



2022-2023 Parent Survey

This survey is for parents of Alabama children who receive services through an Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP). In this survey, “special education” refers to services provided to children with disabilities through an IEP/IFSP.

Instructions: Select only one response for each item. Your survey response is confidential and will be used to improve services to children with IEPs/IFSPs across the state. Please complete one survey per child.

1. **School District/System Name:** *(Please circle the appropriate county, city, or charter school system where your child attends school.)*

Alabama Aerospace & Aviation	Cullman City	Jacksonville City	Perry County
Alabaster City	Cullman County	Jasper City	Phenix City
Albertville City	Dale County	Jefferson County	Pickens County
Alexander City	Daleville City	Lamar County	Piedmont City
Andalusia City	Dallas County	Lanett City	Pike County
Anniston City	Decatur City	Lauderdale County	Pike Road City
Arab City	DeKalb County	Lawrence County	Randolph County
Athens City	Demopolis City	LEAD Academy	Roanoke City
Attalla City	Dothan City	Lee County	Russell County
Auburn City	Elba City	Leeds City	Russellville City
Autauga County	Elmore County	Legacy Preparatory	Saraland City
Baldwin County	Empower Community School	Life Academy	Satsuma City
Barbour County	Enterprise City	Limestone County	Scottsboro City
Bessemer City	Escambia County	Linden City	Selma City
Bibb County	Etowah County	Lowndes County	Sheffield City
Birmingham City	Eufaula City	MAEF Public Charter	Shelby County
Blount County	Fairfield City	Macon County	St. Clair County
Boaz City	Fayette County	Madison City	Sumter County
Breakthrough Charter	Florence City	Madison County	Sylacauga City
Brewton City	Fort Payne City	Magic City Acceptance	Talladega City
Bullock County	Franklin County	Marengo County	Talladega County
Butler County	Gadsden City	Marion County	Tallapoosa County
Calhoun County	Geneva City	Marshall County	Tallassee City
Chambers County	Geneva County	Midfield City	Tarrant City
Cherokee County	Greene County	Mobile County	Thomasville City
Chickasaw City	Gulf Shores City	Monroe County	Troy City
Chilton County	Guntersville City	Montgomery County	Trussville City
Choctaw County	Hale County	Morgan County	Tuscaloosa City
Clarke County	Haleyville City	Mountain Brook City	Tuscaloosa County
Clay County	Hartselle City	Muscle Shoals City	Tuscumbia City
Cleburne County	Henry County	Oneonta City	University Charter
Coffee County	Homewood City	Opelika City	Vestavia Hills City
Colbert County	Hoover City	Orange Beach City	Walker County
Conecuh County	Houston County	Opp City	Washington County
Coosa County	Huntsville City	Oxford City	Wilcox County
Covington County	i3 Academy	Ozark City	Winfield City
Crenshaw County	Jackson County	Pelham City	Winston County
		Pell City	

2. **My Child's Gender:** Female Male

3. **My Child's Race/Ethnicity: (Please select only one.)**

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black or African American | <input type="radio"/> Multi Race—Two or more races |
| <input type="radio"/> Hispanic/Latino | |

4. **My child receives IEP/IFSP services primarily because of his/her: (Please select only one.)**

- | | |
|---|---|
| <input type="radio"/> Autism | <input type="radio"/> Orthopedic Impairment |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Other Health Impairment |
| <input type="radio"/> Developmental Delay | <input type="radio"/> Specific Learning Disability |
| <input type="radio"/> Emotional Disability | <input type="radio"/> Speech or Language Impairment |
| <input type="radio"/> Hearing Impairment | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Intellectual Disability | <input type="radio"/> Visual Impairment |
| <input type="radio"/> Multiple Disabilities | |

5. **My Child's Grade: (Please select only one.)**

- Preschool Grades K-6 Grades 7-8 Grades 9-12

6. **My Race/Ethnicity: (Please select only one.)**

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black or African American | <input type="radio"/> Multi Race—Two or more races |
| <input type="radio"/> Hispanic/Latino | |

7. My Child's Special Education Program:

For each of the following statements, select your level of agreement. Please check one option on the right.		Strongly Disagree (1)	Disagree (2)	No Opinion (3)	Agree (4)	Strongly Agree (5)
		▼	▼	▼	▼	▼
1.	The school offers parent training about special education issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The school sends me information about activities and workshops for parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Teachers and administrators ensure that I have fully understood the Procedural Safeguards (<i>the rules in the federal law that protect the rights of parents</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The school offers me a variety of ways to communicate with teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Teachers show a willingness to learn more about my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	IEP/IFSP meetings are scheduled at a time and place that are convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Teachers and administrators encourage me to participate in the decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I am considered an equal partner with teachers and other professionals in planning my child's program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The school communicates regularly with me regarding my child's progress on IEP goals and other important issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Written information I receive is provided to me in an understandable way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The principal sets a positive and welcoming tone in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next item should be **ONLY** answered by parents of students with a secondary transition plan (usually age 16 and older, or in grades 9-12, but may be younger):

8. My Child's IEP Attendance/Participation:

a. My child attended his/her last IEP meeting:

- Yes No

b. If "yes," did your child actively participate in his/her last IEP meeting (e.g., communicated about his/her teachers, learning, goals, plans for after graduation, etc.)?

- Yes No

Additional Comments: (Please **do not** include any names [your name, child's name, teacher's name, etc.] in your comment. Comments will be provided to local special education coordinators in order to improve services.)

Thank you for your participation.