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|  | OMB Control Number 1040-0001Expiration Date 09/30/2024 |
| **Bureau of Indian Education** Survey of Parent Involvement in Special Education |  |

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families.

1. You may use pencil or black or blue ink. Please fill in the box completely…
2. If you have more than one child receiving special education services, complete the survey for each child.
3. You may skip any item that you feel does not apply to you or your child.
4. For each statement below, please select one of the response choices: agree or disagree.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools Efforts to Partner with Parents** | | *Agree* | *Disagree* |
| 1. | I am considered an equal partner with teachers and other professionals in planning my child's program. |  |  |
| 2. | Written information I receive is written in an understandable way. |  |  |
| 3. | At the IEP meeting, we discussed how my child would participate in statewide assessments. |  |  |
| 4. | At the IEP meeting, we discussed accommodations and modifications that my child would need. |  |  |
| 5. | Written justification was given for the extent that my child would not receive services in the regular classroom. |  |  |
| 6. | Teachers and administrators encourage me to participate in the decision-making process. |  |  |
| 7. | Teachers and administrators ensure that I have fully understood the Procedural Safeguards [the rules in the federal law that protect the rights of parents]. |  |  |
| 8. | The school has a person on staff who is available to answer my questions. |  |  |
| 9. | The school communicates regularly with me regarding my child's progress on IEP goals. |  |  |
| 10. | The school gives me choices with regard to services that address my child's needs. |  |  |

# Choose or **identify/write** one option for each category:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Grade**  **(Choose only one)** | |  | **Child’s Age in Years** |  | **Child’s Race/Ethnicity**  **(Choose only one)** | |  | **Child’s Primary Disability**  **(Choose only one)** | |
|  | Preschool |  |  | American Indian / Alaska Native |  | Autism |
|  | Kindergarten |  | Asian |  | Deaf-Blind |
|  | 1st Grade |  |  | Black or African-American |  | Developmental Delay |
|  | 2nd Grade |  |  | Hispanic or Latino |  | Emotional Disturbance |
|  | 3rd Grade | **State of**  **Residence** |  | Native Hawaiian or Pacific Islander |  | Hearing Impairment |
|  | 4th Grade |  | Multi-racial |  | Intellectual Disability |
|  | 5th Grade |  |  |  | White |  |  | Multiple Disabilities |
|  | 6th Grade |  |  | | | |  | Orthopedic Impairment |
|  | 7th Grade |  |  | Other Health Impairment |
|  | 8th Grade |  |  | Specific Learning Disability |
|  | 9th Grade |  |  | Speech & Language Impairment |
|  | 10th Grade |  |  | Traumatic Brain Injury |
|  | 11th Grade |  | | | | | |  | Visual Impairment including Blindness |
|  | 12th Grade |

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 10 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 September 30, 2024. 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.