## <u>Parent Survey – Preschool Special Education</u>

This is a survey for parents of students who received preschool special education services during the **2008-2009** school year. (Kindergarten is considered preschool if your child was not yet six years old prior to the start of the 2008-2009 school year. Your responses will help to guide efforts to improve services and results for children and families. 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 and your child's experience with preschool special education during the **2008-2009** school year. You may skip any item that you feel does not apply to you or your child.

Use #2 Pencil or Black or Blue Pen			Len		Disagraphice		1
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	Offon		No.	L no	E.		ı
	Strongly Agree Ag	1	Ois	Ois	Ois		ı
	Orgo Or	, 40, ee 40,	ie S	ie of	6 9	io \	
1. I am part of the IEP/IFSP decision-making process.	1	2	3	4	5	6	,
2. My recommendations are included on the IEP/IFSP.	1	2	3	4	(5)	6	,
3. My child's IEP/IFSP goals are written in a way that I can work on them at home							
during daily routines.	1	2	3	4	(5)	6	•
4. My child's evaluation report was written using words I understand.	1	2	3	4	(5)	6	H٠
5. The preschool special education program involves parents in evaluations of							
whether preschool special education is effective.	1	2	3	4	5	6	H.
6. I have been asked for my opinion about how well preschool special education							Ш
services are meeting my child's needs.	1	2	3	4	5	6	I۱
People from preschool special education, including teachers and other							
service providers							
7 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	I۱
8 are available to speak with me.	1	2	3	4	5	6	H٠
9 treat me as an equal team member.	1	2	3	4	(5)	6	H٠
10 encourage me to participate in the decision-making process.	1	2	3	4	(5)	6	H
11 respect my culture.	1	2	3	4	(5)	6	I۱
12 value my ideas.	1	2	3	4	(5)	6	H
13 ensure that I have fully understood my rights related to preschool special educati	ion. ①	2	3	4	(5)	6	I۱
14 communicate regularly with me regarding my child's progress on IEP/IFSP goals	. 1	2	3	4	(5)	6	I۱
15 give me options concerning my child's services and supports.	1	2	3	4	5	6	H٠
16 provide me with strategies to deal with my child's behavior.	1	2	3	4	5	6	ŀ
17 give me enough information to know if my child is making progress.	1	2	3	4	5	6	II٠
18 give me information about the aproaches they use to help my child learn.	1	2	3	4	5	6	H٠
19 give me information about organizations that offer support for parents (for examp	ole,						
Parent Training and Information Centers, Family Resource Centers, disability group	ps). ①	2	3	4	5	6	١
20 offer parents training about preschool special education.	1	2	3	4	5	6	ŀ
21 offer parents 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	ŀ
22 explain what options parents have if they disagree with a decision made by the							
preschool special education program.	1	2	3	4	5	6	ļ١
23 give parents the help they may need, such as transportation, to play an active role							
in their child's learning and development.	1	2	3	4	(5)	6	ı
24 offer supports for parents to participate in training workshops.	1	2	3	4	5	6	١
25 connect families with one another for mutual support.	1	2	3	4	5	6	١
	1						

26. State of Residence			
<ul><li>Maryland</li></ul>	O Delaware O Vi	rginia	
O District of Columbia	<ul><li>Pennsylvania</li></ul>		
27 School system of sorvice	o during 2008-2009 (Salact	the Maryland School system t	hat provided services for
	=	system during 2008-2009):	nat provided services for
O Allegany	○ Caroline ○ Fred	• • •	○ Talbot
Anne Arundel	O Carroll O Garre	_ ,	Washington County
Baltimore City	O Cecil O Harfo		Wicomico County
Baltimore County	O Charles O Howa	_	O Worcester
Calvert	O Dorchester O Kent		O Wereseler
		9 11 111	
Garron	O Defended O Trem	O comercer	
28. Child's Age in Years (as	of September 30, 2008)		
•	) 4	O 8	
0 1 0 2			
29. Child's Age When First I	Referred to Early Interventi	on or Special Education	
•	•	•	
O Under 1 year OR	1 02 03 04	05 06 07 08	
30. Child's Race/Ethnicity (	Bubble <u>ONE</u> ONLY.)		
<ul><li>White</li></ul>	<ul> <li>Hispanic or Lati</li> </ul>	no O American Indiar	n or Alaskan Native
<ul> <li>Black or African-Americ</li> </ul>	can Asian or Pacific	Islander O Multi-racial	
31. Child's Primary Exception	onality/Disability (Bubble)	ONE ONLY. Use Multiple Disab	ilities if your child has
more than one disability	• • •		
Autism	<ul><li>Emotional Disturbance</li></ul>	Orthopedic Impairment	○ Traumatic Brain
		·	Injury
O Deaf-Blindness	Hearing Impairment	Other Health Impairment	
<ul><li>Deafness</li></ul>	<ul> <li>Mental Retardation</li> </ul>	<ul> <li>Specific Learning Disability</li> </ul>	
<ul> <li>Developmental Delay</li> </ul>	<ul> <li>Multiple Disabilities</li> </ul>	<ul> <li>Speech or Language Impai</li> </ul>	irment including Blindness
Comments:			
		,	
	Thank wow ko	r your participation!	