

PARENT SURVEY

In an attempt to continually improve Special Education programs, processes, and services, we request your input in evaluating current services and identifying areas that may need improvement. Please take a few minutes to complete this survey by providing your response to each item. Your input is greatly appreciated. Please return this survey to _____ by _____.

Name _____ Date _____

1. Please check any school activities you participated in during the past school:

<input type="checkbox"/> Parent Conferences	<input type="checkbox"/> IEP Team Meetings
<input type="checkbox"/> Eligibility Committee Meetings	<input type="checkbox"/> Student Assistance Team Meeting
<input type="checkbox"/> School Volunteer	<input type="checkbox"/> LSIC
<input type="checkbox"/> PTO/PTA	<input type="checkbox"/> Other _____

2. Have you participated in training offered by: (please check all that apply)

<input type="checkbox"/> Parent Educator Resource Center (PERC)	<input type="checkbox"/> Your Child's School
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 Was this training of benefit to your child/family? Yes No
 Please list topics of parent training that would be helpful for you. (Please use the back of this sheet to list your requests.)

3. During the past school year, how did you and the school communicate about your child? (Please check all that apply)

<input type="checkbox"/> Telephone Calls	<input type="checkbox"/> Written Notes/Letters
<input type="checkbox"/> Home/school Visits	<input type="checkbox"/> Regular Progress Reports
<input type="checkbox"/> Notebooks/organizers sent between home/school	<input type="checkbox"/> IEP Team Meeting Notices
<input type="checkbox"/> Eligibility Committee Meeting Notice	<input type="checkbox"/> Procedural Safeguards Notice (pamphlet about rights)
<input type="checkbox"/> E-mail/Web Site	<input type="checkbox"/> Other _____

4. If your child was evaluated or reevaluated, did you provide information to the evaluators (parent report)? Yes No
5. If you attended the IEP Team meeting, did you actively participate in discussing your child's IEP needs? Yes No
6. Do you use information from working with your child in the development of your child's IEP? Yes No
7. Does the IEP team use this information in the development of your child's IEP? Yes No
8. How often do you help your child with homework related to the IEP objectives? _____ (hours per week)
9. Has your child been invited to participate in tutoring programs before school, after school or on faculty senate days? Yes No
10. Does your child participate in school sponsored extra-curricular activities? Yes No If no, explain _____
11. If your child has been disciplined in any of the following ways this year, please indicate the number of days:

<input type="checkbox"/> In-School Suspension	<input type="checkbox"/> Out of School Suspension	<input type="checkbox"/> Expulsion	<input type="checkbox"/> Bus Suspension
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 As part of the discipline process, did the following take place: the IEP was reviewed/ revised to address behavior
 (Please check all that apply) behavior intervention plan was developed or revised
 functional behavior assessment was conducted/ reviewed

12. Please indicate your level of satisfaction with the following special education programs and services by placing a checkmark in the appropriate column.

Process/Service	Very Satisfied	Satisfied	Somewhat Dissatisfied	Dissatisfied	Uncertain or Not Applicable
Student Assistance Team					
Screening/Identification/Referral					
Evaluation/Re-Evaluation					
Eligibility Determination					
IEP Development/Placement					
IEP Implementation					
Related Services					
Occupational therapy, physical therapy, speech, orientation/mobility					
Transition Planning/Services					
Extended School Year Eligibility/Services					
Transportation					
Overall Satisfaction					

Thank you for your input. If you have a concern and wish to be contacted, please complete the following:

Child's Name: _____ School _____ Parent's Signature: _____ Phone: _____