

Preschool Survey for Parents of Children with Disabilities

General Information

(Please circle your answers)

1. The school district in which you reside is:
Urban (city) Rural (country) Suburban
2. Your child is:
3 years old 4 years old 5 years old
3. Is this your first year working with the school district? Yes No

If No, is this your - 2nd year 3rd year
4. The disability category for which your child qualified is:

ADD/ADHD	Orthopedic Impairment
Autism	Other Health Impairment
Deaf-Blindness	Specific Learning Disability
Developmental Delay	Speech/Language Impaired
Emotional Disturbance	Traumatic Brain Injury
Gifted	Visually Impaired-Blindness
Mental Retardation (CD)	Suspected But Undiagnosed
Multiple Disabilities	

English Language Learners

(Students learning English as a second language)

5. Was your child's native language used when he/she was evaluated?
Yes No
6. For you to be able to be involved in the special education process, did the school district ask you if you wanted or needed an interpreter?
Yes No
7. Did the school district provide a qualified interpreter at the IEP meeting to be able to communicate with you? Yes No

8. Did the district provide you with information on your parent rights, "Whose Idea Is This"? (This is a written booklet) Yes No
9. Were your parental rights explained to you when you received, "Whose Idea Is This"? Yes No
10. Do you feel you understand the procedural safeguards? Yes No
11. Did you feel that you were an active participant of the IEP (Individualized Education Program) team? Yes No
12. Were your questions and concerns about your child and the special education process addressed when you contacted the district?
- a. 1 or 2 times
- b. 3 or more times
13. As a parent, I need to give consent for:
- a. My child to be evaluated for special education services
 - b. My child to receive special education services
 - c. My child to be re-evaluated
 - d. All of the above
 - e. I don't know
14. Informed Consent means:
- a. I agree with what was discussed
 - b. I understand the tests and tools that will be used for the evaluation or re-evaluation of my child
 - c. I give permission as a parent for my child to receive an evaluation or re-evaluation or to receive special education services
 - d. I understood the next step in the process
 - e. All of the above a. - d.
 - f. I don't know
15. Did the school district contact you within 30 days of your child's referral for an evaluation to request consent? Yes No
16. Was the school district evaluation completed within 90 days after the referral? Yes No

17. After the evaluation was completed, was your child identified as a child with a disability under one of the thirteen categories of IDEA (Listed in question #4)?
- Yes No
18. Do you feel the category was appropriate? Yes No
19. Were pre-school services discussed? Yes No
20. Do you feel that all of your child's needs are being met? Yes No
21. Do you have an understanding of the services your child will be receiving and the skill areas the service is working to develop? Yes No
22. Is behavior a concern for your child? Yes No
23. Was behavior addressed in the IEP? Yes No
24. As the parent, I have the right to discuss questions and concerns about my child's progress at anytime? True False

Least Restrictive Environment (LRE)

25. Least Restrictive Environment (LRE) means that my child should be:
(Please circle all that apply)
- a. Educated along with children without disabilities, to the greatest extent possible
 - b. Receiving his/her education and related services within the regular classroom as much as possible
 - c. All of the above
 - d. I don't know
26. Appropriate LRE for my child was determined during the IEP meeting and after the IEP team has determined necessary services? True False
27. As the parent, I had a role in determining LRE for my child through discussions with the IEP team? True False

28. When the placement of your child was being discussed by the IEP team, were the following considered:(Please circle all that apply)

- a. My child's needs
- b. Intensity of the supports
- c. Frequency of the supports
- d. All of the above

29. Was your child's placement based **specifically** on one of the following factors:
(Please circle)

- a. Severity of Disability
- b. Category of Disability
- c. Configuration of Delivery System (when/or where your child receives services)
- d. Availability of Space in the classroom
- e. No, the team decided based on my child's needs
- f. I am not sure

Thank you for completing the Preschool Survey!

Please return to:

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