

**CONTINUOUS IMPROVEMENT MONITORING PROCESS
PARENT SURVEY 2004-2005**

PARENTS: Your reply to this annual survey will contribute to overall information about the special education services provided by our school system, to help us improve these services. It should take only a few minutes to complete and is voluntary. You do not have to add contact information unless you would like an individual reply. The results will be tallied by school, but individual replies will not be reported. Those who have done this survey in previous years will notice that the questions have been changed some. Thank you for your assistance.

School _____ **Date Completed** _____

Your Child's Primary Disability _____ **Your Child's Age** _____

Number of School Years Your Child Has Received Special Education Services _____

Please Complete and Return Through Your Child's Teacher By _____

1. Are you involved in determining appropriate services for your children? (PI-23)
_____ Always / Sometimes _____ Never
2. Are you informed of opportunities to participate in advisory panels, committees, the local self-assessment process, or other related activities in your child's school or in countywide special education? (PI- 24)
_____ Always / Sometimes _____ Never
3. Have you participated on a school system advisory panel, a committee, and/or the local self-assessment process or other advisory type activities in your child's school? (PI-19)
_____ Always / Sometimes _____ Never
4. Has participation in training activities at your child's school or at the Special Education Department helped meet your needs as a parent of a child with a disability? (PI-20)
_____ Always / Sometimes _____ Never
5. Does the school send a progress report, related to your child's IEP goals and objectives, as often as report cards are issued to all students? (PI-21)
_____ Always / Sometimes _____ Never
6. Is a "Rights" brochure or pamphlet given and explained at each IEP-team meeting (unless you decline the pamphlet and explanation)? (PI-22)
_____ Always / Sometimes _____ Never
7. Does your child attend classes and other school activities other than special education classes during the school day? (FLRE-34)
_____ Always / Sometimes _____ Never

Comments:

Name and Phone Number (only if you would like to be contacted): _____