11. In your opinion, which of the following do children need to know/be able to do in order to be ready for school? (Check all that apply)

- ☐ Identify 10 letters and identify their sounds
- ☐ Write his/her name
- ☐ Know where he/she lives
- ☐ Have letter-sound knowledge
- ☐ Count to 20
- ☐ Use pencils and crayons
- ☐ Use and appreciate books
- ☐ Ask questions
- ☐ Connect numbers with amounts
- ☐ Retell stories he/she has heard
- ☐ Understand shapes
- ☐ Understand and be able to handle their emotions in positive ways
- ☐ Interact well with peers
- ☐ Paint or draw
- ☐ Solve social problems
- ☐ Follow directions
- ☐ Sort colors
- ☐ Have a large vocabulary
- ☐ Jump and hop
- ☐ Have a conversation

12. As a parent, what is your biggest concern about raising your child in this community?

13. Who/where do you go/trust for help if you have questions about your child's development?

14. What city do you live in? _____ **15. What street do you live on?**_____

16. Which 100 block do you live on? (Example: If your street address is 6544, the 100 block is 6500 _____

17. Which elementary school is closest to your home?_____

18. What is your race/ethnicity? (Check all that apply)

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian or Pacific Islander
- ☐ Hispanic/Latino
- ☐ Other: _____
- ☐ Native American or Alaska Native

19. Please list the language(s) spoken in your home:

20. Are you currently employed? ☐ Yes, full-time ☐ Yes, part-time ☐ No

21. What is your annual household income?

- ☐ Less than $10,000
- ☐ $10,000 to $24,999
- ☐ $25,000 to $39,999
- ☐ $40,000 to $64,999
- ☐ $65,000 to $79,999
- ☐ $80,000 or More

22. What is the highest level of education you have completed?

- ☐ Did not graduate from High School
- ☐ Associate's Degree
- ☐ GED
- ☐ Bachelor's Degree
- ☐ High School
- ☐ Graduate Degree
- ☐ Technical Certification
- ☐ Other:

23. What is your marital status?

- ☐ Single
- ☐ Divorced
- ☐ Married
- ☐ Widowed
- ☐ Partnered
- ☐ Separated

24. How many adults live in your residence? _____ **How many children under 8 years old do you have?** _____

25. What is your gender? ☐ Male ☐ Female ☐ Other

26. Do you rent or own your residence or stay with relatives/friends? ☐ Rent ☐ Own ☐ Stay with relatives/friends

27. Does your family currently receive or participate in any of the following? (Please select all that apply)

- ☐ Medicaid
- ☐ WIC
- ☐ Childcare Scholarship/ Subsidy
- ☐ Children's Special Health Care Services

Thank you for participating in this survey!

MICHIGAN STATE UNIVERSITY

System exChange — Transform how you work and learn, together

ABLe Change Family Survey

The purpose of this questionnaire is to collect information about the experiences of families in our county. The information will be used to help inform decisions about how to best meet the needs of local families.

**By completing this survey, you indicate your voluntary agreement to participate. Everything you say will be kept strictly confidential. Your name will not be connected with any of your responses.*

1. How safe do you feel in your neighborhood? ☐ Very Safe ☐ Safe ☐ Somewhat Safe ☐ Not Safe at all

2. Which form(s) of transportation do you use? (Check all that apply)

- ☐ Car
- ☐ Walking
- ☐ Bicycle
- ☐ Taxi
- ☐ Bus/public transportation
- ☐ Depend on friends/family for rides

3. Are there ever times when you need to go somewhere, but don't have the transportation necessary to get there? ☐ Yes ☐ No

4. Have you ever been denied a service because of your race or ethnicity? ☐ Yes ☐ No

If yes, can you tell us what happened?

5. How often do you eat fresh (not canned) fruits or vegetables?

- ☐ Less than once a week
- ☐ 1 time per week
- ☐ 2-4 times per week
- ☐ Once a day
- ☐ 2-4 times per day
- ☐ 5 or more times per day

6. Have you heard of the Born to Be initiative? ☐ Yes ☐ No

7. Which of the following do you agree with? (Check all that apply).

- ☐ Only kids with disabilities need preschool
- ☐ You have to be on assistance to go to preschool
- ☐ I didn't need preschool, so my kids won't need it either
- ☐ Preschool isn't necessary. My kids will learn what they need to know at school
- ☐ Parents play an important role in getting their kids ready for school
- ☐ There are some TV programs that are as good as preschool
- ☐ Preschool is not a safe place
- ☐ Children need to go to preschool to be ready for school

The remaining questions on this page are for parents of children ages 0-8:

8. Have you had any recent experiences where you needed services or supports for your child but were unable to get them? ☐ Yes ☐ No

If yes, what services or supports have you needed that you couldn't get?

9. What has gotten in the way of getting the services or supports you needed? Check all that apply)

- ☐ There was a waiting list
- ☐ Organization had limited hours
- ☐ We were not eligible for services
- ☐ I was too busy
- ☐ Location was hard to get to
- ☐ I didn't know where to get the services or supports
- ☐ Cost was too high
- ☐ They didn't speak my language
- ☐ Other:

10. Overall, would you say your childcare needs are being met? ☐ Yes ☐ No

If no, why not?

ABLe change — Simple rules. Small wins. Big changes.

Please continue on the next page →→

Start Here

Are you currently pregnant?

If yes, please answer these questions. If not, move right →

P1. When is your baby due? _____

P2. Is this your first child? ☐ Yes ☐ No

P3. Was your current pregnancy planned? ☐ Yes ☐ No

P4. Do you plan to breastfeed your baby? ☐ Yes ☐ No

P5. Have you had any recent experiences where you needed services or supports for your pregnancy but were unable to get them? ☐ Yes ☐ No

P5a. If yes, what kind of help did you need that you couldn't get?

