

PARENT VERIFICATION VISIT SURVEY: IDEA PART B

1. Section One (of three)

IDEA PART B

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 3 years through 21 years of age. Please feel free to fill out a separate survey for each child with a disability.

* 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)

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2. Section Two (of three)

1) I have been informed of my rights under the federal special education law, the Individuals with Disabilities Education Act (IDEA).

	Yes	No	Not Sure
a) By the School District through parent's rights handouts, procedural safeguards information, or parent's rights brochure:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) By the Parent Training and Information Center (MPACT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) By an Advocacy organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) Based on my experiences with special education in Missouri, I feel this area needs the most improvement: (pick one)

- Free Appropriate Public Education
- IEP's
- Special Education Evaluation
- Teacher Quality
- Complaint/Due Process Timelines
- Special Education Monitoring
- Special Education Service Providers
- Transportation
- No Improvement Needed
- Don't Know

3) In the past year there have been instances of IDEA noncompliance (such as failure to implement IEP provisions, or failure to implement an IDEA regulation) in my school district.

- Yes
- No
- Not Applicable

4) Within the past year I have requested a:

- Facilitated Individual Education Program (IEP)
- Mediation
- Due Process Hearing
- State Complaint (if selected, respond to question 4b)

4.a) Each issue of concern that I raised in the state complaint was addressed in writing to me.

- Yes
- No

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5) I know how to find data on State and local performance in special education in my state and local district.

Yes (Answer 5.a)

No (Skip to Question 6)

5. a) If yes, I obtained State and or local data from?

Web site

Advocacy Group

State Staff

Never Retrieved Data

Local School District

Other

MPACT

6) My school district is doing a good job educating students with disabilities.

Yes

No

7) I am aware of practices in my State that are improving outcomes for children with disabilities.

Yes

No

8) The IEP team has placed my child with a disability in a private school in my State.

Yes

No (If no, Skip to Question 9)

Not Sure

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8.a) My child was placed by our IEP Team in a private school and receives services in the private school that are comparable to the services he or she would receive in a public school in my State.

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 special education law and regulations (State Compliance Determination).

Yes

No

10) In my experience over the past two years with my school district special education system, the school district appears to be in compliance with educational practices.

Yes (If yes, Skip Question 10.a)

No

Not Sure

Other (Please explain):

10.a) I have experienced or observed educational practices that I think were not in compliance with the law.

Yes

No

Not Sure

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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.

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!