## **Parent Survey – Preschool Special Education**

This is a survey for parents of students who received preschool special education services during the **2008-2009** school year. (Kindergarten is considered preschool if your child was not yet six years old prior to the start of the 2008-2009 school year. Your responses will help to guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: **very strongly agree, strongly agree, agree, disagree, strongly disagree, very strongly disagree**. In responding to each statement, think about your experience and your child's experience with preschool special education during the **2008-2009** school year. You may skip any item that you feel does not apply to you or your child.

Use #2 Pencil or Black or Blue Pen Proper Marks M	$\setminus$	$\setminus$	Len	stional see			
Proper Marks Improper Marks	nojų Agi	$\langle \rangle$	Stron	Strongly Disagl			
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1. I am part of the IEP/IFSP decision-making process.		(2)	3	(4)	5	6	"
2. My recommendations are included on the IEP/IFSP.	(1)	2	3	(4)	5	6	"
3. My child's IEP/IFSP goals are written in a way that I can work on them at home							
during daily routines.		2	3	4	5	6	"
4. My child's evaluation report was written using words I understand.	1	2	3	4	5	6	"
5. The preschool special education program involves parents in evaluations of							
whether preschool special education is effective.	1	2	3	4	5	6	Ľ
6. I have been asked for my opinion about how well preschool special education							
services are meeting my child's needs.	1	2	3	4	5	6	Ľ
<u>People from preschool special education, including teachers and other</u> service providers							
7 provide me with information on how to get other services (e.g., childcare, parent							
support, respite, regular preschool program, WIC, food stamps).	1	2	3	4	5	6	lle
8 are available to speak with me.	1	2	3	4	5	6	lle
9 treat me as an equal team member.	1	2	3	4	5	6	lle
10 encourage me to participate in the decision-making process.	1	2	3	4	5	6	lle
11 respect my culture.	1	2	3	4	5	6	lle
12 value my ideas.	1	2	3	4	5	6	lle
13 ensure that I have fully understood my rights related to preschool special education.	1	2	3	4	5	6	lle
14 communicate regularly with me regarding my child's progress on IEP/IFSP goals.	1	2	3	4	5	6	lle
15 give me options concerning my child's services and supports.	1	2	3	4	5	6	lle
16 provide me with strategies to deal with my child's behavior.	1	2	3	4	5	6	ll -
17 give me enough information to know if my child is making progress.		2	3	4	5	6	11.
18 give me information about the aproaches they use to help my child learn.		2	3	4	5	6	.
19 give me information about organizations that offer support for parents (for example,					0		
Parent Training and Information Centers, Family Resource Centers, disability groups).	1	2	3	(4)	5	6	11.
20 offer parents training about preschool special education.	1	2	3	(4)	5	6	Ш.
21 offer parents different ways of communicating with people from preschool special							
education (e.g., face-to-face meetings, phone calls, e-mail).	1	2	3	4	5	6	Ш.
22 explain what options parents have if they disagree with a decision made by the							
preschool special education program.	1	2	3	4	5	6	
23 give parents the help they may need, such as transportation, to play an active role							
in their child's learning and development.	1	2	3	(4)	5	6	.
24 offer supports for parents to participate in training workshops.	1	2	3	(4)	5	6	
25 connect families with one another for mutual support.		2	3	4	5	6	
							П.

2				
	6. State of Residence			
1	<ul> <li>Maryland</li> </ul>	○ Delaware ○ Vi	rginia	
1	<ul> <li>District of Columbia</li> </ul>	O Pennsylvania		
2	7. School system of servic	ce during 2008-2009 (Select	the Maryland School system tha	t provided services for
			system during 2008-2009):	
	○ Allegany	○ Caroline ○ Fred		◯ Talbot
	O Anne Arundel	O Carroll O Garro	- 0 ,	Washington County
	<u> </u>	O Cecil O Harfo	-	
	Baltimore City     Deltimore County		-	Wicomico County
١.	O Baltimore County	○ Charles ○ How	,	○ Worcester
1	<ul> <li>Calvert</li> </ul>	○ Dorchester ○ Kent	<ul> <li>Somerset</li> </ul>	
2	8. Child's Age in Years (as	s of September 30, 2008)		
d -	$\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc$	4 0 5 0 6 0 7	08	
			-	
2	9 Child's Age When First	Referred to Early Interventi	on or Special Education	
<b>_</b>	-	-	-	
1	O Under 1 year OR (	$\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4$	○ 5 ○ 6 ○ 7 ○ 8	
3	0. Child's Race/Ethnicity (	(Bubble <u>ONE</u> ONLY.)		
d -	<ul> <li>White</li> </ul>	O Hispanic or Lati	no 🛛 🔿 American Indian c	vr Alaskan Nativo
1				Alaskall Native
	O Black or African-Ameri	- ·		
	<ul> <li>Black or African-Ameri</li> </ul>	- ·		
•	Black or African-American	- ·		
3		ican O Asian or Pacific	Islander O Multi-racial	
3	1. Child's Primary Excepti	onality/Disability (Bubble o		
3	1. Child's Primary Excepti more than one disabilit	ican Asian or Pacific onality/Disability <i>(Bubble g</i>	Islander OMulti-racial	ties if your child has
3	<ol> <li>Child's Primary Excepti more than one disabilit</li> <li>Autism</li> </ol>	ican Asian or Pacific onality/Disability (Bubble of ty.) O Emotional Disturbance	Islander OMulti-racial	t <b>ies if your child has</b> ◯ Traumatic Brain
3	<ul> <li>1. Child's Primary Excepti more than one disabilit</li> <li>Autism</li> <li>Deaf-Blindness</li> </ul>	ican Asian or Pacific onality/Disability (Bubble g ty.) Emotional Disturbance Hearing Impairment	Islander Multi-racial <u>ONE</u> ONLY. Use Multiple Disabilit Orthopedic Impairment Other Health Impairment	t <b>ies if your child has</b> O Traumatic Brain Injury
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