

**GOODNESS-OF-FIT SURVEY
(Family)**

Name of family: _____ Date: _____

Family member(s) completing checklist: _____

Introduction: This survey is for use by families working with consultants to improve the behavior and lifestyle of their son or daughter. The survey is based on our experience that the success of support plan depends a great deal on whether the plan fits with the values and lifestyle of the family. Your responses will help us: a) improve the quality of the plan, and b) understand better how to build support plans that are most helpful. Below are 20 questions about the plan and its prospects for success.

Please answer each question by circling the number that most closely matches your current view. The ratings read: 1) not at all, 2) not much, 3) can't tell, 4) well (or much), and 5) very well (or very much).					
	Not at All	Not Much	Can't Tell	Well (much)	Very Well (very much)
1. Do you believe the support team understands the needs your child has for support across the hours of each day and in each important setting in which he or she participates?	1	2	3	4	5
2. Do you believe that the plan takes into account your understanding of your child (e.g., reasons for problem behaviors, strategies that promote positive behavior, child preferences)?	1	2	3	4	5
3. Does the plan really address your highest priority goals for your child and family?	1	2	3	4	5
4. Do you understand what you are expected to do as part of this plan?	1	2	3	4	5
5. Are you comfortable with what you are expected to do?	1	2	3	4	5
6. Do you understand what others (e.g., consultants, teacher, other family members) are expected to do as part of this plan?	1	2	3	4	5
7. Are you comfortable with what others are expected to do?	1	2	3	4	5
8. Does the plan recognize and support your needs as a mother or father?	1	2	3	4	5
9. Does the plan recognize and support the needs of other family members living at home (e.g., other children, grandparents)?	1	2	3	4	5
10. Overall, how well does the support plan fit with the daily routines of your family (e.g., meals, shopping, social events, bedtime)?	1	2	3	4	5
11. Overall, how well does the plan fit with your values and beliefs about raising your child with a disability and creating a meaningful family life together?	1	2	3	4	5

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		Not at All	Not Much	Can't Tell	Well (much)	Very Well (very much)
12.	Does the plan include successful strategies you have used during family routines in the home or community?	1	2	3	4	5
13.	Will the plan, in the long run, disrupt family routines in the home or community to a point that stress and hardship will be created?	1	2	3	4	5
14.	Does the plan recognize and build on your family's strengths?	1	2	3	4	5
15.	Does the plan make use of resources (e.g., help from spouse, respite care, parent support group) available to you and your family?	1	2	3	4	5
16.	Does the plan include needs you may have for long-term social-emotional support (e.g., someone with whom you discuss problems, someone with whom you do enjoyable activities)?	1	2	3	4	5
17.	All things considered, how difficult will it be for you to use this support plan (e.g., time involved, coordination, task	1	2	3	4	5
18.	Do you believe the support plan will be effective?	1	2	3	4	5
19.	If the plan is effective, do you believe you can keep using the support strategies for a long time (e.g., over 1 year) even though other members of the support team will not be available as much (e.g., little to no contact with the consultant, consultative assistance by telephone, less contact with school personnel)?	1	2	3	4	5

General Comments: