2024 PARENT SURVEY SPECIAL EDUCATION

This survey is for parents of students receiving Special Education services through the Washington State Department of Education. Your responses will help guide efforts to improve services and results for children and families.

You may skip any item that does not apply to you or your child



Marking Instructions

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- · Make no stray marks on this form.

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Please answer for:

	to you or your child						
I	to you or your child For each statement below, please select one of the following response choices: HOOLS' EFFORTS TO PARTNER WITH PARENTS Lam considered an equal partner with teachers and other professionals			Stron	TO STON AGI	TOIN AGI	
<u>sc</u>	HOOLS' EFFORTS TO PARTNER WITH PARENTS	Disagi	Disagr	Pa	0/1 Ag/	O/L AGI	
A.	I am considered an equal partner with teachers and other professionals in planning my child's program.	0			0	0	0
B.	I was offered special assistance so that I could participate in the Individualized Educational Program (IEP) meeting	0	0	0	0	0	0
C.	IEP meetings are scheduled at a time and place that are convenient for me	0	0	0	0	0	0
D.	At the IEP meeting, we discussed how my child would participate in statewide assessments.	0	0	0	0	0	0
E.	At the IEP meeting, we discussed accommodations and modifications that my child would need.	0	0	0	0	0	0
F.	All of my concerns and recommendations were documented on the IEP meeting notes.	0	0	0	0	0	0
G.	Written justification was given for the extent that my child would not receive services in the regular classroom.	0	0	0	0	0	0
H.	I was given information about organizations that offer support for parents of students with disabilities.	0	0	0	0	0	0
I.	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
J.	My child's evaluation report is written in terms I understand	0	0	0	0	0	0
K.	Written information I receive is written in an understandable way	0	0	0	0	0	0
L.	Teachers are available to speak with me.	0	0	0	0	0	0
M.	Teachers treat me as a team member	0	0	0	0	0	0

<u>SCHO</u>	OLS' EFFORTS TO PARTNER WITH PARENTS Continued Teachers and administrators:	io.	0.	Stron	Strong Agra	COLY AGE	
	Teachers and administrators:	ee Sall	Disagr	Se Agr	A AGA	Agree North	%
N.	- seek out parent input.	0	0	0	0	0	0
Ο.	- show sensitivity to the needs of students with disabilities and their families	0	0	0	0	0	0
P.	- encourage me to participate in the decision-making process	0	0	0	0	0	0
Q.	- respect my cultural heritage.	0	0	0	0	0	0
R.	- 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
	The School:						
S.	- has a person on staff who is available to answer parents' questions	0	0	0	0	0	0
T.	- communicates regularly with me regarding my child's progress on IEP goals.	0	0	0	0	0	0
U.	- gives me choices with regard to services that address my child's needs	0	0	0	0	0	0
V.	- offers parents training about special education issues	0	0	0	0	0	0
W.	- offers parents a variety of ways to communicate with teachers	0	0	0	0	0	0
Χ.	- gives parents the help they may need to play an active role in their child's education.	0	0	0	0	0	0
Y.	- provides information on agencies that can assist my child in the transition from school.	0	0	0	0	0	0
Z.	- explains what options parents have if they disagree with a decision of the school.	0	0	0	0	0	0
	Child's Age when First Referred to Farly						

Intervention or Special Education:

Under 1

OR Child's age in Years
When First Referred

Thank you for your participation!

Please return your survey in the enclosed postage-paid envelope.