

PENNSYLVANIA AUTISM NEEDS ASSESSMENT

Middle/High School Module

1367 caregivers of children in middle school and high school diagnosed with autism spectrum disorders completed this needs assessment module. Item-level survey results for this module are presented here in the same format in which the survey was administered.

1. Please identify yourself:

Mother	81.9%	Foster parent	0.3%
Father	13.3%	Legal guardian	2.8%
Other (<i>Please specify</i>)	1.7%		

2. Which of the following best describes your current marital status?

Married to/Living with child's other parent	64.6%	Widowed	1.9%
Married to/Living with person other than child's parent	11.3%	Never been married	4.6%
		Separated/Divorced	17.6%

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

African American	4.4%	Latino, Hispanic, or Chicano	2.0%
Asian/Pacific Islander	1.4%	Native American	0.9%
Caucasian/European American	89.2%		
Other (<i>Please specify</i>)	0.7%		

4. What is the race/ethnicity of your spouse or significant other? (*Check all that apply*)

African American	3.3%	Latino, Hispanic, or Chicano	1.5%
Asian/Pacific Islander	1.2%	Native American	1.0%
Caucasian/European American	80.5%	N/A	10.3%
Other (<i>Please specify</i>)	0.3%		

5. What is your zip code? **See attached map.**

6. Which of the following is closest to your annual household income?

Under \$20,000	12.9%
\$20,000-\$39,999	21.0%
\$40,000-\$59,999	17.7%
\$60,000-\$79,999	15.7%
\$80,000-\$99,999	12.3%
\$100,000 or above	20.4%

7. What is your highest level of completed education?

No high school	0.3%	Some college	18.7%
Some high school	1.9%	College degree	30.2%
High school graduate/GED	19.5%	Some graduate studies	6.1%
Vocational/Technical school	7.3%	Graduate degree	15.9%

8. What is the sex of your child? Male 81.9% Female 18.1%

9. How old is your child? Mean: 14.9 years; Standard Deviation: 3.75

10. Is your child adopted? Yes 7.0% No 93.0%

11. What is his/her race/ethnicity? *(Check all that apply)*

African American	5.7%	Latino, Hispanic, or Chicano	3.7%
Asian/Pacific Islander	1.9%	Native American	1.2%
Caucasian/European American	88.6%		
Other <i>(Please specify)</i>	0.7%		

12. How many siblings does he/she have?

Mean 1.55; Standard Deviation: 1.41

13. How many of those siblings have also been diagnosed with autism?

Mean 0.14; Standard Deviation: 0.42

14. What is your child's primary diagnosis?

Asperger's Disorder	35.5%	Pervasive Developmental Disorder (PDD/NOS)	29.6%
Autistic Disorder/Autism	30.4%	Other <i>(Please specify)</i>	4.2%
Childhood Disintegrative Disorder	0.1%		

15. Is your child **currently** diagnosed with any of the following? *(Check all that apply)*

Anxiety Disorder	24.3%	Learning Disability	31.3%
Attention Deficit/Hyperactivity Disorder	39.9%	Mental Retardation/ Intellectual Disability	24.4%
Bipolar Disorder	6.2%	Obsessive Compulsive Disorder (OCD)	16.5%
Central Auditory Processing Disorder	7.2%	Oppositional Defiant Disorder (ODD)	11.3%
Conduct Disorder (CD)	3.4%	Seizures/ Seizure Disorder/Epilepsy	7.8%
Depression	10.8%	Speech Disorder	0.9%
Developmental Delays	32.8%	Tourette's Syndrome	1.9%
Hearing Impairment	2.4%	None of these	10.8%
Other <i>(Please specify)</i>	8.6%		

