Illinois Statewide Technical Assistance Center (ISTAC) Systematic Information Management for Educational Outcomes (SIMEO) ISBE Parent Survey: FY09

Time 1/Baseline (Autism Only)
Collected no later than 30 days from referral and before first meeting

Time 2/Discharge (All Initiatives)

Collected at case close or end of the intervention process.

How to complete this form: Form should only be completed for students who are special education identified and have an IEP. Answers to survey should reflect the parent or guardians perspective at discharge or close of participation in the Initiative. IATTP Families should also complete at baseline.

1) Date tool was completed:						
2) Please identify the period of assessment: Baseline-1	(IATTP Only)	☐ Discharge-2 (All	Other Initiatives)			
3) If indicate the role of individual filling out form: ☐ Biologic	cal Parent (s) -1	☐ Caregiver-2 ☐	Legal Guardian-3	☐ Other-4		
4) Student Name:	5) ID#:		6) 5	Student's Date of Bir	th:/	
Schools Effort to Partner with Parent Place an X in the column that matches the correct rating	1 Very Strongly Disagree	2 Strongly Disagree	3 Disagree	4 Agree	5 Strongly Agree	6 Very Strongly Agree
7) I am considered an equal partner with teachers and other professionals in professionals in planning my child's program.						
I was offered special assistance (such as child care) so that I could participate in the IEP meeting.						
At the IEP meeting, we discussed how my child would participate in statewide assessments.						
10) At IEP meetings, we discussed accommodations and modifications that would meet my child's needs.						
11) All of my concerns and recommendations were documented on the IEP.						
12) Written justification was given for the extent that my child would not receive services in the regular classroom.						
13) I was given information about organizations that offer support for parents of students with disabilities.						
14) I have been asked my opinion about how well special education services are meeting my child's needs.						
15) My child's evaluation report is written in terms I understand.						
16) Written information I receive is written in an understandable way.						
17) Teachers are available to speak with me.						
18) Teachers treat me as a team member.						

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Teachers and Administrators Place an X in the column that matches the correct rating	1 Very Strongly Disagree	2 Strongly Disagree	3 Disagree	4 Agree	5 Strongly Agree	6 Very Strongly Agree
19) Teachers and Administrators seek out parent input.						
20) Teachers and Administrators show sensitivity to the needs of students with disabilities.						
21) Teachers and Administrators encourage me to participate in the decision making process.						
22) Teachers and Administrators respect my cultural heritage.						
23) Teachers and Administrators ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents).						

The Sc Place an X in the column that		1 Very Strongly Disagree	2 Strongly Disagree	3 Disagree	4 Agree	5 Strongly Agree	6 Very Strongly Agree
24) The school has a person who questions.	is available to answer parent's						
25) The school communicates with child's progress on IEP goals.	n me regularly regarding my						
26) The school gives me choices wanted address my child's needs.	vith regard to services that						
27) The school offers parents train issues.	ing about special education						
28) The school offers parents a value with teachers.	riety of ways to communicate						
29) The school gives parents the hactive role in their child's educ							
30) The school provides information my child in the transition from the school provides information from the school provid							
31) The school explains what optic disagree with a decision of the							

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