

Delaware Department of Education
Parent Satisfaction Survey for Families of Students with Disabilities



Please return this survey in the envelope provided by March 31, 2023

District: _____

My child's primary disability is:							
<input type="checkbox"/>	Mild Intellectual Disability	<input type="checkbox"/>	Severe Intellectual Disability	<input type="checkbox"/>	Visual Impairment including Blindness	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Emotional Disability	<input type="checkbox"/>	Other Health Impairment	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Developmental Delay
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Orthopedic Impairment	<input type="checkbox"/>	Deaf-Blind	<input type="checkbox"/>	Preschool Speech Delay (3 and 4 year olds only)
<input type="checkbox"/>	Moderate Intellectual Disability	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Speech and/or Language Impairment		

My child's age is:	<input type="text"/>
---------------------------	----------------------

My child's race/ethnicity is:			
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Asian
<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Caucasian/White
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Multi-Racial		

Definitions

Procedural Safeguards: The regulations that protect the rights of students with disabilities and their families.

Least Restrictive Environment: The classroom setting in which the child is receiving special education services: general education classroom, small group setting or other setting based on the needs of the child.

Accommodations/Modifications: Changes that allow a person with a disability to access and participate in the general education such as large print, extra time to complete tests, etc.

Extended School Year (ESY): Special education and/or related services that are provided to a child with a disability beyond the normal school year of the public agency in accordance with the child's IEP and at no cost to the parents of the child; and meets the standard of one or more of the following criteria: regression/recoupment, degree of impairment, vocational, extenuating circumstances, or breakthrough opportunity.

Individualized Education Program (IEP): The plan developed by the child's IEP team which outlines the special education and/or related services the child will receive.

IEP Team: The team of people who meet to review an evaluation for special education services, develop an IEP and/or discuss the child's special education services and supports.

This survey was developed by the Delaware Department of Education in collaboration with the following stakeholder groups that support families of students with disabilities:



Please complete survey questions on the back. Thank you.



Delaware Department of Education
 Parent Engagement Survey for Families of Students with Disabilities



Please indicate whether you strongly agree, agree, disagree, strongly disagree, or are unsure for each statement below.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure or N/A
The school encourages and supports my involvement in my child's education in order to improve services and results for my child.					
I participate in school-sponsored activities such as open house, parent conferences, special events, volunteer, etc.					
I am given the opportunity to provide input into my child's IEP prior to the IEP meeting. Examples of providing input may include a parent survey and/or review of my child's draft IEP.					
I received or was offered a copy of my parental rights and procedural safeguards booklet, "Special Education Rights of Parents and Children" at my child's IEP meeting.					
My child's IEP is explained to me in terms I understand.					
My child's IEP addresses his/her academic, behavioral, social/emotional, and functional needs.					
The IEP team discussed whether my child needs ESY (Extended School Year) services.					
Staff that work with my child understand his/her disability.					
I am comfortable expressing concerns to school staff and my concerns and opinions are respected by the IEP team.					
I feel I can disagree with my child's special education program or services without negative consequences for me or my child.					
I receive a copy of my child's progress on IEP goals at the end of each marking period.					