

1. Needs Assessment 2012-2013 Parent Survey

As a recipient of federal funds, Mid-Valley Special Education Cooperative and its member districts, Batavia, Geneva, St. Charles, Central and Kaneland, conduct an annual needs assessment of general and special education staff, administrators, and parents. The results of the needs assessment may help improve the delivery of service to students who receive special education services and their families, and help provide direction for support and training.

We would like your feedback regarding how well we address the special education needs of your child, and we're interested in how we can support you. Please provide responses based on your child's current placement in school. Your input is important.

All surveys are anonymous, unless you provide us with your name. The survey information will be collected by MVSEC and the results will be shared with individual districts. The survey window will be open from January 14th, 2013 through February 15th, 2013. Please take ten minutes of your valuable time to provide us with your input and ideas.

If you would rather complete this survey on paper, please contact Mid-Valley Special Education Cooperative at 331/228-4873 and one will be mailed to you. If you complete this survey on paper, please return it to: Mid-Valley Special Education Cooperative, 1304 Ronzheimer Ave., St. Charles, IL 60174

Thank you!

1. Your name (Optional.)

*2. School your child attends:

3. Does your child attend a Mid-Valley classroom/program?

- yes
 no

4. If your child attends a Mid-Valley program, please indicate in which program he/she participates.

- CLASS
 Early Childhood
 Multi-Needs
 New Directions
 New Pathways
 PALS
 SAIL
 Total
 VIP

5. District of Residence: (Choose One)

- District 101 (Batavia)
- District 301 (Central/Burlington)
- District 302 (Kaneland)
- District 303 (St. Charles)
- District 304 (Geneva)

Other (please specify)

6. Your child's primary disability: (eligibility, as stated on the current IEP) (Choose One)

- Cognitive Disability (MI)
- Orthopedic Impairment
- Specific Learning Disability (LD)
- Visual Impairment (VI)
- Hearing Impairment (HI)
- Deaf-Blind
- Speech or Language Impairment (SL)
- Emotional Disability (ED/BD)
- Other Health Impairment (OHI)
- Multiple Disabilities
- Developmental Delay (DD)
- Autism
- Traumatic Brain Injury (TBI)

Other (please specify)

**7. Your child's educational placement: (where child spends at least 60% of the school day)
(Choose One)**

- General education classroom
- General education classroom with special education services (resource)
- Special education services delivered in the general education classroom
- Self-contained special education classroom (in general education building)
- Mid-Valley self-contained special education classroom (in a general education building)
- Special day school (Mades-Johnstone Center)
- Private day school

Other (please specify)

2. Parent Satisfaction

1. I have been given and understand information about the IEP process.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

2. I have had the opportunity to give input into my child's IEP and I am considered a team member.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

3. I understand my rights as a parent of a child who receives special education services.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

4. I have opportunities to learn about the curriculum and instruction provided to my child.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

5. I have knowledge about the assistive technology and/or the augmentative communication system that my child uses during the school day.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

6. I understand the components of my child's transition plan (14 ½) including the postsecondary goals.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

7. I have access to information about community agencies that assist children and families after graduation.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

8. I have been given information about my child's educational needs/disabilities and suggestions for supports to be used at home.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

9. I have opportunities to network with other parents of children with disabilities.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

10. I have used the MVSEC or district website to gain information about special education resources for families.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

11. I feel the services provided are sufficient to meet my child's needs.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

12. My child's goals reflect his/her specific needs.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

13. I am satisfied with how my child's progress toward IEP goals is reported to me/us.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

14. The modifications and accommodations my child receives are sufficient to support his/her academic performance.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

15. I am satisfied with the progress my child is making given supports from special education services.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

16. My child's classroom teacher(s) is/are aware of my child's needs and knowledgeable about my child.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

17. If I had a concern about my child's program or progress, I am comfortable approaching staff members about those issues.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

18. The special education programs and services that are provided meet my expectations.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

19. I am provided with sufficient information regarding any related services (i.e., speech, occupational, physical therapies, etc.) that my child requires to be successful in school.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

20. Overall, I am very satisfied with my child's special education services.

- Strongly Agree Agree Disagree Strongly Disagree No Opinion

21. Please provide other comments or suggestions:

3. Preferred Parent Information or Topics

We are interested if parents would like to attend information sessions on particular topics. Please indicate if you are interested in attending such sessions. If so, indicate if you would prefer the sessions to be during the day or in the evening. Then, read through the list of topics below and mark the five topics that most interest you.

1. Are you interested in attending parent information sessions?

- Yes No

2. If you are interested in the parent information sessions, what time of day would you prefer?

- During the day Evening Either

3. Please mark your five areas of interest from the following list.

- | | |
|---|---|
| <input type="checkbox"/> Language activities for children | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Early childhood/Effects of play on learning | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Strategies for managing behavior | <input type="checkbox"/> Autism Spectrum Disorders |
| <input type="checkbox"/> Promoting problem solving and positive social skills | <input type="checkbox"/> Other Health Impairments, i.e. Attention Deficit Disorders |
| <input type="checkbox"/> Methods for promoting self-esteem and motivation | <input type="checkbox"/> Making/Keeping Friends |
| <input type="checkbox"/> Helping your child cope with loss through separation/divorce, etc. | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Helping your child avoid peer pressure, gangs, drugs, etc. | <input type="checkbox"/> Explanation of the Special Education Process |
| <input type="checkbox"/> Nutrition and Learning | <input type="checkbox"/> Response to Intervention |
| <input type="checkbox"/> Assisting your child with homework | <input type="checkbox"/> Identifying and accessing community resources for students/families (i.e. SSI, Respite, etc) |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Using technology to access resources |
| <input type="checkbox"/> Emotional Disabilities | <input type="checkbox"/> Understanding parent's procedural rights |
| <input type="checkbox"/> Speech and Language Impairment | |

Other suggestions:

4. Parent Group

Mid-Valley Special Education Cooperative (MVSEC) is forming a Special Education Parent Group. We are interested in your feedback about the group and if you would like to participate in any way. Please read through the following list and mark all that interest you.

1. Please mark any of the items that interest you.

- I would like to be included in an e-mail, electronic messaging network.
- I would use this group for parent support.
- I would use this group for networking/resources.
- I would plan parent information nights.
- I would attend information sessions for parents.
- I would assist with the parent group organization.
- I would like to be a part of this parent group.
- I would like to assist the group in fundraising.
- I would like to assist with advocacy efforts.

I would like more information. Name/contact information: