

Eau Claire Area School District
ACT on Speech Sound Development Assistance Survey

You are receiving this survey because your child participated in our ACT on Speech Sound Development Assistance Meeting. Please take a moment to complete this short survey.

Date Survey Completed: _____

1. Did you learn information you did not know before?
 - a. normal sound development? ☐ Yes ☐ No
 - b. the names of sound processes your child uses? ☐ Yes ☐ No
 - c. ways to use awareness, cueing, and target words (ACT) to help your child speak more clearly? ☐ Yes ☐ No
2. Was the meeting with you, your child, and the speech/language pathologist helpful?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
3. Was the information presented at this meeting clear and concise?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
4. Were the written directions for the home program clear and easy to understand?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
5. Was the information in the "ACT on Speech" brochure helpful and easy to understand?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
6. Was the two week phone call from the speech/language pathologist useful as you worked with your child?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
7. How often did you work on the recommended home program?
☐ 7 days a week ☐ 4-5 days a week ☐ 2-3 days a week ☐ sporadic ☐ Not at all
8. If you didn't practice daily, what factors prevented you doing this?
9. Was the home program clear and easy to implement?
☐ Extremely ☐ Very ☐ Somewhat ☐ Not at all ☐ Not applicable
10. Would you recommend the ACT on Speech Sound Development assistance day and home programming to a friend?

Use the back of this sheet to provide any additional comments, suggestions and reactions.
We appreciate your feedback so we can make this process user-friendly for families.

Please return this survey in the enclosed self-addressed stamped envelope. Thank you for taking the time to provide us with feedback!!