



Lekotek Needs Assessment

As noted in Step Three of the *Steps towards Establishing a Lekotek*, it is important to demonstrate to National Lekotek Center that a need for Lekotek services exists and that the service is one that is not duplicated by other agencies in the community where your site will be located.

Attached is a sample survey. You may want to modify the survey for your community. Surveys can be distributed to families by mail or through schools, early intervention programs, therapists, or parent meetings -- however you can reach the largest number of families. This needs analysis will also help with your fundraising efforts. Please provide a summary of your findings in a report to National Lekotek Center, including the number of surveys distributed and completed.

National Lekotek Center

www.lekotek.org • lekotek@lekotek.org • www.ableplay.org

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LEKOTEK NEEDS ASSESSMENT QUESTIONNAIRE

The Lekotek Mission

Lekotek uses interactive play experiences, and the learning that results, to promote the inclusion of children with special needs into family and community life.

The History of Lekotek

Lekotek is loosely translated as "play library." The first Lekotek was begun in Stockholm in 1963 by parents and teachers of children who had special needs. In the late 1970s two American special education professionals learned of the Lekotek concept at an educational conference. They were so inspired by the idea that they traveled to Sweden to receive training in Lekotek methods. Under their guidance, the first American Lekotek opened its doors in Evanston, Illinois in 1980. Since that time Lekotek has developed into a national network serving thousands of children with disabilities and their families. The phenomenal growth of Lekotek has resulted in part because its philosophy is practical and simple to understand. Today the Lekotek model has been successfully adapted in over 30 countries. It is no longer just for the child with disabilities but for any child or family with a special need.

This questionnaire will help determine if a Lekotek is needed by families in this area. All answers will be kept confidential. Information will be used to design the services of the Lekotek. Findings, when they are complete, will be made available upon request.

PLEASE CIRCLE OR FILL IN YOUR ANSWERS TO THE FOLLOWING QUESTIONS ABOUT YOUR CHILD WITH SPECIAL NEEDS. If you have more than one such child, please answer with one child in mind.

1. Have you ever heard of the Lekotek concept?
Yes, from _____ No
2. Does Lekotek sound like a good idea to you?
Yes No Not sure
3. Would you be interested in bringing your child to a Lekotek if one was in your area?
Yes No Don't know
4. Where would you like to have the Lekotek services?
At home At a center
5. Which place would be easiest for you to come to a Lekotek center?
 - a. In a commercial shopping area
 - b. In a residential area
 - c. In a library
 - d. Near or in a school
 - e. Near or in a medical center
 - f. Other _____
6. How far would you be willing to travel? _____ mile(s) _____ hour(s)
7. How would you get to the Lekotek?

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- a. Train or El
b. Bus
c. Your own car
d. No transportation is available.
8. Is it hard to find toys your child can play with?
9. Is it hard to pay for the right toys for your child?
10. Does your child need special toys such as those with sip-and-puff, head nod or chin switches, because of physical problems?
11. Where do you most often get toys for your child?
12. Would you like to know more about play and what activities to do with your child?
13. If there was a Lekotek near you, would you come once a month?
14. Would you need to come to Lekotek in the late afternoon, evening or on Saturday because you work?
15. What programs does your child go to now? How many times a week?
16. Does your child have:
a. Difficulty moving?
b. Difficulty seeing?
c. Difficulty hearing?
d. Difficulty learning?
e. Slow development?
f. Chronic illness?
g. Other



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17. How old is your child?
- a. 0-2 years
 - b. 3-4 years
 - c. 5-8 years
 - d. Over 8 years
18. How are you related to this child?
- a. Parent
 - b. Legal guardian
 - c. Caregiver
 - d. Other (please specify) _____
19. Do you belong to a parent support group?
- Yes No
20. Are you interested in joining a support group?
- Yes No Not sure
21. If you have other children, please list their ages.
- a.
 - b.
 - c.
21. Comments _____
- _____
- _____
- _____

Thank you for the time and information you have so generously contributed.
Would you like to add your name to the Lekotek mailing list?

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Date _____