



|                                       |                                   |                                      |   |              |
|---------------------------------------|-----------------------------------|--------------------------------------|---|--------------|
| <b>More than<br/>once a<br/>month</b> | <b>About<br/>once a<br/>month</b> | <b>Once<br/>every few<br/>months</b> | <b>Once or<br/>twice this<br/>school year</b> | <b>Never</b> |
|---------------------------------------|-----------------------------------|--------------------------------------|---|--------------|

**4. How often during this school year have you:**

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. talked with a teacher, paraprofessional, counselor, related services provider or other adult at your child's school to share with them important information about your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. talked to a teacher, paraprofessional, counselor, related services provider or other adult at your child's school about how to help your child learn?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. been invited to a workshop, program, performance, or other event at your child's school?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**5. What are the BEST ways for your child's school to get information to you about your child's education?**

*(Mark as few or as many as apply.)*

- |   |  |   |
|---|--|---|
| <input type="radio"/> Mail  | <input type="radio"/> E-mail   | <input type="radio"/> IEP Meetings                          |
| <input type="radio"/> Paper sent home with your child                                     | <input type="radio"/> School Website   | <input type="radio"/> School Bulletin Board                 |
| <input type="radio"/> Phone   | <input type="radio"/> Communication Notebook   | <input type="radio"/> Citywide Council on Special Education |
| <input type="radio"/> Parent Teacher Conferences  | <input type="radio"/> Other parents  | <input type="radio"/> Community Organizations               |
| <input type="radio"/> Parent Association, Parent Teacher Association, or similar meetings | <input type="radio"/> School Staff (Parent Coordinator, Paraprofessionals, Guidance Counselor) |   |

**6. How much do you agree or disagree with the following statements?**

|                           |              |                 |                              |                       |
|---------------------------|--------------|-----------------|------------------------------|-----------------------|
| <b>Strongly<br/>Agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly<br/>Disagree</b> | <b>Don't<br/>Know</b> |
|---------------------------|--------------|-----------------|------------------------------|-----------------------|

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My child's school has high and appropriate expectations for my child.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My child's school works to achieve the goals on my child's IEP.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My child's teachers, therapists, and other school staff give helpful feedback on homework, classwork, therapies and assessments.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My child is learning what he or she needs to know to succeed in later grades, after graduating from high school, or after age 21.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. My child's school works with me to help my child transition smoothly to the next level.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. My child's school provides instruction that enables my child to reach his or her potential.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The pace of my child's instruction meets my child's needs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. My child's school provides appropriate opportunities for inclusion in general education activities, where mandated by my child's IEP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**7. My child participates in the following courses or activities. (Please mark all that apply.)**

- |  |  |   |                                  |  |
|--|--|---|----------------------------------|--|
| <input type="radio"/> Art                        | <input type="radio"/> Music  | <input type="radio"/> Dance               | <input type="radio"/> Theater    | <input type="radio"/> Foreign Language           |
| <input type="radio"/> Activities of Daily Living | <input type="radio"/> Shop /Industrial Arts  | <input type="radio"/> Vocational Training | <input type="radio"/> Work/Study | <input type="radio"/> Health, Physical Education |
| <input type="radio"/> Computer Skills/Technology | <input type="radio"/> Inclusion Activities (opportunities for my child to participate in activities with general education students) |   |                                  |  |
| <input type="radio"/> None of these activities   | <input type="radio"/> Don't Know   |   |                                  |  |

**8. How much do you agree or disagree with the following statements?**

- |   | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My child's school offers a wide enough variety of activities and services (including related services and assistive and adaptive technologies where appropriate) to help improve life outcomes for my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My child's teachers, therapists, counselors, Related Service providers (if applicable) and I work as a team.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**9. Which of the following improvements would you most like your school to make? (Choose ONE.)**

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="radio"/> More effective school leadership  | <input type="radio"/> More hands-on learning      | <input type="radio"/> More or better enrichment programs | <input type="radio"/> More or better arts programs               | <input type="radio"/> More challenging courses                    |
| <input type="radio"/> Better communication with parents | <input type="radio"/> More teacher training       | <input type="radio"/> More Life Skills preparation       | <input type="radio"/> More preparation for state tests           | <input type="radio"/> Less preparation for state tests            |
| <input type="radio"/> Improved related services         | <input type="radio"/> More or better job training | <input type="radio"/> More parent learning opportunities | <input type="radio"/> More or better programs to manage behavior | <input type="radio"/> More or better reading instruction programs |

**10. How much do you agree or disagree with the following statements?**

- |   | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | Don't Know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My child is safe at school.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My child's school is clean.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Positive behavior supports are used appropriately at my child's school.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The presence and actions of School Safety Agents (security officers) help to promote a safe and respectful learning environment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. School staff treat my child with respect.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. School nurses effectively care for my child's health needs, as required by my child's IEP.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

