

Please enter your Username (see letter):

Please enter your Password (see letter):

To Ensure the Survey is Counted Please also put Username/Password on Back Page

Welcome!

We invite you to fill out a survey for us. We are the Special Education Team of the Wisconsin Department of Public Instruction (WDPI). This is a survey for parents of children and youth with disabilities. It is to ask about how your school joins with you as a partner in your child's education.

We are required to collect this information by federal law. The law is the Individuals with Disabilities Education Act (IDEA 2004). We will use your answers to give better services to children and youth with disabilities and their families. We need your help to do this. Your privacy is also important. Your name is not connected to the answers you give to these questions. Your answers will not change your child's education or services.

Thank you for taking the time to fill out the survey. The full survey should take about 20 minutes or less to complete. Before you start, please read the *Consent Statement*.

Consent Statement

Please read this Consent Statement carefully.

Reasons for the Survey: The Office of Special Education of the U.S. Department of Education requires WDPI to collect information. Some of the information must be about parent involvement in their child's special education program. The information helps the WDPI and schools give better services to children and youth with disabilities and their families.

Risks of Filling Out the Survey: There are no risks to you if you fill out this survey. Your answers will not change the special education or services that the school gives to your child.

Privacy: Your own answers to this survey are kept private. WDPI cannot link you or your child to your answers in any reports. All reports will combine answers from many parents.

Voluntary Nature for Filling Out the Survey: WDPI is required to collect information from parents about their experiences with schools. You are not required to give the information. You can decide to fill out the survey or not to fill out the survey. Your decision will not change your relationships with WDPI or your school.

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Directions for Filling Out the Survey:

Think about the child named in the letter that the school sent to you. Read each item and mark your answer for that child. For each item, mark one of the following: "Very Strongly Agree," "Strongly Agree," "Agree," "Disagree," "Strongly Disagree," and "Very Strongly Disagree." If you have difficulty with any of the items, please make a "best guess."

<i>Preschool Special Education Partnership Efforts and Quality of Services</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am considered an equal partner in planning my child's preschool special education.	<input type="checkbox"/>					
2. My recommendations are included on the IEP/IFSP.	<input type="checkbox"/>					
3. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP/IFSP.	<input type="checkbox"/>					
4. I was offered special assistance (e.g., childcare or transportation) so that I could participate in the IEP/IFSP meeting(s).	<input type="checkbox"/>					
5. My child's evaluation report was written using words I understand.	<input type="checkbox"/>					
6. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	<input type="checkbox"/>					
<i>People from preschool special education, including teachers and other service providers:</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
7. ...seek out family input.	<input type="checkbox"/>					
8. ...provide me with clear written information about my child.	<input type="checkbox"/>					
9. ...provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	<input type="checkbox"/>					
10. ...are available to speak with me.	<input type="checkbox"/>					
11. ...have a person on staff that is available to answer parents' questions.	<input type="checkbox"/>					
12. ...treat me as an equal team member.	<input type="checkbox"/>					

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<i>People from preschool special education, including teachers and other service providers:</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
13....encourage me to participate in the decision-making process.	<input type="checkbox"/>					
14....respect my culture.	<input type="checkbox"/>					
15....ensure that I have fully understood my rights related to preschool special education.	<input type="checkbox"/>					
16....communicate regularly with me regarding my child's progress on IEP/IFSP goals.	<input type="checkbox"/>					
17....give me options concerning my child's services and supports.	<input type="checkbox"/>					
18....give me information about organizations that offer support for parents (for example, Parent Training and Information Centers, Family Resource Centers, disability groups).	<input type="checkbox"/>					
19. ...offer parents training about preschool special education.	<input type="checkbox"/>					
20....offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail).	<input type="checkbox"/>					
21....explain what options parents have if they disagree with a decision made by the preschool special education program.	<input type="checkbox"/>					
22....give parents the help they may need, such as transportation, to play an active role in their child's learning and development.	<input type="checkbox"/>					
23. Please write any additional information that you think is important for improving the special education services students with disabilities receive:						

<p>24. My answers were entered into this survey by:</p> <ul style="list-style-type: none"><input type="checkbox"/> Myself<input type="checkbox"/> A WSPEI staff member<input type="checkbox"/> School district staff<input type="checkbox"/> Other	<p>25. This survey was submitted using the following multiple choice options:</p> <ul style="list-style-type: none"><input type="checkbox"/> Paper survey mailed directly to the Institute<input type="checkbox"/> Paper survey completed by parent and entered into web survey on behalf of parent<input type="checkbox"/> Web survey completed by parent
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Thank you for completing the survey. Please mail in the enclosed envelope to:

**Institute on Community Integration
Room 5 Pattee Hall
150 Pillsbury Dr. SE
Minneapolis, MN 55455**

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