

BSE CYCLICAL MONITORING PARENT SURVEY

Name of School District or Charter School your child is currently attending: _____

PS 1. My child attends: Elementary School ____ Middle School ____ High School ____

PS 2. My child's disability is:

- | | |
|--|---|
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment including Blindness |
| <input type="checkbox"/> Hearing Impairment including Deafness | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Developmental Delay (Aged 3-6 in Early Intervention Program) |
| <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Don't Know |

PS 3. I think the overall severity of my child's disability is:

- Mild
- Moderate
- Severe
- Don't Know

PS 4. My child's school placement is best described as:

- | | |
|--|---|
| <input type="checkbox"/> Inside the regular class 80% or more of the day | <input type="checkbox"/> Public Separate Facility - Residential |
| <input type="checkbox"/> Inside the regular class 40-79% of the day | <input type="checkbox"/> Approved Private School - Residential |
| <input type="checkbox"/> Inside the regular class less than 40% of the day | <input type="checkbox"/> Other Private Facility - Residential |
| <input type="checkbox"/> Public Separate Facility (Non-Residential) | <input type="checkbox"/> Out of State Facility |
| <input type="checkbox"/> Approved Private School (Non-Residential) | <input type="checkbox"/> Instruction in the Home |
| <input type="checkbox"/> Other Private Separate Facility (Non-Residential) | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Hospital/Home Bound (including partial hospitalization) | <input type="checkbox"/> Don't Know |

PS 5. My child's main type of special education support in school is:

- | | |
|---|---|
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> Speech and Language Support |
| <input type="checkbox"/> Life Skills Support | <input type="checkbox"/> Physical Support |
| <input type="checkbox"/> Multi-Disabilities Support | <input type="checkbox"/> Blind or Visually Impaired Support |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Autistic Support |
| <input type="checkbox"/> Deaf or Hearing Impaired Support | <input type="checkbox"/> Other - Not described above |
| | <input type="checkbox"/> Don't Know |

PS 6. Support services for my child are provided:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Inside the general education classroom | <input type="checkbox"/> Both |
| <input type="checkbox"/> Outside the general education classroom | <input type="checkbox"/> Don't Know |

PS 7. Did the school district/charter school your child is attending inform you that your child cannot be removed from the general education classroom merely because of the severity of his or her disability?

- Yes No Don't Know

PS 8. Did the school district/charter school your child is attending inform you that it must consider the full range of supplementary aids and services in the general education classroom, including modification of curriculum content, before recommending a more restrictive setting?

Yes No Don't Know NA

PS 9. Did you understand the information from school personnel about educating your child in general education classes with supplementary aids and services?

Yes No Don't Know

PS 10. If your child is educated in regular class for 80% of the day or more, please describe how the placement decision was made:

- I was offered this inclusive placement by the school
- I requested the placement and the school agreed
- I requested the placement and the school agreed only after vigorous advocacy on my part
- I went to mediation
- I went to a due process hearing
- Other
- Don't Know
- NA

PS 11. If your child is not educated in regular class for 80% of the day or more, what are the reasons? Please check all that apply. **(If not applicable skip this question and go on to PS 12.)**

- I am satisfied that a less inclusive placement is appropriate for my child.
- I am concerned that the school district/charter school my child is attending could not meet my child's educational needs in a more inclusive setting because of lack of appropriate staff training and experience.
- I am concerned that the school district/charter school my child is attending could not meet my child's educational needs in a more inclusive setting because the school district/charter school would not provide the needed support in regular class.
- I am concerned that my child would not be safe in a more inclusive setting.
- I requested a more inclusive placement, but the school district/charter school my child is attending would not agree, and dispute resolution is not an option for my family.
- I tried to obtain a more inclusive placement through mediation but did not succeed.
- I tried to obtain a more inclusive placement through a due process hearing but did not succeed.
- Other
- Don't Know

Please read the following questions carefully and check the box that best describes your opinion.

PS 12. My child spends the right amount of each school day in general education classrooms.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 13. My child is making progress on his/her IEP goals.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 14. My child's teachers have the supports they need to implement the IEP.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 15. The supports identified in my child's IEP are implemented.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 16. My child's needs for support in extra-curricular activities are addressed in the IEP

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 17. My school provides and uses equipment or technology that is required in my child's IEP.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 18. All supports I think my child needs are in the IEP.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 19. I am respected as a member of the IEP team.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 20. My suggestions about teaching my child are welcomed.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 21. I am invited to trainings that provide information about my child's disability and educational program.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 22. I am invited to trainings that provide information for parents regarding educational practices, e.g. inclusive practices, assistive technology, behavior support and parent rights.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 23. My school openly supports inclusion of students with disabilities.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 24. The school answers questions about my rights.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA

PS 25. I think my child is getting a good education.

Strongly Agree Agree In Between Disagree Strongly Disagree Don't Know NA