

## New Jersey Department of Education

### 2013 Parent Survey - Preschool Special Education

This is a survey for parents of preschool children receiving special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your child's experience with preschool special education **during the current school year**. If an item does not apply, please mark the box in the last column, "Does Not Apply".

Preschool Special Education Partnership Efforts and Quality of Services	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	Does Not Apply
1. I am part of the IEP/IFSP* decision-making process. (*Individualized Education Program/Individualized Family Service Plan)	<input type="checkbox"/>						
2. My recommendations are included on the IEP/IFSP.	<input type="checkbox"/>						
3. My child's IEP/IFSP goals are written in a way that I can work on them at home during daily routines.	<input type="checkbox"/>						
4. My child's evaluation report was written using words I understand.	<input type="checkbox"/>						
5. The preschool special education program involves parents in evaluations of whether preschool special education is effective.	<input type="checkbox"/>						
6. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	<input type="checkbox"/>						
<i>People from preschool special education, including teachers and other service providers...</i>							
7. ...provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	<input type="checkbox"/>						
8. ...are available to speak with me.	<input type="checkbox"/>						
9. ...treat me as an equal team member.	<input type="checkbox"/>						
10. ...encourage me to participate in the decision-making process.	<input type="checkbox"/>						
11. ...respect my culture.	<input type="checkbox"/>						
12. ...value my ideas.	<input type="checkbox"/>						
13. ...ensure that I have fully understood my rights related to preschool special education.	<input type="checkbox"/>						
14. ...communicate regularly with me regarding my child's progress on IEP/IFSP goals.	<input type="checkbox"/>						
15. ...give me options concerning my child's services and supports.	<input type="checkbox"/>						
16. ...provide me with strategies to deal with my child's behavior.	<input type="checkbox"/>						
17. ...give me enough information to know if my child is making progress.	<input type="checkbox"/>						
18. ...give me information about the approaches they use to help my child learn.	<input type="checkbox"/>						
19. ...give me information about organizations that offer support for parents (e.g., Parent Training and Information Centers, Family Resource Centers, disability groups).	<input type="checkbox"/>						
20. ...offer parents training about preschool special education.	<input type="checkbox"/>						
21. ...offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail).	<input type="checkbox"/>						
22. ...explain what options parents have if they disagree with a decision made by the preschool special education program.	<input type="checkbox"/>						
23. ...give parents the help they may need, such as transportation, to play an active role in their child's learning and development.	<input type="checkbox"/>						
24. ...offer supports for parents to participate in training workshops.	<input type="checkbox"/>						
25. ...connect families with one another for mutual support.	<input type="checkbox"/>						

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26. State of Residence

27. Child's Age in Years

28. Child's Age When First Referred to Early Intervention or Special Education

Under 1 year **OR** Age in Years

29. Child's Ethnicity: Is your child Hispanic or Latino?

- Yes  
 No

30. Child's Race: What is your child's race? *(Mark all that apply)*

- White  Asian  American Indian or Alaskan Native  
 Black or African-American  Native Hawaiian or Other Pacific Islander

31. Child's Primary Exceptionality/ Disability *(Mark one only)*

- Autism  Hearing Impairment  Specific Learning Disability  
 Deaf-Blindness  Intellectual Disability  Speech or Language Impairment  
 Deafness  Multiple Disabilities  Traumatic Brain Injury  
 Developmental Delay  Orthopedic Impairment  Visual Impairment including Blindness  
 Emotional Disturbance  Other Health Impairment

32. Child's Gender

- Male  
 Female

33. Type of Placement *(Mark all the settings that apply to your child's program.)*

**My child receives his/her special education program and related services in the following setting:**

- My child attends a district preschool program with his/her typical peers.  
 My child attends a childcare center or a Head Start Program.  
 My child attends one of the above for part of the day and for part of the day attends a district or out of district program with other children with disabilities.  
 My child attends a district preschool program with other children with disabilities.  
 My child attends an out of district program with other children with disabilities.  
 My child attends one of the above and his/her program is supplemented with a home program.  
 My child receives a home program for all of his/her program.  
 Other (please describe) \_\_\_\_\_

**ON BEHALF OF THE NEW JERSEY DEPARTMENT OF EDUCATION,  
THANK YOU FOR COMPLETING THE SURVEY.**