

The Maryland Special Education Parent Involvement Survey

This is a survey for parents of students who received special education services during the 2019-2020 school year. **Your responses will help to guide efforts to improve services and results for children and youth (kindergarten to 21), and improve efforts to increase 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 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

School's Efforts to Partner with Parents

- | | |
|--|-------------------------|
| 1. I am considered an equal partner with teachers and other professionals in planning my child's program. | (1) (2) (3) (4) (5) (6) |
| 2. 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) |
| 3. At the IEP meeting, we discussed how my child would participate in statewide assessments. | (1) (2) (3) (4) (5) (6) |
| 4. My child's school consistently implements all accommodations and modifications documented on my child's IEP. | (1) (2) (3) (4) (5) (6) |
| 5. All of my concerns and recommendations were documented on the IEP. | (1) (2) (3) (4) (5) (6) |
| 6. My child is educated in regular classes (general education) with supports, to the maximum extent appropriate. | (1) (2) (3) (4) (5) (6) |
| 7. I was given information about organizations that offer support for parents of children with disabilities. | (1) (2) (3) (4) (5) (6) |
| 8. I am comfortable asking questions and expressing concerns to school staff. | (1) (2) (3) (4) (5) (6) |
| 9. I was given all pertinent reports and evaluations related to my child prior to the IEP team meeting. | (1) (2) (3) (4) (5) (6) |
| 10. Written information I receive is written in words I understand. | (1) (2) (3) (4) (5) (6) |
| 11. I was given information about the curriculum and materials used with my child. | (1) (2) (3) (4) (5) (6) |
| 12. The transition outcomes developed for my child are appropriate to meet his/her needs. | (1) (2) (3) (4) (5) (6) |

Teachers and Administrators:

- | | |
|--|-------------------------|
| 13. seek out parent input. | (1) (2) (3) (4) (5) (6) |
| 14. show sensitivity to the needs of students with disabilities and their families. | (1) (2) (3) (4) (5) (6) |
| 15. expect parents to participate in decision making. | (1) (2) (3) (4) (5) (6) |
| 16. set a climate for acceptance of diversity. | (1) (2) (3) (4) (5) (6) |
| 17. answer any questions I have about Procedural Safeguards. | (1) (2) (3) (4) (5) (6) |
| 18. value my ideas and input. | (1) (2) (3) (4) (5) (6) |
| 19. ensure that students with disabilities have the same opportunities to learn and participate in school programs as students without disabilities (e.g., academics, fundraising events, sports). | (1) (2) (3) (4) (5) (6) |

The School and/or School System:

- | | |
|--|-------------------------|
| 20. has a person on staff who is available to answer parents' questions. | (1) (2) (3) (4) (5) (6) |
| 21. gives me enough information to know whether or not my child is making adequate progress. | (1) (2) (3) (4) (5) (6) |
| 22. offers me training about special education issues. | (1) (2) (3) (4) (5) (6) |
| 23. provides information on agencies that can assist my child in the transition from school. | (1) (2) (3) (4) (5) (6) |
| 24. explains what options I have if I disagree with a decision of the school. | (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:

- SEED School MD School for the Deaf – Columbia Juvenile Services Education
 MD School for the Deaf – Frederick MD School for the Blind Adult Correctional Facility

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):

- Allegany Caroline Frederick Montgomery Talbot
 Anne Arundel Carroll Garrett Prince George's Washington
 Baltimore City Cecil Harford Queen Anne's Wicomico
 Baltimore County Charles Howard St. Mary's Worcester
 Calvert Dorchester Kent Somerset

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

- Yes No

28. Child's Grade:

- A K D 3 G 6 J 9 M 12+
 B 1 E 4 H 7 K 10
 C 2 F 5 I 8 L 11

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

- A 5 D 8 G 11 J 14 M 17 P 20
 B 6 E 9 H 12 K 15 N 18 Q 21
 C 7 F 10 I 13 L 16 O 19

30. Child's Age When First Provided with Early Intervention (Infants and Toddlers) or Special Education services:

- A Under 1 Year E 4 I 8 M 12 Q 16
 B 1 F 5 J 9 N 13 R 17
 C 2 G 6 K 10 O 14 S 18
 D 3 H 7 L 11 P 15

Responses to questions 31 and 32 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.

31. Is your child Hispanic/Latino?

- Yes No

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

- A American Indian or Alaskan Native D Native Hawaiian or Pacific Islander
 B Asian E White
 C Black or African-American

33. 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.

- A Autism F Hearing Impairment K Specific Learning Disability
 B Deaf-Blindness G Intellectual Disability L Speech or Language Impairment
 C Deafness H Multiple Disabilities M Traumatic Brain Injury
 D Developmental Delay (through age 7) I Orthopedic Impairment N Visual Impairment including Blindness
 E Emotional Disability J Other Health Impairment

Comments:

Thank you for your participation!