

PARENT VERIFICATION VISIT SURVEY: IDEA PART C

1. Section One (of three)

IDEA PART C

Parents of Children with Disabilities —OSEP Wants To Know Your Opinion!

The US Department of Education's Office of Special Education Programs (OSEP) in Washington, DC has asked that parents in Missouri take a brief survey to share their experiences. Please participate in OSEP's collection of data by September 7th, 2009. Responses are confidential. Any identifying information will not be submitted to OSEP and all responses will be presented in a general summary to OSEP.

This survey is to be filled out by parents of children Birth to 3 years of age. You may complete a separate survey for each child with a disability. If over 3 years of age, please complete the IDEA Part B survey located on the MPACT website.

* My county:

My email address (optional):

* My Child's Age (Years):

My child's Primary Disability:

- | | |
|---|--|
| <input type="radio"/> Autism | <input type="radio"/> Learning Disability |
| <input type="radio"/> Cognitive delay | <input type="radio"/> Speech impairment |
| <input type="radio"/> Deaf/Blindness | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Deafness | <input type="radio"/> Vision Impairment |
| <input type="radio"/> Developmental delay | <input type="radio"/> Unknown |
| <input type="radio"/> Emotional Disturbance | <input type="radio"/> Evaluation in process |
| <input type="radio"/> Hearing Impairment | <input type="radio"/> At risk |
| <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Other (Please specify) |

Other (please specify)

2. Section Two (of three)

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1) I have been informed of my rights under the Early Intervention Program for Infants and Toddlers with Disabilities under the Individuals with Disabilities Education Act (IDEA).

Yes

No

2) In my experience with early intervention services in Missouri, the area most in need of improvement is (please select only 2):

Individualized Family Service Plan (IFSP)

Timely Intervention Services

Transition from Part C to Part B

Child Find and Referral

Other community based services

No Improvement Needed

Evaluation / Assessment

Don't Know

Services in the Natural Environment

Other (please briefly specify)

Early Intervention Services Providers

If you checked Other please briefly specify:

3) In the past year, instances of IDEA noncompliance (such as failure to implement Individualized Family Service Plan (IFSP) provisions, or failure to implement an IDEA regulation) have been corrected in my State.

Yes

No

4) Within the past year, each issue that I have raised in the mediation, due process or state complaint was addressed in the decision letter to me.

Yes

No

5) I know how to find information and data about early intervention services in my state (child find and referral, timely services, natural environments, transition, IFSP development etc).

Yes (Answer 5.a)

No (Skip to Question 6)

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5. a) If yes, I obtained that information and data from?

Web site

Advocacy Group

State Staff

Never Retrieved Data

Local School District

Other (Please briefly specify)

MPACT

Other (Please briefly specify)

6) I think the early intervention system in my state is providing the services and family supports that my child and family need.

Yes

No

7) I am aware that my state is collecting data on early childhood outcomes in order to improve for children with disabilities.

Yes

No

8) My child receives services in his/her natural environments, for example: home, child care, and other community-based settings.

Agree Strongly

Agree Somewhat

Neutral

Disagree Somewhat

Disagree Strongly

9) I know the results of the US Department of Education's evaluation of my State's compliance with early intervention law and regulations (State Compliance Determination).

Yes

No

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10.a) In my experience over the past two years with my State's early intervention system, the State appears to be in compliance with policies and practices related to ensuring that a child is referred to early intervention services within 45 days of a referral by a professional.

Yes

No

Don't Know

Other (Please Explain)

Other (Please explain):

10.b) I have experienced or observed the implementation of early intervention requirements that were not in compliance with IDEA and believe that the regulations may have been violated for ensuring that a child is referred to early intervention services within 45 days of a referral by a professional.

Yes

No

Other (Please Explain)

Other (Please explain):

3. Contact

The completed survey will come directly to MPACT where the results will be entered into our survey database. MPACT takes your privacy very seriously; personal information will not be shared with anyone outside of MPACT. The following info would be appreciated but is optional.

PARENT VERIFICATION VISIT SURVEY: IDEA PART C

Please fill out only the questions you feel comfortable answering. In order to be entered in our quarterly drawing for a \$25 gift card, you must be sure to provide us with at least one contact method below. To receive our free thank you gift, we will need your name and mailing address.

Name:	<input type="text"/>
Ethnicity:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

You will now be redirected to the MPACT website. If you have more than one child with a disability, you may complete additional surveys from there.

Thank you for your assistance in providing information to OSEP that may assist them in their verification visit of MO-DESE's Division of Special Education!