

Screener Name: _____

Date: _____

Name of Potential Participant: _____

Special Needs Children Screening Instrument

Hi, I'm _____ and I'm calling from the Muskie School of Public Service at the University of Southern Maine in Portland. We are an organization that does research to improve services for children and families. You answered our flyer (*or however you got their name*).

Pause for verification. *If respondent draws a blank, ask: Is there someone in your household who might have contacted us? Can we speak with that person? If person indicated they can't talk now: "Is there a better time we could call? (Make an appointment).*

Once connected with the right person:

We are organizing small groups around the state for parents to talk about their experiences finding day care for children with special needs or chronic illnesses.

We are interested in finding out about your experiences so that we can try and improve day care services for children with special needs or chronic illnesses. The information we gather will be completely confidential. Your name and your child's name will not be used or associated with the information you provide.

Do you have any questions about the study? (*answer questions*)

In order for me to select and put together these groups of parents, I need to find out some details about your family. If you don't feel comfortable answering a question, it's fine to say so. Is it OK for me to ask some questions about your family?

If they say no, thank them for their time. **If they say yes**, thank them and ask them the questions below.

- 1.) Do you have a child with special needs or a chronic illness? Yes / No
 - ◆ *If no, explain that that's who we're looking for and thank them for their time.*
 - ◆ *If yes, continue.*

- 2.) Is that child 6 years old or younger?

(*If respondent has more than one child with special needs age 6 or under- determine which one has the most severe special need and ask questions about that child*)

 - Yes, how old? _____ (Boy / Girl)
 - No
 - ◆ *If no, explain that that's who we're looking for and thank them for their time.*
 - ◆ *If yes, continue.*

3.) How many people in your family (or household)? _____

4.) Is your total family income less than : (**NOTE:** *These are choices for how to ask the question depending on the easiest way for them to answer the question.*)

\$17 per hour (if 2 earners, combined hourly wage); or
\$685 weekly; or
\$2,740 monthly; or
\$32,900 annually

Yes

No

- ◆ *If no, explain that that's who we're looking for and thank them for their time.*
- ◆ *If yes, continue.*

5.) Has your child received a diagnosis? If so, what is it?

6.) How would you describe your child's special need or chronic illness? (Ex. Developmental delays, how does it affect child care...)

7.) Is English your everyday language? (*if no*): How well would you say you spoke English? (*Can explain that we may be conducting some groups or interviews in other languages.*)

Very Well

Well

Fair... What language do you usually speak? _____

Not very well... What language do you usually speak? _____

8. What town or city do you live in? (*please make note of town*)

_____ How long have you lived there? ____ yrs

9. Do you or anyone else in your household work outside the home?

- Yes
- No

If yes,

- Full-time?
- Part-time?

If no, have you or anyone else in your household worked outside the home in the last two years?

- Yes
- No

10. Is your child with special needs in care outside of your home during the day or night?

- Yes
- No

If no, has that child been in care outside the home in the last two years?

- Yes
- No

11. Are you receiving TANF or cash assistance benefits?

- Yes
- No

If no, have you received them in the past two years?

- Yes
- No

12. Are you receiving SSI (Social Security) for your child with special needs?

- Yes
- No

If no, have you received it in the past two years?

- Yes
- No

Tell them about the stipend and explain that child care will be provided at the meetings.

If you are selected to participate, would you need child care?

- Yes
- No

If yes, for how many children? _____

What ages? _____

Please tell us about any special arrangements we need to make for your child with special needs. _____

(if the special needs are not something we can accommodate, offer to reimburse them for child care in their home)

How did you hear about this project? (see a flyer, Head Start) _____

Are you available on: _____

Would an evening focus group work for you? _____

If you're not sure whether you want to invite them to participate, tell them you'll call them back and ask them their:

Name:

Phone Number:

Best time to reach you?

(NOTE: If they don't have a phone ask them if there is a number of a friend, neighbor or family member who you could call who could get in touch with them.)

If you're not sure whether you will include the person, thank them and tell them you will call them.

If you have decided to invite the person, give them the date, time and site location and tell them that you will give them a reminder call.

Thank them for their time!!!!