



Parent Survey—Special Education for children ages 3 through 5

Please FILL IN circles like this ●, not ⊗ or ⊖. You can use a pen or pencil.

Please think about your child whose initials are at the end of the code number located at the top right corner of this survey. Consider this child in answering the questions.

This is a survey for parents of children receiving special education services. Your responses will help guide efforts to more successfully involve families in their children's education. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your child's experience with special education over the past year. You may skip any item that you feel does not apply to you or your child.

(For each question, please FILL IN ONE circle)

Special Education Partnership Efforts and Quality of Services

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am considered an equal partner in planning my child's special education.	①	②	③	④	⑤	⑥
2. I am part of the Individualized Educational Program (IEP) decision-making process.	①	②	③	④	⑤	⑥
3. IEP meetings are scheduled at a time and place that are convenient for me.	①	②	③	④	⑤	⑥
4. My recommendations are included on the IEP.	①	②	③	④	⑤	⑥
5. My child's IEP covers all the things it should.	①	②	③	④	⑤	⑥
6. My child's IEP tells how my child's progress will be measured.	①	②	③	④	⑤	⑥
7. My child's IEP goals are written in a way that I can work on them at home during daily routines.	①	②	③	④	⑤	⑥
8. My child receives his/her special education services with children without disabilities to the maximum extent possible.	①	②	③	④	⑤	⑥
9. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP.	①	②	③	④	⑤	⑥
10. I was offered special assistance (e.g., child care or transportation) so that I could participate in the IEP meeting(s).	①	②	③	④	⑤	⑥
11. My child's evaluation report was written using words I understand.	①	②	③	④	⑤	⑥
12. The special education program involves parents in evaluations of whether special education is effective.	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

Special Education Partnership Efforts and Quality of Services

- | | Very Strongly Disagree | Strongly Disagree | Disagree | Agree | Strongly Agree | Very Strongly Agree |
|--------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|----------|-------|----------------|---------------------|
| 13. I have been asked for my opinion about how well special education services are meeting my child's needs. | (1) | (2) | (3) | (4) | (5) | (6) |
| 14. My child transitioned from early intervention (birth to 3 program) to special education without a break in services. | (1) | (2) | (3) | (4) | (5) | (6) |
| 15. My child received all the supports for transition listed in our IEP/IFSP. | (1) | (2) | (3) | (4) | (5) | (6) |

People from special education, including teachers and other service providers:

- | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| 16. – helped my child have a smooth transition to special education. | (1) | (2) | (3) | (4) | (5) | (6) |
| 17. – are knowledgeable. | (1) | (2) | (3) | (4) | (5) | (6) |
| 18. – are willing to learn about the needs of my child. | (1) | (2) | (3) | (4) | (5) | (6) |
| 19. – expect positive outcomes for my child. | (1) | (2) | (3) | (4) | (5) | (6) |
| 20. – seek out family input. | (1) | (2) | (3) | (4) | (5) | (6) |
| 21. – seek out information regarding my child's disability. | (1) | (2) | (3) | (4) | (5) | (6) |
| 22. – provide me with clear written information about my child. | (1) | (2) | (3) | (4) | (5) | (6) |
| 23. – provide me with information in my native language or in another language I understand. | (1) | (2) | (3) | (4) | (5) | (6) |
| 24. – provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps). | (1) | (2) | (3) | (4) | (5) | (6) |
| 25. – are available to speak with me. | (1) | (2) | (3) | (4) | (5) | (6) |
| 26. – have a person on staff that is available to answer parents' questions. | (1) | (2) | (3) | (4) | (5) | (6) |
| 27. – treat me as an equal team member. | (1) | (2) | (3) | (4) | (5) | (6) |
| 28. – encourage me to participate in the decision-making process. | (1) | (2) | (3) | (4) | (5) | (6) |
| 29. – respect my culture. | (1) | (2) | (3) | (4) | (5) | (6) |
| 30. – value my ideas. | (1) | (2) | (3) | (4) | (5) | (6) |

(For each question, please FILL IN ONE circle)

People from special education, including teachers and other service providers:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
31. – ensure that I fully understand my rights related to special education.	①	②	③	④	⑤	⑥
32. – communicate regularly with me regarding my child's progress on IEP goals.	①	②	③	④	⑤	⑥
33. – give me options about my child's services and supports.	①	②	③	④	⑤	⑥
34. – provide services to my child in a timely way.	①	②	③	④	⑤	⑥
35. – provide my child with all the services listed on my child's IEP.	①	②	③	④	⑤	⑥
36. – consult with me to set appropriate learning goals for my child.	①	②	③	④	⑤	⑥
37. – give me strategies to deal with my child's behavior.	①	②	③	④	⑤	⑥
38. – give me enough information to know if my child is making progress.	①	②	③	④	⑤	⑥
39. – give me enough information about the approaches they use to help my child learn.	①	②	③	④	⑤	⑥
40. – give me information about the research that supports the approaches they use to help my child learn.	①	②	③	④	⑤	⑥
41. – give me information about organizations that offer support for parents (for example, Michigan Alliance for Families, Parent Training and Information Centers, Family Resource Centers, disability groups).	①	②	③	④	⑤	⑥
42. – offer children without disabilities and their families the opportunity to learn about children with disabilities.	①	②	③	④	⑤	⑥
43. – work together with my child's program (e.g., preschool, child care or Head Start) to carry out my child's IEP plan.	①	②	③	④	⑤	⑥
44. – offer parents training about special education.	①	②	③	④	⑤	⑥
45. – offer parents different ways of communicating with people from special education (e.g., face-to-face meetings, phone calls, e-mail).	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

People from special education, including teachers and other service providers:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
46. – explain what options parents have if they disagree with a decision made by the special education program.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
47. – invite parents to help train staff.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
48. – give parents the help they may need, such as transportation, to play an active role in their child's learning and development.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
49. – offer supports for parents to participate in training workshops.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
50. – connect families with one another for mutual support.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Now, we would like to ask you some final questions about your family.51. Please identify your relationship to the child (*Please FILL IN ONE circle that best applies*):

- (A) Mother (C) Grandparent (E) Other Caregiver: _____
 (B) Father (D) Other Relative

52. Please select the *ethnic* category that best describes how you identify yourself:


- (Y) Hispanic/Latino (N) Not Hispanic/Latino

53. Please select the *race identity* category that best describes yourself: (***Please FILL IN ONE or MORE***)

- (A) American Indian or Alaska Native (C) Asian American (E) Black or African American
 (B) Native Hawaiian/Other Pacific Islander (D) White

54. Your child's age when first referred to early intervention or special education?

- Under 1 year OR Age in years: _____

THANK YOU for taking time to fill out the Parent Survey – Special Education for children ages 3 through 5.
 Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson Wayne State University Center for Urban Studies 5700 Cass Ave., #2207 A/AB Detroit, MI 48202
