

South Pasadena Council PTA Special Needs Committee

**SPECIAL EDUCATION SURVEY
May 2018**

The South Pasadena Council PTA Special Needs Committee is made up of parents of special needs students, teachers, staff, and administrators. The committee works to improve the special education programs of the South Pasadena Unified School District (SPUSD). Please help us by completing the survey below. Please respond to each question as it relates to the 2017-18 school year and your child's most recent IEP (Individualized Education Program). It will take about 5 - 10 minutes to complete the survey.

Since your answers are valuable to us, you may also receive a paper version of this survey. ***Please only fill out one version of the survey per child - either the online version or the paper version.*** If you prefer to complete the paper version, then please return it to your child's case carrier or mail it in the attached self-addressed stamped envelope. Thank you!

Please return this survey by June 1, 2018

Your responses are completely voluntary and anonymous. Your answers will not be tied to you or your child.

1. My child attends the following school (2017-18):

- | | |
|--|---|
| <input type="checkbox"/> Preschool at Arroyo Vista Elementary School | <input type="checkbox"/> South Pasadena Middle School |
| <input type="checkbox"/> Arroyo Vista Elementary School | <input type="checkbox"/> South Pasadena High School |
| <input type="checkbox"/> Marengo Elementary School | <input type="checkbox"/> Post-High School |
| <input type="checkbox"/> Monterey Hills Elementary School | <input type="checkbox"/> Other _____ |

2. My child receives the following special education services: (Please mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Adaptive PE (Physical Education) | <input type="checkbox"/> Classroom instruction by a Special Education Teacher (sometimes called SDC) |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling and Guidance | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Support from a Special Education Teacher (sometimes called Resource Specialist (RSP) or Learning Lab Teacher) | |

3. My child's race/ethnicity is: (Please mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I prefer not to say | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Hispanic or Latino |

4. My child is an English Language Learner. (Please mark only one.)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> I prefer not to say | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |

5. My child's primary exceptionality/disability is: (This is the one listed first on your child's IEP. Please mark only one.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment Including Blindness |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other Health Impairment | |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Specific Learning Disability | |

6. Given the constraints of the school day, my child's IEP was scheduled at a satisfactory time to me. (Please check one.)

- | | | | | | |
|---|--|-----------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> Very Strongly Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Very Strongly Agree |
|---|--|-----------------------------------|--------------------------------|---|--|

If you disagree, please explain why. _____

7. Upon request, I was given any reports and/or evaluations associated with my child prior to the IEP meeting. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

If you disagree, please explain why. _____

8. My views about placement and services were given appropriate consideration by the IEP team. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

If you disagree, please explain why. _____

9. I feel that the IEP team's decision regarding placement and services for my child was appropriate. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

If you disagree, please explain why. _____

10. My child is getting the amount and type of services that are listed in his or her IEP. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain. _____

11. I receive reports on my child's progress towards meeting his/her IEP goals as specified in his/her IEP. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

If you disagree, please explain why. _____

12. I understand the progress reports on my child's IEP goals. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain why or why not. _____

13. If requested, I receive evidence of my child's progress toward his/her IEP goals. (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain. _____

14. I have a good working relationship with my child's teacher(s). (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain why or why not. _____

15. I have a good working relationship with special education staff (other than classroom teachers). (Please check one.)

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain why or why not. _____

16. I am satisfied with the transportation provided for my child.

- Not Applicable Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain why or why not. _____

17. My child went through the following transition this year:

- | | |
|---|--|
| <input type="checkbox"/> Grade to grade, within the same school | <input type="checkbox"/> High school to post-high school (<i>*if marked, please answer additional questions 19 - 22 below</i>) |
| <input type="checkbox"/> Preschool to elementary | <input type="checkbox"/> Other transition (please specify) _____ |
| <input type="checkbox"/> Elementary to middle school | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Middle school to high school | |

18. How might your child's transition have been improved this year?

***Please answer questions 19 through 22 below only if your child went through a high school to post-high school transition. Otherwise, please skip to question 23.**

19. My child participated in the transition planning process.

- Yes No

20. My child and I felt that the transition plan was meaningful.

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain. _____

21. My child and I were satisfied with the IEP services and supports provided to support my child's transition goals.

- Very Strongly Disagree Strongly Disagree Disagree Agree Strongly Agree Very Strongly Agree

Please explain. _____

22. According to my child's IEP, his/her high school course of study will lead to:

- Certificate of completion California high school diploma
-

23. The school or district my child attends is doing well in the following areas: (Optional)

24. My suggestions for improving services include: (Optional)

**25. I would be interested in attending a PTA-sponsored event on the following topics:
(Please mark all that apply.)**

- Special Needs Conference** - Saturday half-day conference held at SPHS with various speakers and topics (The next Special Needs Conference will be held in 2020.)
Please list specific speakers or topics you would be interested in: _____

- Behavior support in the classroom and home
- Teaching parents how to help their child succeed in school
- How to ease the transition from elementary to middle school, middle school to high school, and post-high school
- IEP 101: A Parents' Guide to IEPs
- Pathways to participation in general education
- Understanding school discipline for students with disabilities
- Making decisions about medications
- Assistive Technology and Augmentative and Alternative Communication (AAC)
- Other (please list your suggestions): _____

26. Would you have preferred this survey in another language?

- Yes No

If yes, please specify your preferred language: _____

**27. I would be willing to be contacted for further comments or recommendations.
Supplying my contact information will not impact any services my child is receiving.**

Name _____

Email Address _____ Phone Number _____