

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:**

**Please answer this survey for one child only.** 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>Schools Efforts to Partner with Parents</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am considered an equal partner with teachers and other professionals in planning my child's program.	<input type="checkbox"/>					
2. I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.	<input type="checkbox"/>					
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.	<input type="checkbox"/>					
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.	<input type="checkbox"/>					
5. All of my concerns and recommendations were documented on the IEP.	<input type="checkbox"/>					
6. Written justification was given for the extent that my child would not receive services in the regular classroom.	<input type="checkbox"/>					
7. I was given information about organizations that offer support for parents of children with disabilities.	<input type="checkbox"/>					
8. I have been asked for my opinion about how well special education services are meeting my child's needs.	<input type="checkbox"/>					
9. My child's evaluation report is written in terms I understand.	<input type="checkbox"/>					
10. Written information I receive is written in an understandable way.	<input type="checkbox"/>					
11. Teachers are available to speak with me.	<input type="checkbox"/>					
12. Teachers treat me as a team member.	<input type="checkbox"/>					

<b><i>Teachers and Administrators...</i></b>	<b>Very Strongly Disagree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Very Strongly Agree</b>
13. ...seek out parent input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ...show sensitivity to the needs of students with disabilities and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ...encourage me to participate in the decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ...respect my cultural heritage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ...ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>The School...</i></b>	<b>Very Strongly Disagree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Very Strongly Agree</b>
18. ...has a person on staff who is available to answer parents' questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ...communicates regularly with me regarding my child's progress on IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ...gives me choices with regard to services that address my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ...offers parents training about special education issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ...offers parents a variety of ways to communicate with teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. ...gives parents the help they may need to play an active role in their child's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ...provides information on agencies that can assist my child in the transition from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. ...explains what options parents have if they disagree with a decision of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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26. Please write any additional information that you think is important for improving the special education services students with disabilities receive:

27. My answers were entered into this survey by:

- Myself
- A WSPEI staff member
- School district staff
- Other

28. This survey was submitted using the following multiple choice options:

- Paper survey mailed directly to Institute
- Paper survey completed by parent and entered into web survey on behalf of parent
- 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**

Please enter your Username (see letter):

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