

# Special Education Program Monitoring Parent Survey



This survey is designed so that parents can give input to the Vermont Agency of Education regarding personal special education experiences with their school or district.

Please fill out one survey per child on an Individual Education Program (IEP) and identify the school they currently attend.

\* 1. Which school does your child attend?

- XYZ High School
- Elementary School listed individually for the school district
- Early Childhood Special Education
- Alternate Programs
- Prefer not to answer
- Other (please specify) \_\_\_\_\_

2. What is your child currently receiving for special education services? Please check all services that they are receiving.

- A) Reading
- B) Math
- C) Writing
- D) Speech & Language
- E) Physical Therapy
- F) Occupational Therapy
- G) Counseling
- H) Early Childhood Special Education Services
- Other (please specify) \_\_\_\_\_

3. Where does your child currently receive special education services? Check all that apply.

- A) Regular education classroom
- B) Resource Room/Learning Lab
- C) A combination of resource room and their classroom
- D) Alternative setting

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- E) Residential placement
- F) Childcare placement
- H) Home
- Other (please specify) \_\_\_\_\_

4. How long does your child receive services in this setting?

- A) Daily 30-45 minutes
- B) Daily 45-60 minutes
- C) Daily 60 plus minutes
- D) Weekly 1-3 times a week (30-45 minutes)
- E) No longer receiving a specific service
- F) For Early Childhood children: 10 hours a week or more
- H) For Early Childhood children: less than 10 hours a week
- Other (please specify) \_\_\_\_\_

5. Is your child getting all of the services listed in their Individual Education Program (IEP)?

- Yes
- If No, please explain on the line below.
- Other (please specify) \_\_\_\_\_

6. Who is delivering special education services to your child (check all that apply)?

- 1) Special Educator
- 2) Paraeducator/Paraprofessional
- 3) General Education Teacher
- 4) Licensed Teacher/Reading Specialist
- 5) Tutor
- 6) Speech/Language Pathologist
- 7) Related Services Teacher – Physical Therapist, Occupational Therapist, Psychologist, Counselor
- 8) Interventionist (Reading or Math)
- 9) Unsure or do not know
- Other (please specify) \_\_\_\_\_



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7. How is your child progressing? Choose one answer.

- A) Excellent progress – made a year’s growth in academic areas during this school year.
- B) Adequate progress – made significant progress in the areas targeted in their I.E.P.
- C) Marginal progress – made some progress in targeted areas, but needs more instruction.
- D) Minimal progress – did not make significant progress in targeted areas.
- E) Unsure or I do not know
- Other (please specify): \_\_\_\_\_

8. If your child is receiving special education services out of the general education setting has your IEP team discussed what is needed to return him/her to the general education setting?

- Yes
- No
- Not appropriate to consider at this time.

Please explain: \_\_\_\_\_

9. What might be needed for your child to be successful in a general education classroom? Check all that apply?

- A) Additional time in class with teacher support
- B) Additional support personnel in class. (May be a special educator or paraeducator)
- C) Assistive technology
- D) Additional classroom accommodations
- E) Additional curriculum modifications
- Other (please specify): \_\_\_\_\_

10. How does the IEP team know if your child’s placement and/or service is appropriate? Check all that applies.

- A) Evaluation data was collected and reviewed.
- B) Behavioral data was collected and reviewed.
- C) IEP progress reports were completed and reviewed.
- D) I am unsure why or I don’t know.
- Other (please specify): \_\_\_\_\_



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11. When participating in an evaluation or IEP meeting, do you feel like your opinion is valued?

Yes

No

Other (please specify): \_\_\_\_\_

12. What does the school do to ensure your participation in IEP or evaluation meetings? (Check all that apply)

A) The school contacts me in advance to set up a meeting.

B) The school arranges a mutual time for a meeting.

C) The school arranges a convenient place for a meeting.

D) The school has offered phone or video conferencing for a meeting.

E) The school is not flexible with meeting dates, times, or location.

Other (please specify): \_\_\_\_\_

13. Have you received or been offered Procedural Safeguards (Parent Rights) in writing, at least one time during the past year?

A) Parents rights were offered and explained.

B) Parents rights were offered.

C) Parents rights were not offered nor explained.

Other (please specify): \_\_\_\_\_

14. Does your child participate in any school sponsored after school activities?

Yes

No

Other (please specify): \_\_\_\_\_

15. If your child participates in school sponsored after school activities, do they receive additional support? (For example, an adult hired by the school, or specialized equipment.)

Yes

No

Other (please specify): \_\_\_\_\_



## Special Education Program Monitoring Parent Survey

16. Is there anything we should know about your child's school program? If you have questions or concerns, please use this space to respond. Thank you.

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17. Questions?

Feel free to contact the agency email [AOE.SpecialEd@vermont.gov](mailto:AOE.SpecialEd@vermont.gov) or (802) 828-1256.