

# California Department of Education

## Special Education Comprehensive Review Parent Survey

School District: \_\_\_\_\_ School Site: \_\_\_\_\_

The California Department of Education Special Education Division (CDE-SED) conducts comprehensive reviews of selected school districts each year. This survey is designed to capture parent opinion and experience related to specific compliance areas and educational practices for students with disabilities. Your input will help the CDE-SED identify areas that may need improvement and will assist in shaping additional monitoring activities (e.g., staff/parent interviews, document reviews, school site visits, etc.). Complete/Return the survey within 2 weeks.

**Mail:** Robin Ryan, Seeds of Partnership,  
Sacramento County Office of Education,  
P.O. Box 269003, Sacramento, CA 95826

**OR** Complete the survey online  
at [www.seedsofpartnership.org/  
monitoringsurvey](http://www.seedsofpartnership.org/monitoringsurvey)

**OR** Scan the QR code  
using a phone/tablet



### Child's Primary Disability *(mark only one)*

- |  |   |   |  |
|--|---|---|--|
| <input type="radio"/> Autism                         | <input type="radio"/> Deaf-Blindness          | <input type="radio"/> Deafness                | <input type="radio"/> Emotional Disturbance        |
| <input type="radio"/> Established Medical Disability | <input type="radio"/> Hard of Hearing         | <input type="radio"/> Intellectual Disability | <input type="radio"/> Multiple Disabilities        |
| <input type="radio"/> Orthopedic Impairment          | <input type="radio"/> Other Health Impairment | <input type="radio"/> Visual Impairment       | <input type="radio"/> Specific Learning Disability |
| <input type="radio"/> Speech/Language Impairment     | <input type="radio"/> Traumatic Brain Injury  | including Blindness                           |  |

### Child's Race/ Ethnicity *(select one or more)*

- |   |   |
|---|---|
| <input type="radio"/> American Indian or Alaska Native          | <input type="radio"/> Black or African American |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> Hispanic or Latino        |
| <input type="radio"/> White or Caucasian                        | <input type="radio"/> Asian                     |

### Prefer not to answer

### Child's Age *(in years)*

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="radio"/> 3 to 5   | <input type="radio"/> 13 to 15 |
| <input type="radio"/> 6 to 9   | <input type="radio"/> 16 to 17 |
| <input type="radio"/> 10 to 12 | <input type="radio"/> 18 to 22 |

**Please think about your experience and your child's experience with Special Education over the past year.**

### General

Strongly Agree  
Agree  
Uncertain  
Disagree  
Strongly Disagree

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Overall, my child is learning and developing in his/her education program.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The school staff makes a genuine effort to support my child to achieve positive results and outcomes.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The school district facilitates (encourages, helps with, provides opportunities related to) parent involvement as a means of improving services and results for my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Individual Education Program (IEP) and Meeting

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. The school staff makes sure that I have been informed of the Procedural Safeguards (the rules in federal law that protect the rights of parents).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. My child's IEP team included all required participants (e.g., parent(s), teachers, service providers, administrator/representative).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. A general education teacher attended/participated in my child's IEP meetings.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. At the IEP meeting, my child's goals were reviewed and revised based on both progress and lack of progress.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The IEP team provided a learning environment that is based on my child's unique needs and learning abilities (e.g., general education classroom, special day class, learning center/resource, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. My suggestions and concerns were considered when developing my child's IEP.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Strongly Agree  
Agree  
Uncertain  
Disagree  
Strongly Disagree

**Student Success in Education**

10.	My child receives the services listed on his/her IEP. (e.g., speech, physical therapy, counseling, transportation, etc.)	0	0	0	0	0
11.	The school staff assists my child with achieving the goals listed in his/her IEP.	0	0	0	0	0
12.	The teachers and service providers know their responsibilities and follow through with my child's IEP (e.g., accommodations and modifications).	0	0	0	0	0
13.	The school staff creates formal and informal opportunities to regularly communicate between home and school.	0	0	0	0	0
14.	I receive reports on my child's progress toward meeting IEP goals as often as the general education report card schedule (e.g., quarterly, trimester, etc.).	0	0	0	0	0
15.	My child has the opportunity to participate in school and extra curricular activities (e.g., assemblies, field trips, other school sponsored activities).	0	0	0	0	0

**Assessment Planning and Procedures**

16.	The special education assessments my child received identified his/her academic and functional needs.	0	0	0	0	0
17.	The results of my child's assessment were used to plan his/her IEP goals.	0	0	0	0	0
18.	The IEP team discussed how my child would participate in state and district testing, including accommodations and modifications.	0	0	0	0	0

**Secondary Transition** *(Only for students turning 16 years old before their next IEP meeting)*

19.	The IEP team discussed transition services for my child (e.g., employment, independent/supported living, required education classes).	0	0	0	0	0
20.	The goals and services included in my child's transition plan are good next steps for my child in planning and reaching future goals.	0	0	0	0	0
21.	The IEP team/school staff are following through with the transition plan for my child.	0	0	0	0	0

**Students Identified as English Language Learners** *(If doesn't apply, leave blank)*

22.	The school staff provides assistance to help my child learn the English Language.	0	0	0	0	0
23.	The school staff provides language support to help my child learn in all academic areas.	0	0	0	0	0
24.	The school staff have provided an interpreter and information in my native language when I have requested it.	0	0	0	0	0

**Additional Comments?** *(About this year's Special Education experience)*

*(Optional)* Parent/Guardian Name:  
Child's Name:

Email:  
Phone Number: