

The following questions are regarding your child. The US Department of Education requires OSSE to collect this data for reporting purposes.

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

- African American or Black
- Asian
- Caucasian or White
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Hispanic or Latino

11. What is your child's primary disability?

- Autism
- Emotional Disturbance
- Orthopedic Impairment
- Traumatic Brain Injury
- Deaf-Blindness
- Hearing Impairment
- Other Health Impairment
- Visual Impairment including Blindness
- Deafness
- Intellectual Disability
- Specific Learning Disability
- Developmental Delay
- Multiple Disabilities
- Speech/Language Impairment

12. In the 2020-2021 school year, what was your child's grade?

Preschool	K	1	2	3	4	5	6	7	8	9	10	11	12
-----------	---	---	---	---	---	---	---	---	---	---	----	----	----

13. In the 2020-2021 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
---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----

14. Where does your child attend school? (please state school name)

- District of Columbia Public Schools (DCPS) _____
- Public Charter Schools _____
- Others _____

15. Please select your ward residence:

- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Ward 6
- Ward 7
- Ward 8
- Not Known