P6. What has gotten in the way of getting the help you needed? (Check all that apply)

- ☐ There was a waiting list
- ☐ I was too busy
- ☐ Cost was too high
- ☐ Organization had limited hours
- ☐ Location was hard to get to
- ☐ They didn't speak my language
- ☐ We were not eligible for services
- ☐ I didn't know where to get the services or supports
- ☐ I have no telephone
- ☐ Other:

P7. Are you receiving prenatal care? ☐ Yes ☐ No

P8. Have you experienced any difficulties getting prenatal care? ☐ Yes ☐ No

P9. Which of the following has prevented you from getting care during your current pregnancy? (check all that apply)

- ☐ I've had other healthy births and did not feel it was needed.
- ☐ I can't take time off from work.
- ☐ I have no way to get to the clinic or doctor's office.
- ☐ I don't know where to go for prenatal care.
- ☐ I have no one to take care of my children.
- ☐ I have trouble getting an appointment when I want one.
- ☐ I have too many other things going on.
- ☐ Other:

P10. What are your plans for your child's care and early education? (check all that apply)

- ☐ Parent will stay home with child
- ☐ With a relative/friend
- ☐ Home-based day-care
- ☐ Daycare center
- ☐ Early Head Start
- ☐ Haven't thought about this yet

Please skip to the back page...

Do you have a child ages 2-5?

If yes, and your child has not yet entered kindergarten, please answer these questions. If not, move right →

T1. How old is your child? If you have more than one child ages 2-5, please answer the questions below about the child closest to **4 years old.** _____ Years

T2. Does your child have special needs? This includes developmental concerns or medical issues. ☐ Yes ☐ No

T3. How old was your child when he or she stopped breast-feeding or being fed breast milk?

_____ Months ☐ Still breastfeeding ☐ Never breastfed

T4. Does your child?

- ☐ Stay at home with you
- ☐ Stay at a relative's/friend's house
- ☐ Attend a private daycare or preschool
- ☐ Attend Early Head Start
- ☐ Participate in Head Start
- ☐ Participate in Great Start Readiness Program

T5. How satisfied are you with your child's early learning experience?

- ☐ Very Satisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat Satisfied
- ☐ Very dissatisfied

T6. Which of the following do you agree with? (Check all that apply).

- ☐ I don't know what to look for to know if my child is on track to go to kindergarten.
- ☐ Other parents in my community have had a bad experience sending their kids to preschool.
- ☐ Preschools can't serve my child's unique needs.
- ☐ There is no preschool in my community that fits my family's culture.
- ☐ I don't/will not have time to take my child to preschool.
- ☐ I can't/will not be able to afford to send my child to preschool.
- ☐ I don't/will not have transportation to get my child to preschool.

T7. How often do you read to/look at picture books with your child?

☐ Every day ☐ Several times a week ☐ Once a week or less

Please skip to the back page...

Do you have a child under 2 years old?

If yes, please answer these questions. If not, move right →

O1. How old is your youngest child? Please answer the questions below about that child. _____ Months

O2. Did you receive prenatal care while you were pregnant? ☐ Yes ☐ No

O3. Did you experience any difficulties getting prenatal care? ☐ Yes ☐ No

O3a. Which of the following prevented you from getting care during your most recent pregnancy? (check all that apply)

- ☐ I've had other healthy births and did not feel it was needed.
- ☐ I can't take time off from work.
- ☐ I have no way to get to the clinic or doctor's office.
- ☐ I don't know where to go for prenatal care.
- ☐ I have no one to take care of my children.
- ☐ I have trouble getting an appointment when I want one.
- ☐ I have too many other things going on.
- ☐ Other:

O4. Was your child born prematurely? ☐ Yes ☐ No

O5. Does your child have special needs? This includes developmental concerns or medical issues. ☐ Yes ☐ No

O6. How old was your child when he or she stopped breast-feeding or being fed breast milk?

_____ Months old ☐ Still breastfeeding ☐ Never breast fed

O7. In addition to parent(s), who else cares for your child?

- ☐ A relative/friend
- ☐ Home-based day-care
- ☐ Daycare center
- ☐ Early Head Start
- ☐ Other:

O8. How often do you read to/look at picture books with your child?

☐ Every day ☐ Several times a week ☐ Once a week or less

Please skip to the back page...

Do you have a child ages 5-8?

If your child is in grades K-3, please answer these questions….

F1. How old is your child? If you have more than one child ages 5-8, please answer the questions below about the child closest to 5 years old. _____ Years

F2. Does your child receive special education services? ☐ Yes ☐ No

F2a. If yes, at what age did your child begin receiving intervention for his/her special needs? _____ Years

F3. Who cares for your child during non-school hours?

- ☐ A parent
- ☐ A relative/friend/neighbor
- ☐ A private child care
- ☐ A school-based child care
- ☐ At a community-based program/center, such as Boys and Girls Club
- ☐ Other

F4. Do you use before-school or after-school care for your child? ☐ Yes ☐ No

F5. How satisfied were you with your child's preparation for kindergarten?

- ☐ Very Satisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat Satisfied
- ☐ Very dissatisfied

Please explain:

F6. How satisfied are you with your child's K-3 learning experiences?

- ☐ Very Satisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat Satisfied
- ☐ Very dissatisfied

Please explain:

F7. How often do you read to your child or does your child read to you?

☐ Every day ☐ Several times a week ☐ Once a week or less

Please continue to the back page...