

**Parent Survey for
Special Education Services**

This survey is for parents of students currently (or recently) on an Individualized Education Program (IEP). Your responses will help guide efforts to improve services and results for students. Your response is voluntary.

*1. What is the name of your child’s school district’s county? _____

*2. What is the name of your child’s school district? _____

**This is critical information. Without it, we cannot use the survey information for monitoring and improvement.*

	Rarely or never	Some of the time	Most of the time	All of the time
3. I am considered an equal partner with teachers and other professionals in planning my child's education.	1	2	3	4
4. Teachers encourage me to be involved in making decisions about my child's services.	1	2	3	4
5. The school communicates with me regarding my child's progress on IEP goals.	1	2	3	4
6. Administrators seek out parent input.	1	2	3	4

	None or few	Some	Most	All
7. Fill in the blank: _____ of my concerns and recommendations were addressed at this year's IEP meeting.	1	2	3	4

	Yes	No	Not sure	N/A
8. I was offered special assistance and support so that I could participate in the IEP meeting (e.g., interpreter, mutually agreed-upon scheduling, etc.).	2	1	0	4
9. I have been given information about who to call if I am not satisfied with the services my child receives.	2	1	0	
10. The school offers parents a variety of ways to communicate with teachers and administrators.	2	1	0	

Turn the page – more questions on back.

11. What is your child's gender?

- 1 Boy 2 Girl

12. What is your child's race/ethnicity? *(Circle all that apply)*

- 1 American Indian/Alaskan Native 2 Asian 3 Black or African American
4 Hispanic or Latino 5 Native Hawaiian or Pacific Islander 6 White or Caucasian

13. What is your child's PRIMARY disability? *(Circle only one)*

- | | | |
|-------------------------|---------------------------------|---|
| 1 Autism | 6 Intellectual Disability (ID) | 11 Speech/Language Impairment |
| 2 Deaf-Blindness | 7 Multiple Disabilities | 12 Traumatic Brain Injury |
| 3 Developmental Delay | 8 Orthopedic Impairment | 13 Visual Impairment (including
Blindness) |
| 4 Emotional Disturbance | 9 Other Health Impairments | 14 Don't Know |
| 5 Hearing Impairment | 10 Specific Learning Disability | |

14. How old is your child? *(Circle only one)*

- 3-5 years 6-10 years 11-13 years 14-18 years 19 years or older

**You may give this survey to an IEP team member in a closed envelope
or you may mail it to:**

The Center for Technical Assistance for Excellence in Special Education
Utah State University
6800 Old Main Hill
Logan, UT 84322

Thank you for your time! Your input is truly appreciated.