16. Did your child receive any other diagnoses **prior** to receiving his/her autism diagnosis? *(Check all that apply)*

Anxiety Disorder	7.4%	Learning Disability	16.1%
Attention Deficit/Hyperactivity Disorder	29.4%	Mental Retardation/ Intellectual Disability	9.9%
Bipolar Disorder	3.8%	Obsessive Compulsive Disorder (OCD)	6.3%
Central Auditory Processing Disorder	4.0%	Oppositional Defiant Disorder (ODD)	8.0%
Conduct Disorder (CD)	2.3%	Seizures/ Seizure Disorder/Epilepsy	5.2%
Depression	6.0%	Speech Disorder	0.9%
Developmental Delays	27.9%	Tourette's Syndrome	0.4%
Hearing Impairment	1.9%	None of these	32.4%
Other <i>(Please specify)</i>	6.3%		

17. How old was your child when you first became concerned about his/her development?

Mean 2.9 years; Standard Deviation: 2.32

18. What type of professional first diagnosed your child with autism?

Developmental Pediatrician	24.5%	Psychiatrist	19.9%
Educational team (IEP or EI)	7.2%	Psychologist	24.4%
Neurologist	11.5%		
Primary Care Physician (Family doctor/Pediatrician)	6.3%		
Other (<i>Please specify</i>)	6.3%		

19. About how many miles did you travel for the initial autism diagnosis (roundtrip)?

0-20 miles	50.3%
21-40 miles	19.7%
41-60 miles	12.0%
61-80 miles	5.9%
81-100 miles	4.8%
More than 100 miles	7.3%

20. How old was your child when he/she received this diagnosis?

Mean 5.8 years; Standard Deviation: 3.88

21. How many professionals (e.g. psychologist, developmental pediatrician) did you visit before your child received an autism diagnosis?

Mean 3.02 professionals; Standard Deviation: 2.72; Range: 0-24

22. After receiving a diagnosis, what sort of follow-up and resources/services did you receive? (*Check all that apply*)

Follow-up appointment	42.8%	Referral to support groups	28.2%
Referral to a specialist for further assessment	26.8%	Referral to websites, literature (e.g. handouts, information booklets)	29.9%
Referral to a specialist for treatment	26.3%	None	11.5%
Referral to Early Intervention services	48.3%		
Other (<i>Please specify</i>)	3.2%		

23. How do you pay for your child's health care services? (*Check all that apply*)

Private health insurance	61.2%	Out-of-pocket	22.2%
Medicaid (Medical Access)	82.0%	I don't know	0.4%
Other (<i>Please specify</i>)	0.7%		

24. In the past year, have you taken your child to the emergency room for behavioral or psychiatric reasons?

Yes 8.2% No 91.8%

On how many occasions?

Mean 2 visits; Standard Deviation: 1.42

25. In the past year has your child been admitted to a hospital or hospital-like setting for psychiatric or behavioral reasons?

Yes 7.6% No 92.4%

On how many occasions?

Mean 1.8 visits; Standard Deviation: 1.69



If you answered no to question 25, please SKIP to question 26

25a. What was/were the reason(s) your child was admitted to a hospital or hospital-like setting for psychiatric or behavioral reasons? (Check all that apply)

Aggression	5.5%	Running away from home/school	0.7%
Anxiety	2.0%	Self-injurious behaviors	3.1%
Defiant/Oppositional behaviors	3.4%	Significant increase in obsessions	1.6%
Depression	1.8%		
Other (Please specify)	1.1%		

How satisfied or dissatisfied were you with the following aspects of your hospital stay?

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
25b. Discharge Planning	8.9%	45.5%	23.8%	21.8%
25c. Staff's Inclusion of Parent(s) in Treatment Planning	10.9%	46.5%	29.7%	12.9%
25d. Quality of Treatment	10.9%	44.6%	28.7%	15.8%

25e. How was your child admitted?

My child (under 14) was admitted by his/her parent(s)	37.3%	My adult child (18 or older) admitted him/herself (201, voluntary treatment)	2.9%
My adolescent child (14 to 18) was admitted by his/her parent(s) and agreed to the admission	48.0%	My adult child (18 or older) was admitted against his/her will (302, involuntary treatment)	4.9%
My adolescent child (14 to 18) was admitted by his/her parent(s) but did not agree to the admission	6.9%		

→→→ Please continue answering the questions...

