




Bureau of Indian Education

Survey of Parent Involvement in Special Education

OMB Control Number 1040-0001
Expiration Date 09/30/2024

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families.

1. You may use pencil or black or blue ink. Please fill in the box completely... 
2. If you have more than one child receiving special education services, complete the survey for each child.
3. You may skip any item that you feel does not apply to you or your child.
4. For each statement below, please select one of the response choices: agree or disagree.

Schools Efforts to Partner with Parents	Agree	Disagree
1. I am considered an equal partner with teachers and other professionals in planning my child's program.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written information I receive is written in an understandable way.	<input type="checkbox"/>	<input type="checkbox"/>
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.	<input type="checkbox"/>	<input type="checkbox"/>
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written justification was given for the extent that my child would not receive services in the regular classroom.	<input type="checkbox"/>	<input type="checkbox"/>
6. Teachers and administrators encourage me to participate in the decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>
7. Teachers and administrators ensure that I have fully understood the Procedural Safeguards [the rules in the federal law that protect the rights of parents].	<input type="checkbox"/>	<input type="checkbox"/>
8. The school has a person on staff who is available to answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>
9. The school communicates regularly with me regarding my child's progress on IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>
10. The school gives me choices with regard to services that address my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>

Choose or **identify/write** one option for each category:

Child's Grade (Choose only one)	Child's Age in Years	Child's Race/Ethnicity (Choose only one)	Child's Primary Disability (Choose only one)
<input type="checkbox"/> Preschool	<div>State of Residence</div>	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Autism
<input type="checkbox"/> Kindergarten		<input type="checkbox"/> Asian	<input type="checkbox"/> Deaf-Blind
<input type="checkbox"/> 1st Grade		<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> 2nd Grade		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> 3rd Grade		<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> 4th Grade		<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> 5th Grade		<input type="checkbox"/> White	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> 6th Grade			<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> 7th Grade			<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> 8th Grade			<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> 9th Grade			<input type="checkbox"/> Speech & Language Impairment
<input type="checkbox"/> 10th Grade			<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> 11th Grade		<input type="checkbox"/> Visual Impairment including Blindness	
<input type="checkbox"/> 12th Grade			

Paperwork Reduction Act Statement: This information is collected to properly identify each student's instructional and residential program classification. The information is supplied by a respondent to obtain or retain a benefit that is to provide appropriate schooling. It is estimated that responding to the request will take an average of 10 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer-Indian Affairs, 1849 C Street, NW, Washington, DC 20240. NOTE: Comments, names, and addresses of commenters are available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned OMB Control #1040-0001 and an expiration date of September 30, 2024. Please note that an agency may not conduct or sponsor, and a person is not required to report to, a collection of information unless there is a valid OMB control number.