCIP Team intervention to you or your student.
 Not Beneficial Somewhat Beneficial Beneficial Very Beneficial

13. Was your contact with SCIP:
 Face-to-Face By Phone By Mail

14. Comments on your experience with or perceptions of SCIP:

OPTIONAL: Please complete if you would be willing to be contacted for a year-end follow-up survey. We appreciate your additional thoughts on the value of SCIP.

Name _____ Phone Number (Home or Cell) _____

Address _____ City/State/Zip _____

Please return this form to the SCIP office:

Email: memmons@lmep.com **Fax:** 402-483-2882 **Mail:** SCIP-LMEP 4600 Valley Road Lincoln, NE 68510