



## Parent Survey—Special Education for children ages 3 through 5

Please FILL IN circles like this ●, not ⊗ or ⊖. You can use a pen or pencil.  
Please think about your child whose initials are at the end of the code number located at the top right corner of this survey. Consider this child in answering the questions.

*This is a survey for parents of children receiving special education services. Your responses will help guide efforts to more successfully involve families in their children's education.*

*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 over the past year. You may skip any item that you feel does not apply to you or your child.*

(For each question, please FILL IN ONE circle)

### **Special Education Partnership Efforts and Quality of Services**

	<b>Very Strongly Disagree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Very Strongly Agree</b>
1. I am considered an equal partner in planning my child's special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am part of the Individualized Educational Program (IEP) decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. IEP meetings are scheduled at a time and place that are convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My recommendations are included on the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child's IEP covers all the things it should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child's IEP tells how my child's progress will be measured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child's IEP goals are written in a way that I can work on them at home during daily routines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child receives his/her special education services with children without disabilities to the maximum extent possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I was offered special assistance (e.g., child care or transportation) so that I could participate in the IEP meeting(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child's evaluation report was written using words I understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The special education program involves parents in evaluations of whether special education is effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(For each question, please FILL IN ONE circle)

**Special Education Partnership Efforts and Quality of Services**

- |  | Very<br>Strongly<br>Disagree | Strongly<br>Disagree  | Disagree              | Agree                 | Strongly<br>Agree     | Very<br>Strongly<br>Agree |
|--|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| 13. I have been asked for my opinion about how well special education services are meeting my child's needs.             | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| 14. My child transitioned from early intervention (birth to 3 program) to special education without a break in services. | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| 15. My child received all the supports for transition listed in our IEP/IFSP.  | <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

**People from special education, including teachers and other service providers:**

- |   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 16. – helped my child have a smooth transition to special education.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. – are knowledgeable.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. – are willing to learn about the needs of my child.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. – expect positive outcomes for my child.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. – seek out family input.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. – seek out information regarding my child's disability.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. – provide me with clear written information about my child.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. – provide me with information in my native language or in another language I understand.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. – provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. – are available to speak with me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. – have a person on staff that is available to answer parents' questions.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. – treat me as an equal team member.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. – encourage me to participate in the decision-making process.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. – respect my culture.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. – value my ideas.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(For each question, please FILL IN ONE circle)

**People from special education including teachers and other service providers:**

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
31. – ensure that I fully understand my rights related to special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. – communicate regularly with me regarding my child’s progress on IEP goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. – give me options about my child’s services and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. – provide services to my child in a timely way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. – provide my child with all the services listed on my child’s IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. – consult with me to set appropriate learning goals for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. – give me strategies to deal with my child’s behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. – give me enough information to know if my child is making progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. – give me enough information about the approaches they use to help my child learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. – give me information about the research that supports the approaches they use to help my child learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. – give me information about organizations that offer support for parents (for example, Michigan Alliance for Families, Parent Training and Information Centers, Family Resource Centers, disability groups).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. – offer children without disabilities and their families the opportunity to learn about children with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. – work together with my child’s program (e.g., preschool, child care or Head Start) to carry out my child’s IEP plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. – offer parents training about special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. – offer parents different ways of communicating with people from special education (e.g., face-to-face meetings, phone calls, e-mail).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(For each question, please FILL IN ONE circle)


**People from special education including teachers and other service providers:**

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
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|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 46. – explain what options parents have if they disagree with a decision made by the special education program.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. – invite parents to help train staff.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. – give parents the help they may need, such as transportation, to play an active role in their child’s learning and development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. – offer supports for parents to participate in training workshops.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. – connect families with one another for mutual support.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Now we would like to ask you some final questions about your family.**

51. Please identify your relationship to the child (*Please FILL IN ONE circle that best applies*):  
 Mother     Grandparent     Other Caregiver: \_\_\_\_\_  
 Father     Other Relative
52. Please select the *ethnic* category that best describes how you identify yourself:  
 Hispanic/Latino     Not Hispanic/Latino
53. Please select the *race identity* category that best describes yourself: (***Please FILL IN ONE or MORE***)  
 American Indian or Alaska Native     Asian American     Black or African American  
 Native Hawaiian/Other Pacific Islander     White
54. Your child’s age when first referred to early intervention or special education?  
 Under 1 year OR     Age in years: \_\_\_\_\_

**THANK YOU for taking time to fill out the Parent Survey – Special Education for children ages 3 through 5.**
 Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson Wayne State University Center for Urban Studies 5700 Cass Ave., #2207 A/AB Detroit, MI 48202
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