26. In the last year, has your child been placed in a residential facility?

Yes	4.6%	No and not on a waiting list	93.6%
No, but currently on a waiting list	1.8%		



If your child has not been placed in a residential facility or is not currently on a waiting list, please SKIP to question 27

26a. About how many miles is this residential facility away from your home?

0-20 miles	27.4%	61-80 miles	6.8%
21-40 miles	24.7%	81-100 miles	6.8%
41-60 miles	11.0%	More than 100 miles	23.3%

→→→ Please continue answering the questions...

27. What is your child's current living situation?

With parent(s) in a family home	92.6%	Lives on own with support	0.1%
With other relatives in a family home	3.1%	Lives on own without support	0%
Residential facility	3.4%		
Group home	0.7%		

28. How satisfied or dissatisfied are you with your child's current living arrangement?

Very Satisfied	71.0%
Satisfied	24.1%
Dissatisfied	3.7%
Very Dissatisfied	1.1%

29. Is your child receiving therapy or intervention for any of the following?

	Yes, and needs it	Yes, but does not need	No, but needs it	No, doesn't need it
29a. Self-injurious behaviors	14.7%	0.9%	4.3%	80.1%
29b. Sleep Problems	18.9%	1.1%	10.8%	69.1%
29c. Anxiety	45.7%	1.3%	14.7%	38.3%
29d. Aggressive Behaviors	35.7%	1.4%	8.3%	54.5%
29e. Running Away	5.9%	0.6%	3.3%	90.2%
29f. Toileting	8.1%	0.5%	6.8%	84.6%

30. In the last year, has your child ever been disciplined at school in any of the following ways? (Check all that apply)

Time-out/De-escalation room	30.1%	Out-of-school suspension	5.4%
Sent out of classroom	23.1%	Expulsion	0.5%
Detention	13.4%	None	46.8%
In-school suspension	7.7%	N/A (My child is not in school)	1.8%
Other (Please specify)	3.1%		

31. Has your child's behavior resulted in any of the following interactions with the police? (Check all that apply)

Police called	9.4%	Served time in a juvenile detention	0.2%
Police warning issued	3.3%	None	84.6%
Child adjudicated	2.0%		
Served time in jail	0.7%		
Other (Please specify)	1.3%		

32. What long term plans do you have for your child when you are no longer able to care for them? (Check all that apply)

Arranged housing plans	5.9%
Set up financial trust	14.5%
Designated guardianship	17.9%
Designated power of attorney	8.6%
Currently developing plans	28.2%
None at this time	51.9%
Other (Please specify)	3.2%

33. In what ways (if any) has your child's autism affected your family's workforce participation? (Check all that apply)

	Me	My Partner
Stopped working outside the home	27.6%	5.5%
Decreased work hours	30.1%	9.3%
Increased work hours	1.0%	4.4%
Changed employer	11.5%	3.7%
Changed type of work	15.0%	3.6%
Changed work schedule	29.4%	13.4%
Changed position with same employer	3.2%	0.8%
Used Family Medical Leave Act	6.5%	2.2%
Lost promotion/advancement opportunities	14.3%	4.4%
Terminated from employment	4.7%	1.2%
Disciplined/Suspended	3.2%	1.1%
None	27.4%	48.5%
N/A	-	16.8%
Other (Please specify) _____	2.6%	3.2%

34. Does your child have an IEP (Individualized Education Plan)?

Yes	93.3%	No, but waiting for an evaluation	0.6%
No, but evaluation complete, waiting for results	0.4%	No	5.6%
		I don't know	0.1%



If your child DOES NOT have an IEP, please SKIP to question 35

34a. How strongly do you agree or disagree with the following statement?

"My child's IEP addresses all of my concerns for my child's development and education."

