Appendix A

Background questions

1. Do you have a child with a developmental disability?
2. Yes/No
3. What is the diagnosis of your child? (Autism, Down Syndrome, Cerebral Palsy, etc.)

a. Open question

1. Are you a native English speaker?
2. Yes/No
3. How many languages are spoken at home?
4. Open question
5. What do you consider is your native language?
6. Open question
7. What language is mostly spoken at home?
8. Open question
9. Do you believe that having another language than English would inhibit your child from learning?
10. Yes/No
11. Why do you think having another language than English would or would not inhibit your child?
12. Open question
13. Do you see any benefits of being an English speaker or non-native English speaker?
14. Open question
15. Do you see any harms of being an English speaker or non-native English speaker?
16. Open question

Appendix B

Rosenburg Self-Esteem Scale

Below is a list of statements dealing with your general feelings about your ability to get services for your child.

Scale:

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

1. On the whole, I am satisfied with myself.
2. At times, I think I am no good at all.
3. I am able to do things as well as most other people.
4. I feel I do not have much to be proud of.
5. I certainly feel useless at times.
6. All in all, I am inclined to feel that I am a failure.
7. I take a positive attitude toward myself.

Appendix C

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how you feel when advocating for services for your child with a developmental disability.

Scale:

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

1. I am happy in my role as a parent
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
4. I sometimes worry whether I am doing enough for my child(ren).
5. I feel close to my child(ren).
6. I enjoy spending time with my child(ren).
7. My child(ren) is an important source of affection for me.
8. Having child(ren) gives me a more certain and optimistic view for the future.
9. The major source of stress in my life is my child(ren).
10. Having child(ren) leaves little time and flexibility in my life.
11. Having child(ren) has been a financial burden.
12. It is difficult to balance different responsibilities because of my child(ren).
13. The behavior of my child(ren) is often embarrassing or stressful to me.
14. If I had it to do over again, I might decide not to have child(ren).
15. I feel overwhelmed by the responsibility of being a parent.
16. Having child(ren) has meant having too few choices and too little control over my life.
17. I am satisfied as a parent.

Appendix D

Life Satisfaction Scale

The following statements is regarding your life with a child with a developmental disability when advocating for services.

Scale

• 7 - Strongly agree

• 6 - Agree

• 5 - Slightly agree

• 4 - Neither agree nor disagree

• 3 - Slightly disagree

• 2 - Disagree

• 1 - Strongly disagree

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far, I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.