

**Parent Advisory Committee
Families with Disabilities
Parent Survey 2005/2006**

Please respond to the following statements. Circle the one that most accurately reflects your experience with your child's educational program(s). Thank you.

1. **Name:** _____

2. **Your E-mail Address:** _____

3. **Your Child's School:** _____

4. Child's Grade Level:

If you have more than one child receiving services, fill out the survey and answering the questions with only one child in mind. Please circle the grade level of your child below.

Preschool Elementary Jr. High Senior High

5. Please circle the letter below that describes your child's educational programs/services.

- a. Early Childhood Program (prior to 5 years old)
- b. Special Education at Neighborhood School
- c. Special Education/Self Contained Program
- d. Special Education & Therapy
- e. Therapy Only (Occupational, Speech, etc.)
- f. English Language Learner (ELL)
- g. Title I/LAP (Assistance in reading/math)
- h. Unsure

6. Please Circle the number that best describes your opinion to the following statements.

1. *Strongly Agree* 2. *Agree* 3. *Disagree* 4. *Strongly Disagree* 5. *Don't know*

- a. The people who work with my child are open and communicate a caring attitude toward my child and family. 1 2 3 4 5
- b. I have had the opportunity to become actively involved in my child's program. 1 2 3 4 5
- c. I have had the opportunity to give my input in my child's program. 1 2 3 4 5
- d. When I've had a concern about my child's program, the school staff has been understanding and responds in a timely manner. 1 2 3 4 5
- e. I am informed on my child's progress, services, and activities. 1 2 3 4 5
- f. Overall, the program(s) and services are appropriate for my child's needs. 1 2 3 4 5

9. Please include additional comments or suggestions below:

Please feel free to write additional comments on the back of this form. Thank you for your participation.

7. What do you see as a strength of your child's program?
8. What will improve your child's program?
9. What is the greatest challenge to you as a parent/guardian of a special education student?
10. What are some topics you may be interested in learning more about? Please check all that apply below:

- | | |
|--|---|
| <input type="checkbox"/> Understanding Your Child's IEP | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> District Special Education Services & Options | <input type="checkbox"/> Autism/Asberger's |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Parent Rights & Responsibilities |
| <input type="checkbox"/> Legislative Issues | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Community and School Resources | <input type="checkbox"/> Recreation Opportunities |
| <input type="checkbox"/> State Service Agencies | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Communication: School & Family | <input type="checkbox"/> Other _____ |

11. Would you need childcare in order to attend meetings? Yes No

12. What are good times for you to attend meetings? (*circle all that apply*)

- 6:00 PM 6:30 PM 7:00 PM Other (please explain)

13. How often would you like to see the meeting occur? (*circle all that apply*)

- Monthly Every two months Quarterly

14. Are you interested in being a core team of the Advisory Committee? Yes No

If yes, please provide your name(s) and phone number(s).

Thank you for taking the time to fill out this survey.
The information you have provided is greatly appreciated!

Please mail the completed survey to:

Parent Advisory Committee
c/o Parent Support Group
10412 264th ST E
Graham, WA 98338
or
Take It To Your Child's School