

## RESULTS OF PARENT/GUARDIAN SURVEY 2006/2007

As a parent/guardian who has just completed an IEP meeting for your child, you are being asked to complete the following survey. We are gathering this information in an attempt to improve our services to families and children. You do not have to include the date of the meeting if you wish to remain anonymous.

Date of Meeting: 2006/2007 School Year Program: ED LD TEAM OFF-CAMPUS

	<b>(Please check <math>\surd</math> one)</b>		
1. Did you receive timely notification of the meeting (at least 10 days prior to meeting)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>95%</b>
	124	7	
2. Has your child's case manager made contact with you (phone calls, e-mails, open house, conferences)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>90%</b>
	118	13	
3. Do you feel that the Staffing Chair conducted the meeting in an organized, professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>99%</b>
	130	1	
4. Do you feel that you were an active participant in the discussion during the meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>98%</b>
	129	2	
5. Do you feel that you were an active participant in the decisions that were made at the meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>98%</b>
	129	2	
6. Were all of your questions answered to your satisfaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>98%</b>
	129	2	
7. Do you feel you have a clear understanding of the amount and type of services your child will be receiving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>97%</b>
	127	4	
8. Do you know who your child's case manager is?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>92%</b>
	120	11	
9. Was the general education teacher present at your meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>98%</b>
	128	3	
10. Are you satisfied with your child's related services? (social worker, psychologist, speech therapist, OT, PT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>98%</b>
	117	3	
9. Overall, my satisfaction with the process is	<input type="checkbox"/> Very high	<input type="checkbox"/> High	<input type="checkbox"/> Average
	<b>(87)</b>	<b>(34)</b>	<b>(8)</b>
	66%	26%	6%
	<input type="checkbox"/> Low	<input type="checkbox"/> Very Low	
	<b>(0)</b>	<b>(2)</b>	1%

Additional Comments:

**The number of responses received for each question is in parenthesis.**

Thank you very much for taking the time to complete this survey. Please return the survey to the Office of Special Education in the pre-addressed stamped envelope that was provided. If you have additional questions or comments, please contact us at (708) 434-3106.

Sincerely,

Linda Cada  
Director of Special Education