

Parent Survey

***My child currently attends a:**

- Primary School Intermediate School Middle School High School

My child's school is: (optional) _____

***Select your level of agreement with each statement.**

Strongly Agree Agree Disagree Strongly Disagree

1. Our child's school provides adequate and quality personnel and services for students with disabilities.
2. Our child is considered a full member of the student body in his/her school.
3. All faculty members we have talked with seem to feel a strong sense of responsibility for all students, including students with disabilities.
4. I am knowledgeable of the contents of our child's IEP/BIP*.
5. I attended our child's most recent IEP team meeting.
6. Our child's teachers accommodate and modify instruction as specified in the IEP/BIP.
7. Our experience in attending ARD* meetings in East Central Independent School District has been positive.
8. My child's general and special education teachers work together to plan and deliver his/her educational program.
9. The educators at my child's school treat us as full and equal partners in matters concerning my child's educational program.
10. We think that children benefit when special education students and general education students are educated in the same classroom.
11. We feel supported by our child's principal in our efforts to assure that our child receives a quality education.
12. We feel supported by the central office staff in our efforts to assure that our child receives a quality education.
13. We believe we understand how our student's grades are being determined.
14. We believe our child's teachers have the skills and experience to provide the quality instruction that our child needs.

***IEP: Individualized Education Plan**

***BIP: Behavioral Intervention Plan**

***ARD: Admission, Review and Dismissal**

***Suggestions for improving services for students with disabilities:**

***Positive aspects of services for students with disabilities:**