Parent Survey – Special Education

This is a survey for parents of students receiving special education services. Your response will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. You may skip any item you feel does not apply to you or your child.

Use pencil only



Fill in circle completely



Schools Efforts to Partner with Parents	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1) I am considered an equal partner with teachers and other professionals in planning my child's program.	0	0	0	0	0	Ō
2) I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.	0	0	0	0	0	0
3) At the IEP meeting, we discussed how my child would participate in statewide assessments.	0	0	0	0	0	0
4) At the IEP meeting, we discussed accommodations and modifications that my child would need.	0	0	0	0	0	0
5) All of my concerns and recommendations were documented on the IEP.	0	0	0	0	0	0
6) Written justification was given for the extent that my child would not receive services in the regular classroom.	0	0	0	0	0	О
7) I was given information about organizations that offer support for parents of students with disabilities.	0	0	0	0	0	0
8) I have been asked for my opinion about how well special education services are meeting my child's needs.	0	0	0	0	0	0
9) My child's evaluation report is written in terms I understand.	0	0	0	0	0	0
10) Written information I receive is written in an understandable way.	0	0	0	0	0	0
11) Teachers are available to speak with me.	0	0	0	0	0	0
12) Teachers treat me as a team member.	0	0	0	0	0	0
13) Teachers and administrators seek out parent input.	0	0	0	0	0	0
14) Teachers and administrators show sensitivity to the needs of students with disabilities and their families.	0	0	0	0	O	О
15) Teachers and administrators encourage me to participate in the decision-making process.	0	0	0	0	0	0
16) Teachers and administrators respect my cultural heritage.	0	0	0	0	0	0
17) Teachers and administrators ensure that I have fully understood the Procedural Safeguards [the rules in federal law that protect the rights of parents].	0	0	0	0	0	0

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.	0	0	0	0	0	0
19) The school communicates regularly with me regarding my child's progress on IEP goals.	0	0	0	0	0	О
20) The school gives me choices with regard to services that address my child's needs.	0	0	0	0	0	О
21) The school offers parents training about special education issues.	0	0	0	0	0	О
22) The school offers parents a variety of ways to communicate with teachers.	0	0	0	0	0	0
23) The school gives parents the help they may need to play an active role in their child's education.	0	0	0	0	0	0
24) The school provides information on agencies that can assist my child in the transition from school.	0	0	0	0	0	0
25) The school explains what options parents have if they disagree with a decision of the school.	0	0	0	0	0	0

State of Residence	Child's Primary Exceptionality / Disability (Bubble only one)
Child's Grade	Ò Autism Č
	O Deaf-Blindness
	O Deafness
Child's Age in Years	O Developmental Delay
	O Emotional Disturbance
	O Hearing Impairment
Child's Age When First Referred to	O Intellectual Disability
Early Intervention or Special Education	O Multiple Disability
O Under 1 year <u>OR</u> Age in years	O Orthopedic
	O Other Health
Is the child Hispanic or Latino/Latina	O Specific Learning Disability
Yes No (circle one)	O Speech or Language
Impairment	
'	O Traumatic Brain Injury
Child's Race (Select one or more)	O Visual Impairment
1 O White	
2 O Black / African American	
3 O Asian	THANK YOU FOR YOUR
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4 O Native Hawaiian or Pacific Islander	

PARTICIPATION!!

Paperwork Reduction Act Statement: This information is collected to properly identify each student's instructional and residential program classification. The information is supplied by a respondent to obtain or retain a benefit that is to provide appropriate schooling. It is estimated that responding to the request will take an average of 20 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer-Indian Affairs, 1849 C Street, NW, Washington, DC 20240. NOTE: Comments, names and addresses of commenters are available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned OMB Control #1040-0001 and an expiration date of October 31, 2021. Please note that an agency may not conduct or sponsor, and a person is not required to report to, a collection of information unless there is a valid OMB control number.

5 O American Indian or Alaska Native