



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Division of Elementary, Secondary and Specialized Education (ESSE)

June 7, 2016

Dear Parents or Guardians,

This is a survey for families of students with Individualized Education Programs (IEPs) who received special education services during school year 2015-16 (August 2015 – June 2016). Your responses will help to improve services and results for children and families.

The Office of the State Superintendent of Education (OSSE) collects this information and reports a summary of the results to the US Department of Education as a part of DC's Annual Performance Report, as required by the Individuals with Disabilities Education Act (IDEA).

By completing this survey you will help inform the training and resources OSSE provides for families regarding special education. OSSE will share a summary of the results from the survey with your child's school, but no individual information (names, addresses or contact information etc.) will be shared about you and your child. Your responses are confidential.

You can complete the attached paper survey or complete it online by using the following link surveymonkey.com/r/OSSeparentsurvey2015_16. Please note you may skip any item that you feel does not apply to you or your child. This survey should take approximately 10 minutes of your time and will remain open until Monday, September 12, 2016. If you have more than one child who received special education services, please feel free to complete a survey for each child.

If you have questions or need assistance in completing the survey, please contact Ms. Sheryl Hamilton, Director of Community Learning and School Support, at 202-741-6404 or by email at Sheryl.Hamilton@dc.gov. Thank you in advance for your participation, and we look forward to hearing from you.

Sincerely,

Sheryl Hamilton, Director
Community Learning and School Support (CLASS) Cluster
202-741-6404 (office)
Sheryl.Hamilton@dc.gov



Division of Elementary, Secondary and Specialized Education

2015-16 Annual Parent Involvement Survey

By completing this survey you will help inform the training and resources OSSE provides for families regarding special education. Please note you may skip any item that you feel does not apply to you or your child. This survey should take approximately 10 minutes of your time and will remain open until Monday, September 12, 2016. If you have more than one child who received special education services, please feel free to complete a survey for each child. Thank you.

PARTNERSHIPS	The following question is about parent rights. Please think about whether teachers and administrators at your child's school make sure that you are aware of your parent rights or procedural safeguards:	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	1. My child's school ensures that I understand special education procedural safeguards (the rules that protect the rights of parents).							
PARENT RIGHTS/PROCEDURAL SAFEGUARDS	The following question is about how you feel about partnerships in your child's school. Please think about if you provided input into the development of your child's Individualized Education Program (IEP).	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	2. I am treated as an equal partner by my child's teachers and other professionals in planning his/her special education program.							
		Frequently	Weekly	Monthly	Upon Request	1-2 times a year	Never	
	3. How often do you communicate with your child's teacher about his/her progress?							
	4. How often do you initiate communication with your child's teacher, or follow up if you are contacted by the school?							
INVOLVEMENT AND PARTICIPATION	The following are regarding your participation in your child's IEP development. Think about if your family took part in your child's IEP meeting and development.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	5. My child's teachers and other professionals encourage me to participate in developing my child's Individualized Education Program (IEP).							
	6. My ideas and suggestions are considered at my child's IEP meetings.							
TRAINING AND INFORMATION	Provide a response about your child's school providing training and information to you during the school year.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	7. My child's school offers information and training that will help me participate fully in my child's IEP meetings.							
COMMUNICATION	Provide a response regarding the communication you receive from your child's school.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	8. My child's school shares, exchanges or imparts information, resources or news with me.							
	9. The information I receive about my child's special education program is communicated in an understandable way.							
	10. My child's school communicates regularly with me about my child's progress on their annual IEP goals.							
CULTURE	Please think about whether your child's school takes into account the customs, way of life, lifestyle, traditions, heritage, habits, values or attitudes of our family.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	11. My child's school shows respect for my culture as it relates to my child's education.							
SATISFACTION	Please indicate if you are pleased with or believe that the wishes, expectations, or needs of your family have been met.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	12. I am satisfied with the progress my child made during this past year.							
	13. My child's school asks for my opinion about how well my child is doing with their special education services.							

The following questions are regarding your child.

14. What is your child's race/ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Caucasian or White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian or Pacific Islander | |

15. What is your child's primary disability?

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment including Blindness |

16. In the 2015-16 school year, what was your child's grade?

Preschool	K	1	2	3	4	5	6	7	8	9	10	11	12
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17. In the 2015-16 school year, what was your child's age?

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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Division of Elementary, Secondary and Specialized Education – Distribution List
Parent Participation/Contact Information (Optional)

1. If you are interested in receiving information regarding trainings, public hearings or meetings for parents, please provide your contact information. This information will remain confidential.

Name: _____

Address: _____

City/Town: _____ State: _____

Email Address: _____ Phone Number: _____

2. Please provide your relationship to the child.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Father | <input type="checkbox"/> Adult sibling |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Step parent |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster care provider |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Other, please specify _____ |

3. Please select your age range.

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Under 17 | <input type="checkbox"/> 37-47 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 48-58 |
| <input type="checkbox"/> 26-36 | <input type="checkbox"/> 59 and older |