

11. What is your child's gender?

- 1 Boy 2 Girl

12. What is your child's race/ethnicity? *(Circle all that apply)*

- 1 American Indian/Alaskan Native 2 Asian 3 Black or African American
4 Hispanic or Latino 5 Native Hawaiian or Pacific Islander 6 White or Caucasian

13. What is your child's PRIMARY disability? *(Circle only one)*

- 1 Autism 6 Intellectual Disability (ID) 11 Speech/Language Impairment
2 Deaf-Blindness 7 Multiple Disabilities 12 Traumatic Brain Injury
3 Developmental Delay 8 Orthopedic Impairment 13 Visual Impairment (including
4 Emotional Disturbance 9 Other Health Impairments Blindness)
5 Hearing Impairment (including 10 Specific Learning Disability 14 Don't Know
deafness)

14. How old is your child? *(Circle only one)*

- 3-5 years 6-10 years 11-13 years 14-18 years 19 years or older

**You may give this survey to an IEP team member in a closed envelope
or you may mail it to:**

The Center for Technical Assistance for Excellence in Special Education
Utah State University
6896 Old Main Hill
Logan, UT 84322

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