

New Jersey Department of Education

2013 Parent Survey - Special Education

This is a survey for parents of school-age students receiving special education services (kindergarten through high school). 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 special education **during the current school year**. If an item does not apply, please mark the box in the last column, "Does Not Apply".

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	Does Not Apply
Schools' Efforts to Partner with Parents							
1. I am considered an equal partner with teachers and other professionals in planning my child's program.	<input type="checkbox"/>						
2. I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.	<input type="checkbox"/>						
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.	<input type="checkbox"/>						
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.	<input type="checkbox"/>						
5. All of my concerns and recommendations were documented on the IEP.	<input type="checkbox"/>						
6. Written justification was given for the extent that my child would not receive services in the general education classroom.	<input type="checkbox"/>						
7. I was given information about organizations that offer support for parents of students with disabilities.	<input type="checkbox"/>						
8. I have been asked for my opinion about how well special education services are meeting my child's needs.	<input type="checkbox"/>						
9. My child's evaluation report is written in terms I understand.	<input type="checkbox"/>						
10. Written information I receive is written in an understandable way.	<input type="checkbox"/>						
11. Teachers are available to speak with me.	<input type="checkbox"/>						
12. Teachers treat me as a team member.	<input type="checkbox"/>						
Teachers and administrators...							
13. ...seek out parent input.	<input type="checkbox"/>						
14. ...show sensitivity to the needs of students with disabilities and their families.	<input type="checkbox"/>						
15. ...encourage me to participate in the decision-making process.	<input type="checkbox"/>						
16. ...respect my cultural heritage.	<input type="checkbox"/>						
17. ...ensure that I have fully understood the Procedural Safeguards [the rules in federal law that protect the rights of parents].	<input type="checkbox"/>						
The school...							
18. ...has a person on staff who is available to answer parents' questions.	<input type="checkbox"/>						
19. ...communicates regularly with me regarding my child's progress on IEP goals.	<input type="checkbox"/>						
20. ...gives me choices with regard to services that address my child's needs.	<input type="checkbox"/>						
21. ...offers parents training about special education issues.	<input type="checkbox"/>						
22. ...offers parents a variety of ways to communicate with teachers.	<input type="checkbox"/>						
23. ...gives parents the help they may need to play an active role in their child's education.	<input type="checkbox"/>						
24. ...provides information on agencies that can assist my child in the transition from school to adult life.	<input type="checkbox"/>						
25. ...explains what options parents have if they disagree with a decision of the school.	<input type="checkbox"/>						

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26. State of Residence

27. Child's Grade

28. Child's Age in Years

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

Under 1 year **OR** Age in Years

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

- Yes
- No

31. 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

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

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

33. Child's Gender

- Male
- Female

34. Type of Education Placement (for the majority of your child's day) *(Mark only one)*

- General Education Classroom with Supplementary Aids & Services (e.g., in-class resource programming, instructional aide, supplementary support, supplementary instruction)
- Pull-out Resource Program
- Special Education Program in the Student's Local School District
- Special Education Program in another Local School District
- Special Education Program in a Vocational and Technical School
- County Special Services School, Educational Services Commission or Jointure Commission
- Private School for Students with Disabilities
- Department of Children and Families Regional School Campus

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