

Bell County Board of Education

SPECIAL EDUCATION DEPARTMENT

Dr. Mitch Bailey, Director of Exceptional Children and Support Services

PO Box 340, 9828 US HWY 25E, 2nd Floor, Pineville, KY 40977

(606) 337-7051 Fax (606) 337-1412

<http://www.mitch.bailey@bell.kyschools.us>

Dear Parents and Guardians,

Bell County Schools and the Kentucky Department of Education (KDE) value your input and want to hear about your experience as a parent or guardian of a child with an Individual Education Program (IEP). The information you offer will give the KDE and **Bell County Schools** valuable data on how to improve parent and family engagement.

To collect your input, we ask that you complete a brief survey about how the school supported parent or guardian engagement to improve services and results for your child during the **current** school year. Specifically, we want to hear about how your child's school involves you in the special education process. The survey is available in English, Spanish, Arabic, Somali, Swahili and Amish. All responses are anonymous and cannot be traced back to you or your child.

The online survey can be completed in three ways:

1. Go to www.kypso.org and select "[Click here to access the 2023 Parent Survey.](#)"
2. Scan the code below into your smartphone or mobile device. Some smartphones will open the survey link automatically when you open your camera, others may need a QR code scanner app. If you do not have access to a computer or smartphone, you may contact your child's school to request a printed copy and a confidential envelope.



3. If using a printed copy, the sealed envelope can be returned to your child's special education case manager, and they will ensure it is sent to the appropriate location. You may also mail the completed survey to the address below:

*Human Development Institute
c/o Tony LoBianco
1525 Bull Lea Rd. Suite 160
Lexington, KY 40511*

Only one parent or guardian per student should complete this survey. However, if you have more than one child with an IEP, please complete the survey for each of your children.

Survey results will be carefully studied by the KDE and the Human Development Institute (HDI) at the University of Kentucky (UK) and reported to the Office of Special Education Programs (OSEP). The results will help us further understand what supports parents and districts may need to ensure meaningful parent and family engagement in special education.

The deadline for completing this important survey is **June 30, 2023**. If you have any questions or need assistance, please contact Dr. Mitch Bailey via email at mitch.bailey@bell.kyschools.us or by calling (606) 337-7051, Ext. 132.

Thank you for your help.



Parent Survey 2023

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families. In responding to each statement, think about your experience in working with the school. You may skip any item that you feel does not apply to you or your child. All responses are anonymous and cannot be traced back to you or your child. Please answer these questions as they pertain to the 2022-23 school year.

1. Did the school involve you in a meaningful way to improve services and results for your child?

Yes

No

2. On a scale of 1 - 5, where 1 = "I don't understand the IEP process at all" and 5 = "I fully understand the IEP process," how well would you say that you understand the IEP process?

1

2

3

4

5

3. Which of the following statements describe how you feel about being involved in your child's education? (Check all that apply)

I want to be more involved, but I don't know how to be.

I want to be more involved, but I'm too busy with other commitments.

I want to be more involved in my child's education in my own ways and do not need the school's help.

I am very involved with my child's education.

4. Do you feel that school staff welcome you to participate in planning for your child's education?

- Yes
- No

5. What do you think the school is doing well in terms of involving you in your child's education? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I am generally satisfied | <input type="checkbox"/> Skilled / caring teachers and staff |
| <input type="checkbox"/> Communicating information, including reports, meetings, and visits | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Following the IEP | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Specific school programs | |
| <input type="checkbox"/> School events / activities for parents | |
-

6. What do you think the school could do better to involve you in your child's education? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am generally satisfied and there is no need of improvement so far | <input type="checkbox"/> School events / activities for parents |
| <input type="checkbox"/> Communicating information, including reports, meetings, and visits | <input type="checkbox"/> Skilled / caring teachers and staff |
| <input type="checkbox"/> Following the IEP | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Specific school programs | <input type="checkbox"/> Other (please specify) |
-

Please answer a few questions about yourself and your child so that we may focus our efforts to improve services.

7. What is your school district?

8. What is your child's race / ethnicity? (Select one)

- | | |
|---|--|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Pacific Islander |
| <input type="radio"/> Native American | <input type="radio"/> Hispanic or Latino |
| | <input type="radio"/> Multiple Race |

9. What is your child's primary disability? (Select one)

- | | |
|--|--|
| <input type="radio"/> Autism | <input type="radio"/> Multiple Disabilities |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Orthopedic Impairment |
| <input type="radio"/> Developmental Delay | <input type="radio"/> Other Health Impairment |
| <input type="radio"/> Emotional Behavioral Disorder
(EBD) | <input type="radio"/> Specific Learning Disability |
| <input type="radio"/> Functional Mental Disability
(FMD) | <input type="radio"/> Speech or Language Impairment |
| <input type="radio"/> Hearing Impairment | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Mild Mental Disability (MMD) | <input type="radio"/> Visual Impairment including
Blindness |
| | <input type="radio"/> I don't know |

10. What is your child's gender?

- | | |
|------------------------------|--------------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Other / Prefer |
| <input type="radio"/> Female | not to answer |

11. What was your child's age on June 30, 2022?

12. If your child was at least 14 years old, has your school helped to prepare your son or daughter for future employment through vocational training (e.g., exploring jobs, paid work experiences)?

- Yes
- No
- Don't know
- N/A