




Kansas State Department of 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 ink. Please fill in the box completely... 
2. If you have more than one child receiving special education services, complete the survey for the oldest 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: strongly disagree, disagree, agree, or strongly agree.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I am considered an equal partner with teachers and other professionals in planning my child's program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Written information I receive is written in an understandable way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written justification was given for the extent that my child would not receive services in the regular classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teachers and administrators encourage me to participate in the decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The school has a person on staff who is available to answer parents' questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The school communicates regularly with me regarding my child's progress on IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The school gives me choices with regard to services that address my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choose only one option in each category:

<input type="checkbox"/> Preschool	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="checkbox"/> White	<input type="checkbox"/> Autism
<input type="checkbox"/> Kindergarten	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Deaf-Blindness
<input type="checkbox"/> 1st Grade	<input type="text" value="2"/> <input type="text" value="2"/>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Deafness
<input type="checkbox"/> 2nd Grade	<input type="text" value="3"/> <input type="text" value="3"/>	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> 3rd Grade	<input type="text" value="4"/> <input type="text" value="4"/>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> 4th Grade	<input type="text" value="5"/> <input type="text" value="5"/>	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> 5th Grade	<input type="text" value="6"/> <input type="text" value="6"/>		<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> 6th Grade	<input type="text" value="7"/> <input type="text" value="7"/>		<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> 7th Grade	<input type="text" value="8"/> <input type="text" value="8"/>		<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> 8th Grade	<input type="text" value="9"/> <input type="text" value="9"/>		<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> 9th Grade			<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> 10th Grade			<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> 11th Grade			<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> 12th Grade			<input type="checkbox"/> Visual Impairment including Blindness