

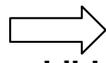
NEW YORK STATE PARENT SURVEY



NEW YORK STATE EDUCATION DEPARTMENT
PARENT QUESTIONNAIRE – SPECIAL EDUCATION*

Your answers to the following questions will assist your school, your school district and the State to improve how school districts help parents of students with disabilities to be involved in their children's special education programs. Parents in school districts throughout the State are completing this survey. The results for your school district will be reported by the State.

- Your responses are important and will remain confidential.
- Some questions will apply to the school district; others to the school your child attends.
- Mail the form using the return envelope.

Use a pencil only 	Fill in circle completely: ●	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Select one response for each statement. Skip statements that do not apply to you or your child. 							

Schools' Efforts to Partner with Parents

1.	At the IEP meeting, we discussed accommodations and modifications that my child would need.	<input type="radio"/>					
2.	I have been asked for (or given a chance to share) my opinion about how well special education services are meeting my child's needs.	<input type="radio"/>					
3.	Written information I receive is written in an understandable way.	<input type="radio"/>					
4.	Teachers and school staff treat me as a team member.	<input type="radio"/>					

Teachers and Administrators:

5.	- seek out my input.	<input type="radio"/>					
6.	- show sensitivity to the needs of my child.	<input type="radio"/>					
7.	- encourage me to participate in the decision-making process.	<input type="radio"/>					
8.	- respect my cultural heritage.	<input type="radio"/>					
9.	- help me to understand the Procedural Safeguards [the rules in federal law that protect the rights of parents].	<input type="radio"/>					
10.	- show a willingness to learn more about my child's needs.	<input type="radio"/>					

Turn over for page 2 ➡

		Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
The School:							
11.	- provides me with reports on my child's progress on IEP goals.	<input type="radio"/>					
12.	- gives me choices with regard to services that address my child's needs.	<input type="radio"/>					
13.	- offers me a variety of ways to communicate with teachers.	<input type="radio"/>					
14.	- gives me the help I may need to play an active role in my child's education.	<input type="radio"/>					
15.	- explains what options I have if I disagree with a decision of the school.	<input type="radio"/>					
16.	- encourages me to attend and participate in the IEP meetings.	<input type="radio"/>					
Impact of Special Education Services on Your Family							
Over the past year, special education services have helped me and/or my family:							
17.	- know where to go for support to meet my child's need.	<input type="radio"/>					
18.	- feel more confident in my skills as a parent.	<input type="radio"/>					
19.	- understand how the special education system works.	<input type="radio"/>					
20.	- be able to evaluate how much progress my child is making.	<input type="radio"/>					
21.	- understand the roles of the people who work with my child and family.	<input type="radio"/>					
22.	- do things with and for my child that are good for my child's development.	<input type="radio"/>					
Select one response for each statement. Skip statements that do not apply to you or your child.		Always	Almost Always	Frequently	Sometimes	Rarely	Never
Parent Participation							
23.	I value the school's efforts to meet my child's needs.	<input type="radio"/>					
24.	I meet with my child's teacher(s) and/or other school staff to plan my child's program and services.	<input type="radio"/>					
25.	I suggest changes in school programs or services that I think would benefit my child and other students with disabilities.	<input type="radio"/>					

*This form was adapted from the "Parent Survey – Special Education" – version 2.0 developed by the National Center for Special Education Accountability Monitoring.

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR CHILD

<p>Child's Age When First Referred to Early Intervention or Special Education</p> <p>Under 1 Year-of-Age _____</p> <p>Age in Years <input type="text"/> <input type="text"/></p> <p>Child's Current Age <input type="text"/> <input type="text"/></p> <p>Child's Race/Ethnicity</p> <ul style="list-style-type: none"><input type="radio"/> American Indian or Alaskan Native<input type="radio"/> Asian or Pacific Islander<input type="radio"/> Black or African American (not Hispanic)<input type="radio"/> Hispanic or Latino<input type="radio"/> White (not Hispanic)	<p>Child's Disability (select only one)</p> <ul style="list-style-type: none"><input type="radio"/> Autism<input type="radio"/> Deaf-Blindness<input type="radio"/> Deafness<input type="radio"/> Emotional Disturbance<input type="radio"/> Hearing Impairment<input type="radio"/> Mental Retardation<input type="radio"/> Multiple Disabilities<input type="radio"/> Orthopedic Impairment<input type="radio"/> Other Health Impairment<input type="radio"/> Specific Learning Disability<input type="radio"/> Speech or Language Impairment<input type="radio"/> Traumatic Brain Injury<input type="radio"/> Visual Impairment including Blindness<input type="radio"/> Preschool Student with a Disability <p>Child's School (select only one)</p> <ul style="list-style-type: none"><input type="radio"/> Child attends public school<input type="radio"/> Child attends a Charter School<input type="radio"/> Child attends a BOCES program<input type="radio"/> Child attends an approved private school for students with disabilities<input type="radio"/> Child attends a preschool program<input type="radio"/> Other _____
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YOUR RESPONSES ARE IMPORTANT AND WILL REMAIN CONFIDENTIAL.

School District Code: _____

School Building Code: _____