



## Division of Specialized Education Annual Parent Involvement Survey



This is a survey for families of students with Individualized Education Programs (IEPs) who received special education services during school year 2012 - 2013. Thank you for participating. Your responses will help to improve services and results for children and families. *You may skip any item that you feel does not apply to you or your child.*

	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
My child's school ensures that I understand special education procedural safeguards (the rules that protect the rights of parents).	<input type="radio"/>	<input type="radio"/>					
I am treated as an equal partner by my child's teachers and other professionals in planning his/her special education program.	<input type="radio"/>	<input type="radio"/>					
My child's teachers and other professionals encourage me to participate in developing my child's Individualized Education Program (IEP).	<input type="radio"/>	<input type="radio"/>					
My ideas and suggestions are considered at my child's IEP meetings.	<input type="radio"/>	<input type="radio"/>					
My child's school offers information and training that will help me participate fully in my child's IEP meetings.	<input type="radio"/>	<input type="radio"/>					
The information I receive about my child's special education program is communicated in an understandable way.	<input type="radio"/>	<input type="radio"/>					
My child's school communicates regularly with me about my child's progress on their annual IEP goals.	<input type="radio"/>	<input type="radio"/>					
My child's school shows respect for my culture as it relates to my child's education.	<input type="radio"/>	<input type="radio"/>					
I am satisfied with the special education services my child received during this past year.	<input type="radio"/>	<input type="radio"/>					
I am satisfied with the progress my child made during this past year.	<input type="radio"/>	<input type="radio"/>					

Background

My son or daughter attends the following school (Select one (1) only):

- District of Columbia Public Schools (DCPS)
- District of Columbia Public Charter School (PCS)
- Nonpublic School

The name of my son or daughter's school is as follows:

\_\_\_\_\_

My Child's Race/Ethnicity (select those that apply):

- African American or Black
- American Indian or Alaskan Native
- Caucasian or White
- Hispanic or Latino
- Asian or Pacific Islander

What is your child's PRIMARY disability (circle one):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Hearing Impairment                    | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf-blindness        | <input type="checkbox"/> Intellectual Disability               | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Deafness              | <input type="checkbox"/> Multiple Disabilities                 | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment Including Blindness | <input type="checkbox"/> Developmental Delay          |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairment               |   |

During school year 2012 – 2013, what grade was your child in? (circle one):

Preschool   K   1   2   3   4   5   6   7   8   9   10   11   12

During school year 2012-2013, what was your child's age (circle one):

3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20   21

If you are interested in receiving information regarding trainings, public hearings or meetings for parents, please provide your contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

*This information will remain confidential.*

