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**: **UZCRLT.**
***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: MT. VERNON R-V** **District Code: 055108 (Do NOT use this code for the survey; see above Access Code.)**

| **Please fill in one circle to the right of each item.** | **Hispanic/ Latino origin regardless of race** | **Asian** | **Native Hawaiian or Other Pacific Islander** | **Black or African American** | **American Indian** | **White** | **Two or More Races** |
|---|---|---|---|---|---|---|---|
| 1) Indicate the **single** category that best describes your child's race or ethnicity. | O | O | O | O | O | O | O |

| | **Preschool** | **Elementary (Grades K-6)** | **Secondary (Grades 7-12)** |
|---|---|---|---|
| 2) Which grade level does your child attend? | O | O | O |

| | **Less than 1 year** | **1-2 years** | **3-5 years** | **5 years or more** |
|---|---|---|---|---|
| 3) How long has your child received special education services in this school district? | O | O | O | O |

| | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|
| 4) My child's school offers parents training about special education issues. | O | O | O | O | O |
| 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. | O | O | O | O | O |
| 6) My child's school explains what options parents have if they disagree with a decision of the school. | O | O | O | O | O |
| 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. | O | O | O | O | O |
| 8) Teachers and administrators at my child's school encourage me to participate in the decision-making process. | O | O | O | O | O |
| 9) Teachers and other professionals at my child's school communicate with me regarding my child's progress on Individualized Education Program (IEP) goals. | O | O | O | O | O |
| 10) I am considered an equal partner with teachers and other professionals in planning my child's program. | O | O | O | O | O |
| 11) My involvement in my child's education has improved his/her achievement. | O | O | O | O | O |
| 12) My child's school encourages parents to be involved. | O | O | O | O | O |
| ***Answer the following question if your child is 16 or older.*** | | | | | |
| 13) My child's school provides information on agencies that can assist my child in the transition from school to a career, technical training, or higher education. | O | O | O | O | O |

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov. Additional inquiries related to the survey may be directed to the Compliance Section of the Office of Special Education; telephone number 573-751-0699.