

Special education parent survey

Please answer about your child's special education services this school year. You do not need to write your name, and every answer helps the team plan.

School _____

Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
1 I feel like a full member of my child's IEP team.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 My ideas actually change what goes into the IEP.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 I understand each IEP goal and how it is measured.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 Services happen as the IEP says, on schedule.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 Accommodations are used in all my child's classes.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 Progress updates come often enough to catch problems.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 I know exactly who to ask about my child's services.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 My child is included in the wider life of the school.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9 My child has made real progress this school year.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

10 How often does school contact you about your child's progress?

☐ Weekly ☐ Monthly ☐ Each term ☐ Rarely

11 What is one thing the school does that really helps your child?

12 What one change would make the biggest difference for your child?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

The last IEP meeting

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
13 I got draft papers early enough to read them first.	1	2	3	4	5
14 The meeting time worked for my family.	1	2	3	4	5
15 Staff explained test results in plain language.	1	2	3	4	5
16 There was enough time for all my questions.	1	2	3	4	5
17 How many of the things you raised made it into the IEP? ☐ All ☐ Most ☐ Some ☐ Few or none ☐ I raised nothing					

18 What would have made the meeting easier for you?

Before the next IEP meeting (parent input)

19 What are your child's biggest strengths right now?

20 What has changed for your child at home since the last IEP?

21 What worries you most about school this year?

Thank you. Your answers are anonymous.

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Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Before the next IEP meeting (parent input) (continued)

22 What would you love your child to be able to do a year from now?

23 Which areas do you want to talk about at the meeting? (tick all that apply)

- ☐ Reading
 ☐ Writing
 ☐ Math
 ☐ Speech
 ☐ Behavior
 ☐ Friendships
 ☐ Independence

☐ Health

24 What works at home that school could try?

Communication and disagreements

25 How do you prefer to hear from school?

- ☐ Text
 ☐ Email
 ☐ Phone call
 ☐ School app
 ☐ Paper note

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
26 Letters and reports come in the language I read best.	1	2	3	4	5					
27 When I disagree, staff listen and work it through with me.	1	2	3	4	5					
28 I know my rights if I disagree with a school decision.	1	2	3	4	5					

Planning for life after school (teens)

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
29 The plan for after high school reflects what my child wants.	1	2	3	4	5					
30 School has talked with us about jobs, college or training.	1	2	3	4	5					
31 I know which adult services to contact before graduation.	1	2	3	4	5					

32 What is your child's main goal after high school?

- ☐ College
 ☐ Job training
 ☐ Work
 ☐ Supported living
 ☐ Not sure yet

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About your child (optional)

33 What grade is your child in?

- ☐ Preschool ☐ K to 5 ☐ 6 to 8 ☐ 9 to 12 ☐ Age 18 to 21

34 How much of the day is your child in general classes?

- ☐ Most of the day ☐ About half ☐ Less than half ☐ Separate class

35 How long has your child had an IEP?

- ☐ Under 1 year ☐ 1 to 3 years ☐ 4 years or more

36 What language do you speak most at home?

- ☐ English ☐ Spanish ☐ Another language

Thank you. Your answers are anonymous.

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