



California Department of Education, Special Education Parent Survey- Special Education

This survey is for parents of students receiving special education services. To assist us in our efforts to improve services and results for children and families, we invite you to share your child’s experience over the past year as a student receiving special education services and your experience as a parent. You may skip any item that you feel does not apply to you or your child. Please do not share confidential information in the comments sections. The information you share will not be handled or filed as a formal complaint; to file a formal complaint with CDE, visit www.cde.ca.gov/sp/se/qa/cmplntproc.asp or call 1-800-926-0648.

Survey Return Instructions:

If survey was received from your district, follow the return instructions provided by the district.

All other printed surveys please mail to:

Seeds of Partnership- P.O. Box 269003, Sacramento, CA 95826

Online Option: Visit www.seeds-of-partnership.org/monitoringsurvey or scan QR code



District: _____ **Today’s date:** _____

School your child attends: _____

County where your child lives: _____ **Child’s age in years:** _____

My child receives special education services through a county office of education program. Yes No

Child’s Primary Exceptionality / Disability (mark *only one*)

- | | | | |
|---|---|---|---|
| <input type="radio"/> Autism | <input type="radio"/> Emotional Disturbance | <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Hearing Impairment | <input type="radio"/> Other Health Impaired | <input type="radio"/> Visual Impairment including Blindness |
| <input type="radio"/> Deafness | <input type="radio"/> Intellectual Disability | <input type="radio"/> Specific Learning Disability | |
| <input type="radio"/> Multiple Disabilities | | <input type="radio"/> Speech or Language Impairment | |

Child’s Race/Ethnicity (mark *one or more*)

- | | | | | | |
|--|---|--|---------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> American Indian or Alaska Native | Asian <input type="radio"/> Asian Indian | <input type="radio"/> Cambodian | <input type="radio"/> Chinese | <input type="radio"/> Filipino | <input type="radio"/> Hmong |
| <input type="radio"/> Black or African American | <input type="radio"/> Japanese | <input type="radio"/> Laotian | <input type="radio"/> Korean | <input type="radio"/> Vietnamese | <input type="radio"/> Other Asian |
| <input type="radio"/> Hispanic or Latino | Native Hawaiian or | <input type="radio"/> Hawaiian | <input type="radio"/> Guamanian | <input type="radio"/> Samoan | <input type="radio"/> Tahitian |
| <input type="radio"/> White | Other Pacific Islander | <input type="radio"/> Other Pacific Islander | | | |

Parent/Guardian Name (optional): _____

Email (optional): _____

General

- | | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Overall, my child is learning and progressing in their education. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The school staff communicates regularly with me regarding my child’s progress and related educational activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The district/school staff offers parents the help they may need to support their child’s learning and educational activities (such as understanding what is being taught to their child in school, ideas on engaging students in their learning, materials, resources, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The district/school staff offers me information about school, district, or community groups that provide resources or support to parents of students receiving special education services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

California Department of Education, Special Education Division
 Parent Survey- Special Education

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5. The district/school staff explains the IEP process and Procedural Safeguards (the federal law that protects the rights of parents), if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The district/school staff informs me of the process and options if I disagree with a decision regarding my child's special education program and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel I can share my concerns with district or school staff about my child's special education program or services without negative consequences for me or my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child's IEP team included required participants such as parents, teachers, service providers, administrator/ representative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The IEP team considers my concerns and ideas about my child's education and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The special education assessments my child received were helpful in identifying all of their academic, developmental, and functional needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child's assessment reports were reviewed and explained as part of the IEP process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The IEP team used the results of my child's assessment(s) to plan the IEP goals and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The IEP team reviewed and revised my child's goals based on both their progress and lack of progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The IEP team discussed how my child may participate in state and district testing, including what accommodations and modifications would be provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My child is in the appropriate placement for their educational needs (such as the general education class, special education class, learning center/ resource support, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child receives the supports and services (such as speech, physical therapy or counseling, assistive technology, etc.) with the agreed upon duration and frequency listed in their most recent IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child receives all the accommodations and modifications to teaching, homework and other activities as agreed upon in the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child has the access and opportunity to participate in school and extra-curricular school-sponsored activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Supports: (If not applicable, leave blank)

Answer only if there have been behavioral concerns that affect your child's learning or the learning of others.

19. My child receives the needed support to help with identified behavior concerns (such as a behavior intervention plan, in the IEP, through interventions/strategies, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Secondary Transition Planning: (If not applicable, leave blank)

Answer only if your child will turn 16 years old before their next IEP meeting.

20. The district/school staff explained the IEP transition planning process to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My child receives transition services listed in the transition plan that will reasonably enable my child to meet their postsecondary goal(s) (such as educational classes, independent/ supported living, employment, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

English Learners with Disabilities: (If not applicable, leave blank)

Answer only if your child is classified as an English Learner (learning English and may be multilingual)

22. My child was properly assessed to determine their English Language Proficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. The district/school staff provides English language development support to help my child learn in all academic areas needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: (if more space is needed submit a separate page)