

People from preschool special education, including teachers and other service providers: (continued)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
15. - give me options concerning my child's services and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. - provide me with strategies to deal with my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. - give me enough information to know if my child is making progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. - give me information about the approaches they use to help my child learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. - give me information about organizations that offer support for parents (for example, Parent Training and Information Centers, Family Resource Centers, disability groups).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. - offer parents training about preschool special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. - offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mails).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. - explain what options parents have if they disagree with a decision made by the preschool special education program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. - give parents the help they may need, such as transportation, to plan an active role in their child's learning and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. - offer support for parents to participate in training workshops.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. - connect families with one another for mutual support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEMOGRAPHIC INFORMATION FOR REPORTING ONLY

<p>26. Child's age in years:</p> <p><input type="radio"/> Less than 1 <input type="radio"/> 4</p> <p><input type="radio"/> 1 <input type="radio"/> 5</p> <p><input type="radio"/> 2 <input type="radio"/> 6</p> <p><input type="radio"/> 3</p>	<p>27. Child's age when first referred to Early Intervention or Special Education:</p> <p><input type="radio"/> Less than 1 <input type="radio"/> 4</p> <p><input type="radio"/> 1 <input type="radio"/> 5</p> <p><input type="radio"/> 2 <input type="radio"/> 6</p> <p><input type="radio"/> 3</p>	<p>28. Is your child Hispanic or Latino?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>29. Child's race: (Mark all that apply)</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Black or African-American</p> <p><input type="radio"/> Asian or Pacific Islander</p> <p><input type="radio"/> American Indian or Alaskan Native</p>
<p>30. Child's primary exceptionality/disability: This is the one listed first on your child's IEP. (Mark only one)</p> <p><input type="radio"/> Autism <input type="radio"/> Emotional Disturbance <input type="radio"/> Orthopedic Impairment <input type="radio"/> Traumatic Brain Injury</p> <p><input type="radio"/> Deaf-Blindness <input type="radio"/> Hearing Impairment <input type="radio"/> Other Health Impairment <input type="radio"/> Visual Impairment including Blindness</p> <p><input type="radio"/> Deafness <input type="radio"/> Intellectual Disability <input type="radio"/> Specific Learning Disability</p> <p><input type="radio"/> Developmental Delay <input type="radio"/> Multiple Disabilities <input type="radio"/> Speech or Language Impairment</p>		
<p>31. Is your child:</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	<p>32. I am this child's: (Mark only one)</p> <p><input type="radio"/> Parent</p> <p><input type="radio"/> Educational Surrogate</p> <p><input type="radio"/> Guardian</p>	<p>33. What is the full name of the school your child attends? (Please do not abbreviate.) This is for reporting purposes only.</p> <p>_____</p>
<p>34. Have you completed <u>this</u> survey for <u>this</u> child in the past?</p> <p><input type="radio"/> Yes <input type="radio"/> No, I did not know about this survey.</p> <p><input type="radio"/> No, this child was not receiving special education services in the past. <input type="radio"/> No, for a different reason (explain) _____</p> <p><input type="radio"/> I'm not sure/I can't remember</p>		

PLEASE MAIL COMPLETED SURVEYS BY JUNE 15, 2018.
Thank you for taking the time to answer these questions.
Your input matters to the state of New Hampshire.