

New Jersey Department of Education
2020-2021 Parent Survey - Preschool Special Education
 (Sample Only)

This is a survey for parents of preschool children receiving special education services. Your responses will help 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 disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your child's experience with preschool special education **during the 2020-2021 school year** . If an item does not apply, please mark the box in the last column, "Does Not Apply."

Preschool Special Education Partnership Efforts and Quality of Services

		Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	Does Not Apply
1.	I am part of the IEP/IFSP* decision-making process. (*Individualized Education Program/Individualized Family Service Plan)							
2.	My recommendations are included on the IEP/IFSP.							
3.	My child's IEP/IFSP goals are written in a way that I can work on them at home during daily routines.							
4.	My child's evaluation report was written using words I understand.							
5.	The preschool special education program involves parents in evaluations of whether preschool special education is effective.							
6.	I have been asked for my opinion about how well preschool special education services are meeting my child's needs.							
	People from preschool special education, including teachers and other service providers...	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	Does Not Apply
7.	...provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).							
8.	...are available to speak with me.							
9.	...treat me as an equal team member.							
10.	...encourage me to participate in the decision-making process.							
11.	...respect my culture.							
12.	...value my ideas.							
13.	...ensure that I have fully understood my rights related to preschool special education.							
14.	...communicate regularly with me regarding my child's progress on IEP/IFSP goals.							
15.	...give me options concerning my child's services and supports.							
16.	...provide me with strategies to deal with my child's behavior.							
17.	...give me enough information to know if my child is making progress.							

New Jersey Department of Education
2020-2021 Parent Survey - Preschool Special Education

	People from preschool special education, including teachers and other service providers...	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	<i>Does Not Apply</i>
18.	...give me information about the approaches they use to help my child learn.							
19.	...give me information about organizations that offer support for parents (e.g., Parent Training and Information Centers, Family Resource Centers, disability groups).							
20.	...offer parents training about preschool special education.							
21.	...offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail).							
22.	...explain what options parents have if they disagree with a decision made by the preschool special education program.							
23.	...give parents the help they may need, such as transportation, to play an active role in their child's learning and development.							
24.	...offer supports for parents to participate in training workshops.							
25.	...connect families with one another for mutual support.							

Items provided by the National Center for Special Education Accountability Monitoring

New Jersey Department of Education
2020-2021 Parent Survey - Preschool Special Education

26. State of Residence

27. Child's Age in years

28. **Child's Age** When First Referred to Early Intervention or Special Education

Under 1 Year **Or** Age in Years

29. **Child's Ethnicity:** Is your child Hispanic or Latino?

Yes

No

30. **Child's Race:** What is your child's race? *(Mark all that apply)*

White

Asian

American Indian or Alaskan Native

Black or African-American

Native Hawaiian or Other Pacific Islander

31. Child's **Primary** Exceptionality/Disability *(Mark one only)*

Autism

Hearing Impairment

Specific Learning Disability

Deaf-Blindness

Intellectual Disability

Speech or Language Impairment

Deafness

Multiple Disabilities

Traumatic Brain Injury

Developmental Delay

Orthopedic Impairment

Visual Impairment Including Blindness

Emotional Disturbance

Other Health Impairment

32. Child's Gender

Male

Female

33. **Type of Placement** *(Mark all the settings that apply to your child's program.)*

My child receives his/her special education program and related services in the following setting:

My child attends a district preschool program with his/her typical peers.

My child attends a childcare center or a Head Start Program.

My child attends one of the above for part of the day and for part of the day attends a district or out of district program with other children with disabilities.

My child attends a district preschool program with other children with disabilities.

My child attends an out of district program with other children with disabilities.

My child attends one of the above and his/her program is supplemented with a home program.

My child receives a home program for all of his/her program.

Other (please describe): _____

**On behalf of the New Jersey Department of Education,
thank you for completing the survey.**