

Autism Victoria Information and Support Services Survey 2006

One of Autism Victoria's important roles is providing information and support services. We are asking you to help us to do this more effectively by filling out this survey. We would be very grateful for your input that is so important for future planning.

SURVEY CLOSING DATE – FRIDAY 25th AUGUST, 2006

Demographic Profile

Question 1. For the person completing this survey form, please tick the box or boxes that best apply to your situation.

Individual or Family

- Person with an Autism Spectrum Disorder
- Parent
- Grandparent
- Sibling
- Extended family
- Primary Carer (foster parent or similar)

Professional

- Education and Training
- Medical
- Clinical – Allied Health
- Disability worker
- Government officer
- University and/or Research

Representing a service or agency

- Early Childhood Service
- School – Primary
- School – Secondary
- Family Support Service
- Tertiary Training sector
- Funded Disability Service – adults

Question 2. Please insert the Postcodes that apply to your situation.

- Where you live

- Where you work or deliver your service

- Where your family member with an Autism Spectrum Disorder lives (if not residing with you)

- Where you or your family member with an Autism Spectrum Disorder works or attends a regular service

Question 3. Please tick your age group (if you are a person with an Autism Spectrum Disorder) or the age group of the person(s) you are primarily responsible for as a parent, carer, professional or worker – you can tick more than one age group.

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 12-17 years | <input type="checkbox"/> 30-49 years |
| <input type="checkbox"/> 6-11 years | <input type="checkbox"/> 17-29 years | <input type="checkbox"/> 50+ years |

Question 4. Autism Victoria Membership status – Please tick the box or boxes that apply to you or the service you represent.

	Current Member	No longer a Member	Never been a member	eSpectrum – electronic bulletin
Individual or Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service or Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 5. Please indicate the number of people with an Autism Spectrum Disorder in your care, or forming your regular caseload or reflecting the size of your service – tick the box or boxes that apply to your situation.

Number of People	Family Members	Clinical Services	Day Programs & Support Services
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21- 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Autism Victoria Information and Support Service Usage

Question 6. Please tick the Autism Victoria Services that you are currently using or receiving, or have accessed at any time since January 2005. The letter code refers to the service items evaluated in Questions 7 to 9.

Family Counsellor	Information	Peak Body Role
<input type="checkbox"/> a. Received at least one phone consultation	<input type="checkbox"/> e. Contacted the Autism Victoria office for information materials or advice	<input type="checkbox"/> j. Obtained posters, brochures or other awareness promotion materials
<input type="checkbox"/> b. Received at least one face to face consultation	<input type="checkbox"/> f. Borrowed from the Autism Victoria Library	<input type="checkbox"/> k. Participated in the Research Reference Group or attended the 2005 Research Forum
<input type="checkbox"/> c. Received email support	<input type="checkbox"/> g. Used the Autism Victoria Web Site	<input type="checkbox"/> l. Attended the 2005 State Conference
<input type="checkbox"/> d. Attended a group presentation	<input type="checkbox"/> h. Received <i>The Spectrum</i> magazine	
	<input type="checkbox"/> i. Received the <i>eSpectrum</i> electronic bulletin	

Question 7. This question relates to the ease of ACCESS to Autism Victoria information and support services. For the Autism Victoria service components listed below that apply to your situation please tick the box that matches your assessment of the ease of access to that service component.

Access	Very easy to access	Quite easy to access	Somewhat easy to access	Difficult to access	Unable to access
a. Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Email support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. eSpectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Awareness materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Research Forum 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. State Conference 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8. Relates to VALUE of the information and/or support provided. For each Autism Victoria service component listed below that apply to your situation please tick the box that matches your assessment of the value of the information and/or support provided.

Value of information and/or support provided	Very helpful	Quite helpful	Somewhat helpful	Not very helpful	Not helpful at all
a. Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Email supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. eSpectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Awareness materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Research Forum 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. State Conference 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 9. Relates to QUALITY of staff response. For each Autism Victoria service component listed below that applies to your situation please tick the box that matches your assessment of the quality of the staff response.

Quality of staff response	Very helpful	Quite helpful	Somewhat helpful	Not very helpful	Not helpful at all
a. Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Email support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. eSpectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Awareness materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Research Forum 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. State Conference 2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ideas and Suggestions

Are there other kinds of information or sources of information that should be made available to Autism Victoria members or are there other suggestions you have about Autism Victoria information services or future services that Autism Victoria could deliver or advocate for? Please use and attach a separate sheet if needed.

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If you would like an Autism Victoria committee or staff member to respond to your comments, please include your email address or name and phone number –

Email

Name/phone number

Thank you for completing this survey. You can **post** the survey to the following address:

Autism Victoria Inc PO Box 235 ASHBURTON VIC 3147	or fax to 9885 0508	or deliver to the Autism Victoria office at 35 High Street Glen Iris 3146
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The Autism Victoria office is open 9 – 5 Monday to Friday, or there is an after hours mail chute at our High Street entrance. Please forward the completed survey **no later than Friday 25th August 2006.**

**Autism Victoria Phone 9885 0533 or email admin@autismvictoria.org.au
www.autismvictoria.org.au**