

The Indiana Department of Education (IDOE) is asking for your help with an important survey to learn more about how Indiana families feel about the special education services that schools provide. All survey responses are confidential, and no individual information is disclosed. You do not need to answer a question if you do not want to, and your school will not be able to identify you as a responder to the survey. The results will be totaled and used by the Indiana Department of Education and school districts. Thank you.

School Corporation Name:							
School Name:							
Child's Grade:	Preschool/ Pre- Kindergarten	Kindergarten	1	2	3	4	5
Cilia's Grade.	6	7	8	9	10	11	12
	Adult (18-22 yea	r old programm	ning)				
Child's Race/Ethnicity:	American Indian/ Alaskan Native	Asian	Black/African American	Hispanic	Multiracial (two or more races)	Native Hawaiian/ Pacific Islander	White
Child's Primary Disability: Please select only one (1)	Autism Spectrum Disorder	Blind or Low Vision	Deaf-blind	Deaf or Hard of Hearing Developmen Delay (Ages 3-8 or		Emotional Disability	Intellectual Disability
	Language or Speech Impairment	Multiple Disabilities	Other Health Impairment	Orthopedic Impairment	Specific Learning Disability	Traumatic Brain Injury	
Home Language:	Burmese	English	Spanish	Other			
If other was selected for Hor							
please write your Home Lan	guage:		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable/
Lwae coneidorod ae an ogua	l partner and c	300	Disagree			Agree	Not Needed
I was considered as an equal partner and case conference committee (CCC) member by teachers and other professionals in developing my student's Individualized Education Program (IEP).							
I am encouraged to participa		on-making					
My concerns related to my s	tudent's educa	tion program					
were discussed.	acament was di						
My student's educational pla and I agreed with the decision							
program will take place.	•						
My recommendations related	d to my student	's education					
program were considered. I understand the information	itton in the l	ED.					
Teachers and/or adminstrate							
me.	ors are available	o to speak to					
I gave consent for the meeting	ng to take place	today.					
I gave consent for my student to receive the special education services proposed. I gave consent for an initial evaluation or reevaluation							
leading up to the CCC meeti							
I was provided with the evaluation procedures the school proposed to conduct for my student's initial evaluation or reevaluation.							
I understand why additional		eded to					
determine my student's eligi							
I understand why my student is in their determined eligibility category, and I was given the opportunity to examine the evaluation reports used to determine the							
eligibility category.							
The school explained what options families have if they disagree with a decision of the school.							
I was given information about organizations that offer support for families of students with disabilities.							
If needed, were interpreting services offered to you for your meeting?							
your meeting? I receive progress reports at least as often as my student's grade level peers who are not receiving							
School staff offered an explanation of the Notice of Procedural Safeguards (rules that protect the rights of							
parents). The school provides the san							
students with disabilities as those without disabilities.							

Comments:	

Supplemental Questions

The following questions are not used in the State of Indiana's calculation of parent involvement (Indicator 8), but will be used to improve special education programming around the state.

For students who are in preschool/pre-Kindergarten only, please answer the following questions Not Applicable/ Disagree Agree Not Needed The school communicated the results of my student's I-SPROUT assessment with me. The school used the I-SPROUT assessment to individualize my student's learning experience with my input.
The school provided opportunities to engage in my student's transition to Kindergarten.

For students who are in **grades 8, 9, 10, 11, 12 or Adult programming (18-22 year olds) only**, please answer the following questions:

	Agree	Disagree	Not Applicable/ Not Needed
The school communicated about pre-employment transition services (pre-ETS) opportunities with me and my student.			
The school provided opportunities to engage in my student's transition to life after high school.			
The school provided community resource information such as independent living centers, vocational rehabilitation (VR), INSOURCE, or other community services.			
The school communicated information about supported decision making and how there are alternatives to guardianship.			