



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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. My child's school asks for my opinion about how well my child is doing with their special education services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions are regarding your child.**

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

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

15. 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

16. In the 2018-19 school year, what was your child's grade?

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

17. In the 2018-19 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

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

- District of Columbia Public Schools (DCPS) \_\_\_\_\_
  Others \_\_\_\_\_  
 Public Charter Schools \_\_\_\_\_

**Division of Systems and Supports, K-12 – 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.

- Mother
  Grandfather
  Adult sibling
  Other, please specify \_\_\_\_\_  
 Father
  Aunt
  Step parent  
 Grandmother
  Uncle
  Foster care provider

3. Please select your age range.

- Under 17
  18-25
  26-36
  37-47
  48-58
  59 and older