

[ADD DISTRICT LETTERHEAD HERE if printing and distributing paper survey]

NOTES TO USER: [DELETE THIS SECTION BEFORE USE OF PAPER FORM]

- If using electronic survey platform (surveymonkey.com, Google Forms, 0365 Forms, consider the following
 - Select likert scale option in the platform reflecting options below
 - Copy & paste desired questions from this document into the e-form
 - Review permissions and sharing options in the platform prior to sending to parents
- If using paper copies of survey:
 - Edit this document as appropriate
 - Yellow highlighted text indicates areas to customize for your use
- For either electronic or paper option:
 - Add or remove questions as appropriate
 - Ensure confidentiality in distribution/collection of survey
 - Make it parent friendly in language
 - Provide space for written comment if desired

TITLE: Parent Questionnaire for Special Education Programming

OPTIONAL: What is your name? _____

INTRODUCTION: Your answers to the following questions will help [ENTER SCHOOL DISTRICT'S NAME HERE] to improve how the school and district help parents of students with disabilities be involved in their children's special education programs. Your responses are important and can remain anonymous if preferred.

DIRECTIONS: Select one response for each statement (× or √). Skip statements that do not apply to you or your child.

Very Strongly Disagree 1	Strongly agree 2	Agree 3	Disagree 4	Strongly Disagree 5	Very Strongly Disagree 6
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Schools' Efforts to Partner with Parents	1	2	3	4	5	6
1. At the IEP meeting, we discussed accommodations and modifications that my child would need.						
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.						
3. Written information I receive is written in an understandable way.						

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[ADD QUESTIONS TO EACH SUBSEQUENT ROW. IT ADD ROWS, RIGHT CLICK HERE & SELECT "INSERT ROW BELOW"]						
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Teachers & Administrators	1	2	3	4	5	6
4. Show sensitivity to the needs of my child						
5. Respect my cultural heritage						
6. Help me to understand the Procedural Safeguards						
7. Show a willingness to learn more about my child's needs.						
8. Seek out my input via phone, email, postal mailing, video-conferencing and/or in-person meeting						
[ADD QUESTIONS TO EACH SUBSEQUENT ROW. IT ADD ROWS, RIGHT CLICK HERE & SELECT "INSERT ROW BELOW"]						

The CSE Department	1	2	3	4	5	6
9. Provides me with reports on my child's progress on IEP goals.						
10. Gives me choices with regard to services that address my child's needs						
11. Explains what options I have if I disagree with a decision of the school						
12. encourages me to attend and participate in IEP meetings						
[ADD QUESTIONS TO EACH SUBSEQUENT ROW. IT ADD ROWS, RIGHT CLICK HERE & SELECT "INSERT ROW BELOW"]						

Parent Participation	1	2	3	4	5	6
13. I suggest changes in school programs or services that I think would benefit my child and other students with disabilities						

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