Kansas State Department of Education

Survey of Parent Involvement in Special Education

Directions

Please use a #2 pencil, to fill in the bubbles below.

Correct Mark:

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. 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 that you feel does not apply to you or your child.

		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.	☐	☐	☐	☐	☐	☐
2.	I was offered special assistance so that I could participate in the Individualized Educational Program (IEP) meeting.	☐	☐	☐	☐	☐	☐
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.	We discussed whether my child needed services beyond the regular school year.	☐	☐	☐	☐	☐	☐
6.	Written justification was given for the extent that my child would not receive services in the regular classroom.	☐	☐	☐	☐	☐	☐
7.	I was given information about organizations that offer support for parents of students with disabilities.	☐	☐	☐	☐	☐	☐
8.	I have been asked for my opinion about how well special education services are meeting my child's needs.	☐	☐	☐	☐	☐	☐
9.	My child's evaluation report is written in terms I understand.	☐	☐	☐	☐	☐	☐
10.	Written information I receive is written in an understandable way.	☐	☐	☐	☐	☐	☐
11.	Teachers are available to speak with me.	☐	☐	☐	☐	☐	☐
12.	Teachers treat me as a team member.	☐	☐	☐	☐	☐	☐
13.	Teachers and administrators seek out parent input.	☐	☐	☐	☐	☐	☐
14.	Teachers and administrators show sensitivity to the needs of students with disabilities and their families.	☐	☐	☐	☐	☐	☐
15.	Teachers and administrators encourage me to participate in the decision-making process.	☐	☐	☐	☐	☐	☐

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	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
16. IEP meetings are scheduled at a time and place that are convenient for me.	☐	☐	☐	☐	☐	☐
17. Teachers and administrators ensure that I have fully understood the Procedural Safeguards [the rules in the federal law that protect the rights of parents].	☐	☐	☐	☐	☐	☐
18. The school has a person on staff who is available to answer parents' questions.	☐	☐	☐	☐	☐	☐
19. The school communicates regularly with me regarding my child's progress on IEP goals.	☐	☐	☐	☐	☐	☐
20. The school gives me choices with regard to services that address my child's needs.	☐	☐	☐	☐	☐	☐
21. The school offers parents training about special education issues.	☐	☐	☐	☐	☐	☐
22. The school offers parents a variety of ways to communicate with teachers.	☐	☐	☐	☐	☐	☐
23. The school gives parents the help they may need to play an active role in their child's education.	☐	☐	☐	☐	☐	☐
24. The school provides information on agencies that can assist my child in the transition from school.	☐	☐	☐	☐	☐	☐
25. The school explains what options parents have if they disagree with a decision of the school.	☐	☐	☐	☐	☐	☐

CHILD'S GRADE

- ☐ Preschool
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade

CHILD'S AGE IN YEARS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CHILD'S RACE/ETHNICITY

- ☐ White
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Multi-racial

Child's Primary Exceptionality/ Disability *(Bubble one only.)*

- ☐ Autism
- ☐ Deaf-Blindness
- ☐ Deafness
- ☐ Developmental Delay
- ☐ Emotional Disturbance
- ☐ Hearing Impairment
- ☐ Mental Retardation
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Heath Impairment
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment including Blindness

☐ ☐

DO NOT WRITE ON THIS AREA