Strongly Agree	19.4%	Disagree	22.6%
Agree	49.7%	Strongly Disagree	8.2%

34b. Did you or another family member attend your child's last IEP meeting?

Yes	96.5%	No	3.5%
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34c. What is the most recent transition your child has made?

Elementary School to Middle School	37.0%
Middle School to High School	45.0%
Other (Please specify)	18.0%

34d. How satisfied are you with the support you received from the IEP team during this transition?

Very Satisfied	29.1%
Somewhat Satisfied	47.5%
Somewhat Dissatisfied	13.6%
Very Dissatisfied	7.3%
N/A	2.5%

→→→ Please continue answering the questions...

35. What category of Special Education is your child currently placed? *(Check all that apply)*

Autism	41.4%	Multiple Disabilities	6.5%
Emotional Support	16.0%	None (My child is not receiving special education services)	8.9%
Learning Disabilities	29.5%		
Mental Retardation	6.4%		
Other <i>(Please specify)</i>	12.3%		

36. What are your plans for your child's future?

Four-year college	19.4%	Seek employment	10.6%
Two-year college	4.4%	Undecided	23.8%
Vocational/Technical school	13.0%	I don't Know	22.7%
Other <i>(Please specify)</i>	6.1%		

37. Is your child capable of the following activities?

	Independently	With help	Not capable
37a. Toileting	84.0%	14.1%	2.0%
37b. Feeding Self	92.2%	7.4%	0.4%
37c. Dressing Self	79.1%	19.1%	1.8%
37d. Requesting things he/she needs	68.4%	28.1%	3.5%
37e. Requesting things he/she wants	75.0%	22.2%	2.8%
37f. Indicating when he/she is sick/hurt	69.2%	20.1%	10.7%
37g. Cooking/Preparing meals	14.4%	56.0%	29.6%
37h. Managing money	6.1%	43.2%	50.7%
37i. Getting around via driving/public transportation/biking/walking	21.5%	35.5%	43.0%

38. Does your child have any siblings? Yes 81.7% No 18.3%



Please answer questions 38a-q in regard to the sibling closest in age to the child with autism, even if this sibling does not have autism. If your child does not have any siblings, please SKIP to question 39.

38a. How old is this sibling? Mean 11.3 years; Standard Deviation: 9.35

38b. What is his/her sex? Male 47.1% Female 52.9 %

38c. Does this sibling currently live in the same home as your child with autism?
 Yes 79.0% No 21.0%

38d. What is his/her relationship to your child with autism?

Biological siblings	79.7%	Half-siblings	13.5%
Adoptive siblings	4.9%	Stepsiblings	1.5%
Other (Please specify)	0.4%		

38e. Does this sibling have any of the following diagnoses? (Check all that apply)

Anxiety Disorder	6.3%	Hearing Impairment	0.7%
Attention Deficit/Hyperactivity Disorder	11.9%	Learning Disability	6.2%
Autistic Disorder/Autism	6.3%	Mental Retardation/ Intellectual Disability	1.8%
Bipolar Disorder	1.9%	Obsessive Compulsive Disorder (OCD)	2.3%
Central Auditory Processing Disorder	1.2%	Oppositional Defiant Disorder (ODD)	2.5%
Conduct Disorder (CD)	1.0%	Seizures/ Seizure Disorder/Epilepsy	1.0%
Depression	4.7%	Tourette’s Syndrome	0.5%
Developmental Delays	3.5%	None of these	44.0%
Other (please specify)	5.5%		

38f-q. Based on this sibling’s behavior in the past six months, how often has he/she demonstrated the following behaviors compared to his/her peers? *“This child ...”*

