



**Dr. Jennifer McCormick**  
Superintendent of Public Instruction

**DEPARTMENT OF EDUCATION**

*Working Together for Student Success*

**Indiana Parent Survey**

The Indiana Department of Education (IDOE) is asking for your help with an important survey to learn more about how Indiana families feel about the special education services that schools provide. The survey is easy to complete and asks you to rate various items regarding your experience in working with school staff and about the special education services your child has received. All survey responses are confidential, and no individual information is disclosed. You do not need to answer a question if you do not want to, and your school will not be able to identify you as a responder to the survey. The results will be totaled and used by the Indiana Department of Education and school districts. Thank you.

|  |   |   |                                |                                      |                                      |
|--|---|---|--------------------------------|--------------------------------------|--------------------------------------|
| 1. I was <b>treated as an equal partner</b> and CCC member by teachers and other professionals in developing the following areas of my child's Individualized Education Program (IEP): |   |   |                                |                                      |                                      |
| a. amount of time in the general education setting   | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| b. discussion of accommodations and modifications  | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| c. participation in statewide assessments  | <input type="radio"/> Not Applicable    | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree | <input type="radio"/> Agree          | <input type="radio"/> Strongly Agree |
| d. option of extended school year  | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| e. provision of related services   | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 2. My concerns were addressed.   | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 3. My recommendations were considered.   | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 4. I know what options are available if I disagree with a decision concerning my child's educational evaluation or IEP.  | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 5. There was sufficient time to discuss all issues related to the development of my child's IEP  | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 6. I understand the information written in the IEP.  | <input type="radio"/> Strongly Disagree | <input type="radio"/> Disagree          | <input type="radio"/> Agree    | <input type="radio"/> Strongly Agree |                                      |
| 7. I receive regular progress reports on my child's goals as required in the IEP.  | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |
| 8. School staff offered an explanation of the Notice of Procedural Safeguards (rules that protect the rights of parents).  | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |
| 9. I am satisfied by the communication I have with school staff.   | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |
| 10. I have been made aware of organizations that offer information and/or support for parents of students with disabilities.   | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |
| 11. The school has offered parent training on special education issues.  | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |
| 12. The school provides the same opportunities for students with and without disabilities.   | <input type="radio"/> Yes               | <input type="radio"/> No                |                                |                                      |                                      |

Please provide the information requested on the back of the survey. If you have any comments, please leave them there.

COMMENTS:

REQUIRED INFORMATION:

|                             |   |                         |   |                         |   |                         |   |                         |  |                                    |   |  |  |                          |                             |
|-----------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|--|------------------------------------|---|--|--|--------------------------|-----------------------------|
| NAME OF SCHOOL CORPORATION: |   |                         |   |                         |   |                         |   |                         |  |                                    |   |  |  |                          |                             |
| NAME OF SCHOOL:             |   |                         |   |                         |   |                         |   |                         |  |                                    |   |  |  |                          |                             |
| CHILD'S GRADE:              | <input type="radio"/> PK                            | <input type="radio"/> K | <input type="radio"/> 1                     | <input type="radio"/> 2 | <input type="radio"/> 3                       | <input type="radio"/> 4 | <input type="radio"/> 5                     | <input type="radio"/> 6 | <input type="radio"/> 7                            | <input type="radio"/> 8            | <input type="radio"/> 9                             | <input type="radio"/> 10                   | <input type="radio"/> 11                     | <input type="radio"/> 12 | <input type="radio"/> Adult |
| CHILD'S ETHNICITY/RACE:     | <input type="radio"/> American Indian/Alaska Native |                         | <input type="radio"/> Asian                 |                         | <input type="radio"/> Black/African American  |                         | <input type="radio"/> Hispanic/Latino       |                         |  | <input type="radio"/> Multi-racial |   | <input type="radio"/> White                |  |                          |                             |
| CHILD'S PRIMARY DISABILITY  | <input type="radio"/> Autism Spectrum Disorder      |                         | <input type="radio"/> Blind/Low Vision      |                         | <input type="radio"/> Cognitive Disability    |                         | <input type="radio"/> Developmental Delay   |                         |  | <input type="radio"/> Deaf-Blind   |   | <input type="radio"/> Deaf/Hard of Hearing |  |                          |                             |
|                             | <input type="radio"/> Emotional Disability          |                         | <input type="radio"/> Multiple Disabilities |                         | <input type="radio"/> Other Health Impairment |                         | <input type="radio"/> Orthopedic Impairment |                         | <input type="radio"/> Specific Learning Disability |                                    | <input type="radio"/> Speech or Language Impairment |  | <input type="radio"/> Traumatic Brain Injury |                          |                             |

