

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

This is a survey for parents of school-age children receiving special education services (kindergarten through high school). 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".

School's Efforts to Partner with Parents

		Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	Does Not Apply
1.	I am considered an equal partner with teachers and other professionals in planning my child's program.							
2.	I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.							
3.	At the IEP meeting, we discussed how my child would participate in statewide assessments.							
4.	At the IEP meeting, we discussed accommodations and modifications that my child would need.							
5.	All of my concerns and recommendations were documented on the IEP.							
6.	Written justification was given for the extent that my child would not receive services in the general education classroom.							
7.	I was given information about organizations that offer support for parents of students with disabilities.							
8.	I have been asked for my opinion about how well special education services are meeting my child's needs.							
9.	My child's evaluation report is written in terms I understand.							
10.	Written information I receive is written in an understandable way.							
11.	Teachers are available to speak with me.							
12.	Teachers treat me as a team member.							

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

	Teachers and administrators...	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	<i>Does Not Apply</i>
13.	...seek out parent input.							
14.	...show sensitivity to the needs of students with disabilities and their families.							
15.	...encourage me to participate in the decision-making process.							
16.	...respect my cultural heritage.							
17.	...ensure that I have fully understood the Procedural Safeguards [the rules in federal law that protect the rights of parents].							

	The school...	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	<i>Does Not Apply</i>
18.	...has a person on staff who is available to answer parents' questions.							
19.	...communicates regularly with me regarding my child's progress on IEP goals.							
20.	...gives me choices with regard to services that address my child's needs.							
21.	...offers parents training about special education issues.							
22.	...offers parents a variety of ways to communicate with teachers.							
23.	...gives parents the help they may need to play an active role in their child's education.							
24.	... provides information on agencies that can assist my child in the transition from school to adult life.							
25.	...explains what options parents have if they disagree with a decision of the school.							

Items provided by the National Center for Special Education Accountability Monitoring

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2020-2021 Parent Survey - Special Education

Sample

26. State of Residence

27. Child's Grade

28. Child's Age in Years

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

Under 1 Year **Or** Age in Years

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

Yes

No

31. **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

32. 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

33. Child's Gender

Male

Female

34. **Type of Education Placement (for the majority of your child's day)** *(Mark only one)*

General Education Classroom with Supplementary Aids & Services (e.g., in-class resource programming, instructional aide, supplementary support, supplementary instruction)

Pull-out Resource Program

Special Education Program in the Student's Local School District

Special Education Program in another Local School District

Special Education Program in a Vocational and Technical School

County Special Services School, Educational Services Commission or Jointure Commission

Private School for Students with Disabilities

Department of Children and Families Regional School Campus

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