Supervisory Union/School District _____
School _____

2004-05 Parent/Guardian Survey

Please check the correct information (use one survey per child) **Gender of Child:** __ Female __ Male **Grade Level: __Pre-kindergarten __ Kindergarten** **__ 1st __2nd __3rd __4th __5th __6th** **__ 7th __8th __9th __10th __11th __12th**	**Always**	**Frequently**	**Sometimes**	**Rarely**	**Never**	**Does Not Apply**
1. Attempts are made to schedule our meetings at mutually agreed upon times and places.						
2. I know who the members are, and their role, at my child's evaluation plan and report meetings.						
3. The school staff has provided me with a copy of my parental rights.						
4. The parental rights I was given were explained to me.						
5. The school staff explained the evaluation process in a way I understood.						
6. I had the opportunity to provide input about my child during the evaluation process.						
7. The evaluation results were explained to me in a way I understood.						
8. I was given a copy of the completed evaluation report for my child.						
9. If I did not agree with the results of the evaluation process, I knew the next steps I should take to express my disagreement.						
10. The school staff made sure I understood the process for developing an Individualized Education Program (IEP) for my child.						
11. My child's IEP lists the skills that he or she needs to master this school year.						
12. My child's IEP tells how progress towards the goals will be measured.						
13. The IEP team discussed whether my child could be educated in the regular classroom with appropriate aids and supports.						
14. We discussed how my child would participate in statewide testing.						
15. We discussed any accommodations or modifications needed for my child at school.						
16. My concerns and recommendations were discussed by the IEP team.						
17. I felt my concerns and issues were given careful consideration by the IEP team.						
18. I was given a copy of my child's IEP.						
19. My child has received the services and supports listed in their IEP.						
20. The school informs me regarding my child's progress on IEP goals and objectives.						

Over _____

Disability Category of the Child: __Specific Learning Disability __Emotional Disability __Deaf __Speech/Language Impairment __Learning Impairment __Autism __Orthopedically Impaired __Hard of Hearing __Visually Impaired __Developmentally Delayed __Other Health Impaired __Deaf/Blind __Traumatic Brain Injury __Multiple Disabilities __Unknown	**Always**	**Frequently**	**Sometimes**	**Rarely**	**Never**	**Does Not Apply**
21. After-school and extracurricular activities are available to my child.						
22. It is written in the IEP and explained to me when my child is unable to be taught or provided services within the regular classroom.						
23. It is written in the IEP and explained to me when my child cannot participate in other non-academic activities of the regular classroom program.						
24. When my child's supports and services are provided outside the regular classroom for more than 50% of their day, goals are on the IEP that address their return (reintegration) to a regular education setting.						
25. When appropriate, an extended school year (summer school or services) has been discussed, planned and documented on the services page of the IEP.						
26. The IEP included a statement of the transition services needs of your child and how they were addressed by certain courses of study (for ages 14 or younger, when appropriate).						
27. The IEP included a statement of needed transitions services that included, when appropriate, on-the-job training, community experiences, post-secondary education (college or vocational education), or adult living skills (for ages 16 and above).						
28. The school seeks to include my child's interests in the above transition plan development.						
29. The school invites my child to participate in above transition plan development.						
30. When my child's behavior interfered with his or her learning, a behavior plan was included as part of the IEP to address these issues at school.						

Please add any additional comments you feel may be helpful to the Monitoring Team.

If you wish to speak directly to one of our monitoring consultants, please complete the following so we can call you.

Name: _____

Phone Number: _____

Best time to reach you:_____

If you have any additional questions regarding this survey, please call Judy Colby at (802) 828-5126.