	Never	Sometimes	Often	Almost Always
38f. Was physically aggressive	71.8%	23.0%	4.2%	0.9%
38g. Was verbally aggressive	57.6%	32.4%	8.0%	2.0%
38h. Seemed anxious	41.6%	43.4%	11.5%	3.5%
38i. Seemed depressed	55.2%	37.1%	6.1%	1.6%
38j. Made suicidal threats/ comments	92.8%	6.2%	0.8%	0.1%
38k. Exhibited suicidal/self-harming behaviors	94.5%	4.6%	0.7%	0.2%
38l. Complained that no one loves/cares about him/her	70.8%	22.5%	5.5%	1.2%
38m. Complained about his/her sibling with autism	32.4%	41.5%	18.1%	8.0%
38n. Had conflicts with parents	29.7%	56.2%	10.2%	3.9%
38o. Had conflicts with his/her sibling with autism	26.5%	47.5%	18.2%	7.7%
38p. Had conflicts with peers	53.2%	42.7%	3.0%	1.1%
38q. Had conflicts with authority figures (e.g. principal, teacher)	76.8%	18.2%	4.2%	0.8%

→→→ Please continue answering the questions about your oldest child with autism...

39. How strongly do you agree or disagree with the following statements?

“My child is receiving all the regular care he/she needs for...”

	Strongly Agree	Agree	Disagree	Strongly Disagree
39a. Primary Health Care	44.5%	45.5%	8.0%	2.0%
39b. Dental Services	46.7%	39.7%	9.3%	4.4%

“The individuals providing these services are able to meet my child’s needs.”

	Strongly Agree	Agree	Disagree	Strongly Disagree
39c. Primary Health Care	40.7%	48.3%	9.1%	1.9%
39d. Dental Services	44.0%	41.8%	10.3%	3.9%

40. What limitations do you face accessing primary health care? *(Check all that apply)*

Transportation	6.1%	Providers in the area won’t see children with autism	4.5%
Scheduling issues	18.1%	Cost of service/My insurance does not cover available services	10.4%
Child’s behavior problems	14.8%	None	45.2%
Shortage of service providers in the area	15.2%		
No service providers in the area	4.3%		
Other <i>(Please specify)</i>	5.0%		

41. What limitations do you face accessing dental services? *(Check all that apply)*

Transportation	6.1%	Providers in the area won’t see children with autism	7.8%
Scheduling issues	12.5%	Cost of service/My insurance does not cover available services	12.1%
Child’s behavior problems	15.8%	None	46.9%
Shortage of service providers in the area	14.3%		
No service providers in the area	6.9%		
Other <i>(Please specify)</i>	4.0%		

42. Please tell us about your child’s service needs:

	My child is receiving	My child is receiving, but needs more	My child is receiving, but does not need	My child is not receiving, but needs	My child is not receiving
42a. Mental Health Counseling	35.0%	11.6%	0.8%	13.5%	39.1%
42b. Speech/Language Therapy	33.9%	19.5%	1.0%	7.9%	37.7%
42c. Occupational Therapy	23.9%	14.3%	0.8%	16.3%	44.8%
42d. Physical Therapy	8.1%	3.8%	1.0%	9.3%	77.8%
42e. Social Skills Training	31.9%	27.1%	0.3%	27.9%	12.8%
42f. One-to-one Support (e.g. TSS)	32.2%	9.8%	0.8%	13.1%	44.1%
42g. Mobile Therapy	19.0%	4.3%	1.4%	9.0%	66.3%
42h. Case Management	49.5%	8.9%	1.1%	8.4%	32.1%
42i. Neurology Services	16.4%	2.4%	0.5%	10.0%	70.7%

	My child is receiving	My child is receiving, but needs more	My child is receiving, but does not need	My child is not receiving, but needs	My child is not receiving
42j. Medication Management	53.1%	5.7%	0.9%	3.2%	37.0%
42k. Summer Camp	22.9%	9.3%	0.3%	19.2%	48.4%
42l. Summer School (ESY)	29.3%	9.7%	1.3%	10.1%	49.6%
42m. Sexual Health Education	20.2%	5.2%	1.1%	20.4%	53.1%
42n. Transitional Planning	21.6%	16.0%	0.9%	21.2%	40.3%
42o. Vocational Training	14.0%	11.1%	0.7%	17.4%	56.8%
42p. Support Groups	10.7%	5.6%	0.2%	26.3%	57.1%
42q. Career Counseling	9.5%	7.2%	0.3%	23.1%	59.8%
42r. Academic Tutoring	11.7%	6.8%	0.3%	21.1%	60.1%
42s. Drug and Alcohol Counseling	2.9%	0.5%	1.3%	1.3%	94.1%
42t. Relationship Counseling	6.6%	4.3%	0.2%	16.1%	72.8%
42u. Supported Employment	2.9%	2.8%	0.3%	13.4%	80.7%

