

The Maryland Preschool Special Education Parent Involvement Survey

This is a survey for parents of students who received preschool special education services (ages 3 to kindergarten entry) during the 2019-2020 school year. **Your responses will help to guide efforts to improve services and results for children, and family involvement.** For each statement below, please select one of the following response choices: very strongly agree, strongly agree, agree, disagree, strongly disagree, very strongly disagree. In responding to each statement, think about your experience with the preschool special education process during the 2019-2020 school year. **YOU MAY SKIP ANY ITEM THAT YOU FEEL DOES NOT APPLY TO YOUR CHILD.**

By completing and returning this survey you are certifying that you are submitting only one paper OR one online survey for each child receiving services.

Like this: Not like this:

Very Strongly Agree
Strongly Agree
Agree
Disagree
Strongly Disagree
Very Strongly Disagree

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. I am part of the IEP decision-making process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. My recommendations are included on the IEP. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. 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 |
| 4. Written information I receive is in words I understand. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I have been asked for my opinion about how well preschool special education services are meeting my child's needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. My child receives his/her preschool special education services with children without disabilities to the maximum extent possible. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. 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 |

People from Preschool Special Education, including Teachers and Other Service Providers...

- | | | | | | | |
|--|---|---|---|---|---|---|
| 8. 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 |
| 9. are available to speak with me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. treat me as an equal team member. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. encourage me to participate in the decision-making process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. respect my culture. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. value my ideas. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. ensure that I have fully understood my rights related to preschool special education. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. communicate regularly with me regarding my child's progress on IEP goals. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. give me options concerning my child's services and supports. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. provide me with strategies to deal with my child's behavior. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. give me enough information to know if my child is making progress. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. give me information about the approaches they use to help my child learn. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. give me information about organizations that offer support for parents (e.g., Parent Resource Centers, disability groups). | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. offer me information regarding parent training. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. offer me different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail). | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. explain what options I have if I disagree with a decision made by the preschool special education IEP team. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. connect me with other families for mutual support. | 1 | 2 | 3 | 4 | 5 | 6 |

Please turn page over

25. During the 2019-2020 school year, did your child attend any of the following schools:

- MD School for the Deaf – Frederick MD School for the Deaf – Columbia MD School for the Blind

26. School system of service during 2019-2020 (Select the Maryland School system that provided services for the most school days if you lived in more than one system during 2019-2020):

- | | | | |
|--|----------------------------------|---------------------------------------|----------------------------------|
| <input type="radio"/> Allegany | <input type="radio"/> Carroll | <input type="radio"/> Harford | <input type="radio"/> St. Mary's |
| <input type="radio"/> Anne Arundel | <input type="radio"/> Cecil | <input type="radio"/> Howard | <input type="radio"/> Somerset |
| <input type="radio"/> Baltimore City | <input type="radio"/> Charles | <input type="radio"/> Kent | <input type="radio"/> Talbot |
| <input type="radio"/> Baltimore County | <input type="radio"/> Dorchester | <input type="radio"/> Montgomery | <input type="radio"/> Washington |
| <input type="radio"/> Calvert | <input type="radio"/> Frederick | <input type="radio"/> Prince George's | <input type="radio"/> Wicomico |
| <input type="radio"/> Caroline | <input type="radio"/> Garrett | <input type="radio"/> Queen Anne's | <input type="radio"/> Worcester |

27. Does your child attend a nonpublic school as a result of an IEP team decision for a Free Appropriate Public Education (FAPE)?

- (A) Yes (B) No

28. Child's Age in Years (as of September 30, 2019)

- (A) 3 (B) 4 (C) 5 (not in kindergarten)

29. Child's Age When First Provided with Early Intervention or Special Education services:

- | | |
|--|---|
| <input type="radio"/> (A) Under One Year | <input type="radio"/> (D) 3 |
| <input type="radio"/> (B) 1 | <input type="radio"/> (E) 4 |
| <input type="radio"/> (C) 2 | <input type="radio"/> (F) 5 (not in kindergarten) |

Responses to questions 30 and 31 help us to determine if survey respondents are representative of the population we serve. This information is required by the U.S. Department of Education.

30. Is your child Hispanic/Latino?

- (A) Yes (B) No

31. Select one or more races from the 5 racial groups listed below:

- | | |
|---|---|
| <input type="radio"/> (A) American Indian or Alaskan Native | <input type="radio"/> (D) Native Hawaiian or Pacific Islander |
| <input type="radio"/> (B) Asian | <input type="radio"/> (E) White |
| <input type="radio"/> (C) Black or African-American | |

32. Child's Primary Disability as stated on current IEP: (Select ONE item only). If you are unsure of your child's primary disability, please refer to page one of your child's IEP.

- | | | |
|--|---|---|
| <input type="radio"/> (A) Autism | <input type="radio"/> (F) Hearing Impairment | <input type="radio"/> (K) Specific Learning Disability |
| <input type="radio"/> (B) Deaf-Blindness | <input type="radio"/> (G) Intellectual Disability | <input type="radio"/> (L) Speech or Language Impairment |
| <input type="radio"/> (C) Deafness | <input type="radio"/> (H) Multiple Disabilities | <input type="radio"/> (M) Traumatic Brain Injury |
| <input type="radio"/> (D) Developmental Delay | <input type="radio"/> (I) Orthopedic Impairment | <input type="radio"/> (N) Visual Impairment including Blindness |
| <input type="radio"/> (E) Emotional Disability | <input type="radio"/> (J) Other Health Impairment | |

Comments:

Thank you for your participation!