

PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.
 The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

ALL INFORMATION IS CONFIDENTIAL

DIRECTIONS: After each statement, please use a number two pencil and fill in the circle that describes your experience with your child's IEP.

Correct Mark  Incorrect Marks    

A. Regarding your child's current IEP:

	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I received notice of the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I received "The IEP and You" pocket guide with the notice of the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The IEP meeting was held in an appropriate setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Related services were discussed and decided upon, if relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If I needed an oral interpretation of the IEP team meeting, an interpreter was provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The interpretation of the IEP team meeting allowed me to participate in the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. If I needed a written translation of the IEP, translation services were offered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B.. Regarding your child's previous IEP (if relevant)

16. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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ADDITIONAL COMMENTS

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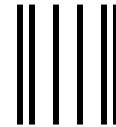


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Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank You!

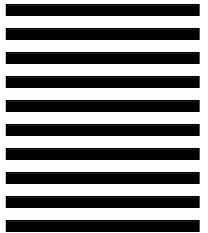


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PARENT INPUT SURVEY

English

Commodity Code: 966 12 24990

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