43. How strongly do you agree or disagree with the following statement?

"The professionals providing this service have the necessary skills to work with my child."

	Strongly Agree	Agree	Disagree	Strongly Disagree
43a. Mental Health Counseling	37.8%	51.3%	7.3%	3.6%
43b. Speech/Language Therapy	34.6%	52.4%	9.7%	3.3%
43c. Occupational Therapy	33.9%	55.2%	8.9%	2.0%
43d. Physical Therapy	29.9%	59.2%	7.5%	3.4%
43e. Social Skills Training	32.1%	55.8%	9.3%	2.8%
43f. One-to-one Support (e.g. TSS)	40.0%	47.1%	9.9%	3.0%
43g. Mobile Therapy	40.7%	47.7%	9.1%	2.5%
43h. Case Management	31.5%	55.7%	10.6%	2.2%
43i. Neurology Services	47.8%	48.7%	2.2%	1.3%
43j. Medication Management	47.6%	46.2%	4.7%	1.6%
43k. Summer Camp	41.2%	46.6%	8.6%	3.5%
43l. Summer School (ESY)	35.3%	48.4%	12.7%	3.7%
43m. Sexual Health Education	16.4%	72.0%	9.2%	2.4%
43n. Transitional Planning	23.8%	55.8%	16.8%	3.6%
43o. Vocational Training	28.9%	52.0%	14.8%	4.4%
43p. Support Groups	Incomplete data			
43q. Career Counseling	21.9%	57.8%	17.6%	2.7%
43r. Academic Tutoring	31.3%	55.8%	9.7%	3.2%
43s. Drug and Alcohol Counseling	20.4%	63.3%	12.2%	4.1%
43t. Relationship Counseling	24.6%	63.5%	10.3%	1.6%
43u. Supported Employment	21.7%	65.2%	11.6%	1.4%

44. How strongly do you agree or disagree with the following statement?

"This service is effective in meeting my child's needs."

	Strongly Agree	Agree	Disagree	Strongly Disagree
44a. Mental Health Counseling	23.7%	52.2%	19.4%	4.7%
44b. Speech/Language Therapy	27.1%	49.3%	17.9%	5.6%
44c. Occupational Therapy	25.6%	52.8%	18.1%	3.5%
44d. Physical Therapy	24.3%	52.1%	19.4%	4.2%
44e. Social Skills Training	23.0%	51.3%	21.1%	4.5%
44f. One-to-one Support	37.1%	46.4%	12.3%	4.2%
44g. Mobile Therapy	31.7%	49.0%	16.9%	2.4%
44h. Case Management	27.4%	54.8%	14.6%	3.2%
44i. Neurology Services	41.1%	51.1%	6.4%	1.4%
44j. Medication Management	41.5%	47.5%	8.8%	2.3%
44k. Summer Camp	37.5%	47.3%	9.8%	5.4%
44l. Summer School (ESY)	27.7%	45.0%	21.6%	5.7%
44m. Sexual Health Education	12.2%	61.2%	11.9%	1.7%
44n. Transitional Planning	18.0%	54.0%	21.9%	6.0%
44o. Vocational Training	21.3%	49.8%	22.7%	6.2%
44p. Support Groups	Incomplete data			
44q. Career Counseling	19.6%	53.3%	22.8%	4.3%
44r. Academic Tutoring	28.9%	54.5%	12.8%	3.8%
44s. Drug and Alcohol Counseling	18.8%	66.7%	8.3%	6.2%
44t. Relationship Counseling	21.1%	56.9%	17.9%	4.1%
44u. Supported Employment	18.8%	62.3%	18.8%	0%

45. What limitations do you face accessing these specialty health and education services? *(Check all that apply)*

Transportation	9.0%	Providers in the area won't see children with autism	4.2%
Scheduling issues	20.5%	Cost of service/My insurance does not cover available services	15.4%
Child's behavior problems	13.6%	None	29.0%
Shortage of service providers in the area	29.8%		
No service providers in the area	9.0%		
Other <i>(Please specify)</i>	9.1%		

46. Please tell us about your family support service needs:

	My family is receiving	My family is receiving, but needs more	My family is receiving, but does not need	My family is not receiving, but needs	My family is not receiving
46a. Respite Care	6.0%	5.1%	0.6%	22.5%	65.8%
46b. Babysitting	4.7%	4.3%	0.6%	20.0%	70.4%
46c. Afterschool Care	4.7%	1.6%	0.5%	14.3%	78.9%
46d. Weekend Childcare	2.4%	2.4%	0.7%	14.8%	79.8%
46e. Family Counseling	7.9%	3.4%	0.3%	19.1%	69.3%

	My family is receiving	My family is receiving, but needs more	My family is receiving, but does not need	My family is not receiving, but needs	My family is not receiving
46f. Sibling Support Groups	1.3%	0.6%	0.6%	21.5%	76.0%
46g. Sibling Mental Health Counseling	4.3%	1.6%	0.6%	14.4%	79.1%
46h. Parent Support Groups	11.0%	3.2%	0.5%	20.0%	65.3%
46i. Parent Mental Health Counseling	6.6%	2.1%	0.5%	16.4%	74.4%

47. How strongly do you agree or disagree with the following statement?

"The professionals providing this service have the necessary skills to work with my family."

	Strongly Agree	Agree	Disagree	Strongly Disagree
47a. Respite Care	39.4%	48.5%	7.6%	4.5%
47b. Babysitting	32.1%	51.9%	12.3%	3.8%
47c. Afterschool Care	33.3%	45.3%	12.0%	9.3%
47d. Weekend Childcare	44.1%	33.9%	11.9%	10.2%
47e. Family Counseling	36.1%	49.6%	10.5%	3.8%
47f. Sibling Support Groups	34.6%	50.0%	7.7%	7.7%
47g. Sibling Mental Health Counseling	29.4%	51.5%	13.2%	5.9%
47h. Parent Support Groups	28.8%	59.4%	11.2%	0.6%
47i. Parent Mental Health Counseling	37.7%	50.9%	8.5%	2.8%

48. How strongly do you agree or disagree with the following statement?

"This service is effective in meeting my family's needs."

	Strongly Agree	Agree	Disagree	Strongly Disagree
48a. Respite Care	32.8%	43.5%	19.1%	4.6%
48b. Babysitting	26.0%	54.8%	16.3%	2.9%
48c. Afterschool Care	26.3%	50.0%	15.8%	7.9%
48d. Weekend Childcare	27.6%	37.9%	29.3%	5.2%
48e. Family Counseling	24.6%	50.8%	19.2%	5.4%
48f. Sibling Support Groups	25.0%	50.0%	17.9%	7.1%
48g. Sibling Mental Health Counseling	24.6%	53.6%	13.0%	8.7%
48h. Parent Support Groups	26.2%	55.4%	16.7%	1.8%
48i. Parent Mental Health Counseling	32.7%	51.0%	13.5%	2.9%

49. What limitations do you face accessing these family support services? (Check all that apply)

Transportation	3.1%	No service providers in the area	3.6%
Scheduling issues	11.7%	Cost of service/My insurance does not cover available services	7.6%
Shortage of service providers in the area	11.6%	None	10.7%
Other (Please specify)	2.6%		