



<b>Schools Efforts to Partner with Parents</b>	<b>Very Strongly Disagree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Very Strongly Agree</b>
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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