

This Survey is for parents of students currently (or recently) on IEPs. Your responses will help guide efforts to improve services and results for students.

Your opinions matter! Would you share yours with us? One of the best ways to do this is to take the Parent Survey for Special Education each year. This survey asks for your opinions about the quality of support schools and IEP team members have provided you throughout the IEP process. We use this information to guide districts and the state toward improvement and to recognize areas of accomplishment. Without your opinions, we cannot identify districts' areas of weakness and strength.

The updated Parent Survey for Special Education consists of less than 15 questions and should take you about 8 minutes to complete. Your responses are entirely anonymous, unless you choose to share your contact information. None of the information that could be linked to you will ever be shared with district or school personnel. Your participation is voluntary, and you can stop the survey at any time (though we really appreciate complete surveys!).

The Parent Survey is a collaborative effort of the Oklahoma State Department of Education's Special Education Services and the Oklahoma Parents Center, Inc. The data is reported as a whole to districts and to the U.S. Department of Education.

Thank you for your time and effort to improve Oklahoma's services to your children.

The Oklahoma Parents Center (OPC) is a statewide organization funded in part by the US Department of Education, Office of Special Education Programs (OSEP) and the Oklahoma State Department of Education, Special Education Services (OSDE-SES). The staff is here to help you navigate the Special Education Maze and provide you with the information and tools you need to be an informed and active participant in your child's education.

If you would like to receive information from the OPC, such as our Newsletter, please add your contact information below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

If you would (or would not) like someone from the Oklahoma State Department of Education – Special Education Services (OSDE-SES) to contact you about any concerns you may have, please select the appropriate box below and make sure your contact information is correctly entered above.

**Please remember that this information is provided to the OSDE-SES only one time a month. If you need immediate assistance, please call 405-521-3351.*

Yes, please share.

No, please do not share.

Thank you for your participation!

Parent Survey for Special Education Services



This survey is for parents of students currently (or recently) on IEPs. Your responses will help guide efforts to improve services and results for students. The survey should take less than ten minutes to complete. Your participation is entirely voluntary and you may stop at any time.

You may fill in each circle or use an X or a ✓ to indicate your answer.

		All of the time	Most of the time	Some of the time	Rarely or never
1.	I am considered an equal partner with teachers and other professionals in planning my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Teachers encourage me to be involved in making decisions about my child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The school communicates regularly with me regarding my child's progress on IEP goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Administrators seek out parent input.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		All concerns	Most concerns	Some concerns	None or few concerns
5.	All of my concerns and recommendations were addressed at this year's IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Yes	No	Not sure	Does not apply
6.	I was offered special assistance and support so that I could participate in the Individualized Educational Program (IEP) meeting (eg, interpreter, mutually agreed-upon scheduling, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I have been given information about who to call if I am not satisfied with the services my child receives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.	The school offers parents a variety of ways to communicate with teachers and administrators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please* write in your child's school district: _____ and district county: _____

* This is critical information. Without your child's district name, we cannot use the survey information for monitoring and improvement.

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<p>9. Is your child a boy or a girl?</p> <p><input type="radio"/> Boy <input type="radio"/> Girl <input type="radio"/> Prefer not to answer</p>	
<p>10. What is your child's racial or ethnic identity? Check all that apply.</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Hispanic or Latino</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> White or Caucasian</p> <p><input type="radio"/> Prefer not to answer</p>	<p>11. How old is your child currently?</p> <p><input type="radio"/> Between 3 and 5 years</p> <p><input type="radio"/> Between 6 and 10 years</p> <p><input type="radio"/> Between 11 and 13 years</p> <p><input type="radio"/> Between 14 and 18 years</p> <p><input type="radio"/> 19 years or older</p> <p><input type="radio"/> Prefer not to answer</p>
<p>12. What is your child's primary area of disability? (Please select only one.)</p> <p><input type="radio"/> Autism</p> <p><input type="radio"/> Deaf-Blindness</p> <p><input type="radio"/> Developmental Delay</p> <p><input type="radio"/> Emotional Disturbance</p> <p><input type="radio"/> Hearing Impairment (including deafness)</p> <p><input type="radio"/> Intellectual Disability</p> <p><input type="radio"/> Multiple Disabilities</p> <p><input type="radio"/> Orthopedic Impairment</p> <p><input type="radio"/> Other Health Impairment</p> <p><input type="radio"/> Specific Learning Disability</p> <p><input type="radio"/> Speech or Language Impairment</p> <p><input type="radio"/> Traumatic Brain Injury</p> <p><input type="radio"/> Visual Impairment (including blindness)</p> <p><input type="radio"/> Prefer not to answer</p> <p><input type="radio"/> Do not know</p>	<div data-bbox="1423 639 1856 919" data-label="Image"> </div> <p data-bbox="1373 972 1902 1036"><i>Special thanks to the Oklahoma Parents Center for facilitating the survey!</i></p> <p data-bbox="1297 1141 1955 1239">If you choose not to give this to an IEP team member in a closed envelope, please send to the Oklahoma Parents Center:</p> <p data-bbox="1297 1276 1923 1304">By US mail: P.O. Box 512, Holdenville, OK 74848</p> <p data-bbox="1297 1321 1646 1349">By fax: 405-379-2106</p>

-- Thank you for your time! Your input is truly appreciated. --