



Preschool Special Education Family Survey

This is a survey for parents of students receiving special education services. Your responses will help improve services and results for children and families.

There are two versions of this form: **This is the Preschool form for children who are not yet in kindergarten.** If your child is in kindergarten or above, please complete the **School-Age form**. **COMPLETE ONE SURVEY FOR EACH CHILD WHO RECEIVES SPECIAL EDUCATION SERVICES.**

Your participation is voluntary. Your responses will be kept confidential. Panorama Education is collecting surveys, not your child's school or district. You can complete this form and return it using the postage-paid envelope provided, or go to www.NHParent.com and complete the survey online. **PLEASE COMPLETE SURVEYS BY JUNE 14th, 2019.**

Para completar la encuesta en español, visite www.NHParent.com.

If you need help to complete the survey, contact: Panorama Education at support+nhdoe@panoramaed.com. Si necesita ayuda completando la encuesta, comuníquese con Panorama Education a support+nhdoe@panoramaed.com.

Preschool Special Education Partnership Efforts and Quality of Services

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am part of the IEP decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My recommendations are included on the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child's IEP goals are written in a way that I can work on them at home during daily routines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child's evaluation report (written summary) was written using words I understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The preschool special education program involves parents in evaluations of whether preschool special education is effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how strongly you agree or disagree with the following statements. **People from preschool special education, including teachers and other service providers:**



	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
7. Provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are available to speak with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Treat me as an equal team member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Respect my culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Encourage me to participate in the decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Value my ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Ensure that I have fully understood my rights related to preschool special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Communicate regularly with me regarding my child's progress on IEP goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>



	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
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 play 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

Please note that this information is only used for better understanding how we can support different groups within school communities.

	Less than 1	1	2	3	4	5	6
26. Child's age in years:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Child's age when first referred to Early Intervention or Special Education:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Is your child Hispanic or Latino?

- Yes No

29. Child's race: (Mark all that apply)

- White
 Asian or Pacific Islander
 Black or African-American
 American Indian or Alaskan Native

30. Child's primary exceptionality/disability: This is the one listed first on your child's IEP. (Mark only one)

- Autism
 Deaf-Blindness
 Deafness
 Developmental Delay
 Emotional Disturbance
 Hearing Impairment
 Intellectual Disability
- Multiple Disabilities
 Orthopedic Impairment
 Other Health Impairment
 Specific Learning Disability
 Speech or Language Impairment
 Traumatic Brain Injury
 Visual Impairment including Blindness



31. Is your child:

Male Female

32. I am this child's:

Parent Educational Guardian
Surrogate

33. Type of school your child attends:

Elementary School Middle School High School Other

34. What is the full name of the school your child attends? (Please do not abbreviate.) This is for reporting purposes only.

35. Have you completed this survey for this child in the past?

Yes No, I did not know about this survey. No, this child was not receiving special education services in the past. No, for a different reason. I'm not sure/I can't remember.

36. If you chose "No, for a different reason" in the question above, please explain.
