



Parent Survey 2025

Welcome to the 2025 Parent Survey. 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 2024-25 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)

I am generally satisfied

Skilled/caring teachers and staff

Communicating information, including reports, meetings, and visits

Homework

Other (please specify)

Following the IEP

Specific school programs

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)

I am generally satisfied and there is no need of improvement so far

School events/activities for parents

Communicating information, including reports, meetings, and visits

Skilled/caring teachers and staff

Homework

Other (please specify)

Following the IEP

Specific school programs

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? (note: it should end with either "County" or "Independent") **Please do not leave this blank.**

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, 2024?

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