

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF LEARNING SERVICES – OFFICE OF SPECIAL EDUCATION

SPECIAL EDUCATION SURVEY

INSTRUCTIONS

Dear Parent,

The Missouri Department of Elementary and Secondary Education values the opinions of all parents in Missouri's schools. We would appreciate you taking the time to respond to this brief survey about the special education services your child receives. This survey is confidential; your individual responses are not shared with the school district or anyone else. Only a summary of all responses is provided to school districts to help all schools improve education for our children. You may complete this survey in either of two ways: (1) online, or (2) by completing the items below and mailing the survey to the address provided. Please complete this survey by March 31. Thank you very much for providing your input.

(1) Online: Go to http://spec.education/ and enter the following Access Code: CPNLXT.

If you complete the online survey, please do not mail the questionnaire.

(2) Mail: You may answer the following questions and mail this document to the following address:

Special Education Survey
University of Missouri – Institute of Public Policy
137 Middlebush Hall
Columbia. MO 65211

SURVEY QUESTIONS								
District: SHELL KNOB 78 District Code: 005127 (Do NOT use this code for the survey; see above Access Code.)								
		Hispanic/ Latino origin regardless of race		Native Hawaiian or Other Pacific Islander	Black or African American	American Indian	Whit	Two or More te Races
1)	Indicate the single category that best describes your child's race or ethnicity.	0	0	0	0	0	0	0
					Presc	(Gra	entary ades -6)	Secondary (Grades 7-12)
2)	Which grade level does your child attend?				C) ()	0
				Less that 1 year		ears 3-5 y	ears/	5 years or more
3)	How long has your child received special education services in this school district?			0	C) ()	0
			Strongl Disagre		e Neut	ral Ag	ree	Strongly Agree
4)	My child's school offers parents training about special education issues.			0	C) ()	0
5)	Teachers and other professionals at my child's school have given me information about organizations that offer support for parents of students with disabilities.		0	0	С) ()	0
6)	My child's school explains what options parents have if they disagree with a decision of the school.			0	С	()	0
7)	Teachers and other professionals at my child's school have asked for my opinion about how well special education services are meeting my child's needs.			0	С))	0
8)	Teachers and administrators at my child's school encourage me to participate in the decision-making process.			0	С	()	0
9)	Teachers and other professionals at my child's school communicate with me regarding my child's progress on Individualized Education Program (IEP) goals.		0	0	С))	0
10)	I am considered an equal partner with teachers and other professionals in planning my child's program.		0	0	С	()	0
11) My involvement in my child's education has improved his/her achievement.			0	0	С) ()	0
12) My child's school encourages parents to be involved.			0	0	С	()	0
Answer the following question if your child is 16 or older.								
13)	My child's school provides information on agencies that can assist the transition from school to a career, technical training, or higher		0	0	С)	0