

Parent Feedback

The Family Support for Children with Disabilities (FSCD) Program is interested in feedback about your experience in requesting specialized services and the decision making process. The Program is always looking for ways to improve the supports and services we provide - your input will help us to improve the way we work with families.

Your feedback is anonymous – you do not need to provide your name.

Please respond to the following questions:

Was this the first time you requested specialized services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive sufficient information about what specialized services are and when they are provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive sufficient information about the decision making process for specialized services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you advised of the information and documents you needed to provide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you attend a Multi-Disciplinary Team (MDT) meeting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Did you receive the information and support you needed to participate in the MDT meeting? • If you already had a service provider, were you encouraged to invite your service provider to the MDT meeting? • Did you feel heard and respected through the MDT meeting? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you have a paper review MDT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • Did you receive the support you needed to prepare for the paper review MDT? • Did you receive sufficient information about what would happen at the paper review MDT? 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive a copy of the MDT recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive clear rationale and explanation for the MDT recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the FSCD worker's decision about specialized services clearly explained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you disagreed with the decision did your FSCD worker tell you about your concerns resolution options?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live in northern or southern Alberta?	<input type="checkbox"/> Red Deer or North	<input type="checkbox"/> South of Red Deer

Comments (use back of page if additional space is needed)

Please return your completed feedback form to:

FSCD Program, Alberta Children and Youth Services
11th Floor, 9940-106 Street, Edmonton, Alberta, T5K 2N2