**Parent/Family member name:**

**Child name:**

**System: School:**

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**\* How old is/are your child/children who currently receive special education services? (Check all age ranges that apply to your family.)**

3-5 years old

6-10 years old

11-14 years old

15-18 years old

18-22 years old

1. I am considered an equal partner with teachers and other professionals in planning my child's program.

2. At the IEP meeting, we discussed how my child would participate in statewide assessments.

3. At the IEP meeting, we discussed accommodations and modifications that my child would need.

4. Written justification was given for the extent that my child would not receive services in the regular classroom.

5. I was given information about organizations that offer support for parents of students with disabilities.

6. My child's evaluation report and other written information are written in terms I understand.

7. Teachers are available to speak with me.

8. Teachers treat me as a team member.

9. Teachers seek out parent input.

10. Teachers respect my cultural heritage and show sensitivity to the needs of students with disabilities and their families.

11. Teachers encourage me to participate in the decision-making process.

12. Teachers ensure that I have fully understood the Procedural Safeguards [federal rules that protect the rights of parents] and my options if I disagree with a decision by the school.

13. The school communicates regularly with me regarding my child's progress on IEP goals.

14. The school gives me choices with regard to services that address my child's needs.

15. The school offers parents training about special education issues.

16. The school offers parents a variety of ways to communicate with teachers.

17. The school gives parents the help they may need to play an active role in their child's education.

18. The school provides information on agencies that can assist my child in the transition from school.