

# Special Education Services Questionnaire for Parents

This questionnaire is being conducted to determine your satisfaction with your child’s special education services and the services provided by your school district. Your response to this questionnaire will help your school district identify areas where parents are satisfied, as well as areas in which the school district needs to make improvements.

This questionnaire is being conducted by your school district as part of a review of your district’s provision of special education services. The summarized results of the questionnaire will be shared with the school district, but your individual responses will be kept confidential. Thank you for your time and effort in providing this useful information.

***Please fill in the circle that describes best what you think or how you feel.***

- |  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| 1. I feel that I am welcome in my child’s school.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 2. I am treated with respect.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 3. Before my child was referred for special education services, other options within general education were considered.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 4. I am asked to participate in the development of my child’s individualized education program (IEP).  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 5. Teachers set challenging goals.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 6. Teachers have high expectations for my child.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 7. My child is regularly involved with students who do not have disabilities in school activities such as clubs, band, choir, sports, field trips, and assemblies.               | (1)               | (2)      | (3)     | (4)   | (5)            |
| 8. I receive updates of my child’s progress through report cards and parent-teacher conferences similar to updates provided to parents of students who do not have disabilities. | (1)               | (2)      | (3)     | (4)   | (5)            |
| 9. My child has the adaptive equipment needed for his/her education program.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 10. I receive a copy of my child’s IEP in a timely manner after a meeting is held.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 11. I understand what is discussed at the meetings to develop my child’s IEP.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 12. I feel comfortable asking questions and expressing concerns when needed.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 13. I receive notices and/or information from the school in my preferred language.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 14. I work with the school to develop policies/programs through participation in local planning committees.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 15. I work with the school to evaluate policies/programs through participation in local planning committees.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 16. I participate in general education parent activities.  | (1)               | (2)      | (3)     | (4)   | (5)            |
| 17. I participate in special education parent activities.  | (1)               | (2)      | (3)     | (4)   | (5)            |

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- |  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| 18. I believe that my child is being taught the same grade-level curriculum being taught to students of the same age/grade who do not have disabilities. | (1)               | (2)      | (3)     | (4)   | (5)            |
| 19. All recommended special education services were provided to my child in a timely manner.   | (1)               | (2)      | (3)     | (4)   | (5)            |
| 20. I am satisfied with the special education services provided to my child.   | (1)               | (2)      | (3)     | (4)   | (5)            |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## *For parents with students ages 14 and older only:*

- |  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| 21. If my child is 14 years old or older, my child has been involved in planning for transition to post-school experiences as part of the IEP development. | (1)               | (2)      | (3)     | (4)   | (5)            |
| 22. If my child is 14 years old or older, I have been involved in planning for transition to post-school experiences as part of the IEP development.       | (1)               | (2)      | (3)     | (4)   | (5)            |