



Indiana Department of Education

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.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable/ 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 participate in the decision-making process.					
My concerns related to my student's education program were discussed.					
My recommendations related to my student's education program were considered.					
I understand the information written in the IEP.					
Teachers and/or administrators are available to speak to me.					
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?					

Comments:

School Corporation Name:

School Name:

Child's Grade	Preschool/ Pre-Kindergarten	Kindergarten	1	2	3	4	5
	6	7	8	9	10	11	12
Adult (18-22 year old programming)							

Child's Race/Ethnicity:	American Indian/ Alaskan Native	Black/African American	Asian	Hispanic	White	Multiracial (two or more races)	Native Hawaiian/ Pacific Islander
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Child's Primary Disability: Please select only one	Autism Spectrum Disorder	Blind or Low Vision	Deaf or Hard of Hearing	Deaf-blind	Developmental Delay (Ages 3-8 only)	Emotional Disability	Intellectual Disability
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Please select only one	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 Home Language, please write your Home Language:							