



Pace School Parent Survey
Fall 2023



Dear Parents: Your input regarding your satisfaction with that your child attends is important. Thank you in advance for completing the survey.

Student Name: _____ *(required for raffle only)*

Child's Age: (check one) ___age 5-8 ___age 6-10 ___age 11-13 ___age 14-21

Child's Disability: (check all that apply) ___Autism ___Emotional Disturbance ___Intellectual Disability
___Specific Learning Disability

Participates in Partial Hospitalization Program (PHP)? _____Yes _____No

Please rate how Pace School has helped with the following:

Item	Excellent	Good	Satisfactory	Poor	N/A
Improving the learning outcomes for your child					
Encourages me to be an active partner with the school in educating my child					
Providing secondary transition planning and support					
Promoting academic success for all students					
Treating all students with respect					
Providing a safe place for my child					
Quality counseling or other ways to help students with social and emotional needs					
Giving students opportunities to "make a difference" by helping other people, the school, or their community					
Keeping me well informed about school activities					
Communicating the importance of respecting all cultural beliefs and practices					
Promptly responding to phone calls, messages, and emails					
Satisfaction with your child's overall program					
How is the communication with staff from Pace School					

I feel my opinion is valued and respected. _____ Yes _____ No

Did you have input in the development of your child's last IEP? _____ Yes _____ No

There is at least one teacher or other adult in the school I can talk to if I have a problem. _____ Yes _____ No

Any additional comments?

Comments:

--

Thank you for your input!