

Schools Efforts to Partner with Parents	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
18) The school has a person on staff who is available to answer parents' questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) The school communicates regularly with me regarding my child's progress on IEP goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) The school gives me choices with regard to services that address my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21) The school offers parents training about special education issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22) The school offers parents a variety of ways to communicate with teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23) The school gives parents the help they may need to play an active role in their child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24) The school provides information on agencies that can assist my child in the transition from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25) The school explains what options parents have if they disagree with a decision of the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

State of Residence

Child's Grade

Child's Age in Years

Child's Age When First Referred to Early Intervention or Special Education
 Under 1 year OR Age in years

Is the child Hispanic or Latino/Latina
Yes **No** (circle one)

Child's Race (Select one or more)
1 White
2 Black / African American
3 Asian
4 Native Hawaiian or Pacific Islander
5 American Indian or Alaska Native

Child's Primary Exceptionality / Disability

(Bubble only one)

- Autism
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment
- Mental Retardation
- Multiple Disability
- Orthopedic
- Other Health
- Specific Learning Disability
- Speech or Language Impairment

- Traumatic Brain Injury
- Visual Impairment

THANK YOU FOR YOUR PARTICIPATION !!

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