

PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

ALL INFORMATION IS CONFIDENTIAL

DIRECTIONS: After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:

	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	___	___	___
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	___	___	___
3. I received notice of the IEP meeting.	___	___	___
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	___	___	___
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	___	___	___
6. The IEP meeting was held in an appropriate setting.	___	___	___
7. I feel I was treated as an equal and important part of the IEP team.	___	___	___
8. The participants at the IEP meeting were prepared and informed.	___	___	___
9. Placements for my child, including the general education setting, were discussed and decided upon.	___	___	___
10. Related services were discussed and decided upon, if relevant.	___	___	___
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	___	___	___
12. At the end of the IEP meeting the decisions were summarized.	___	___	___
13. If I needed an oral interpretation of the IEP team meeting, an interpreter was provided.	___	___	___
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	___	___	___
15. The interpreter stayed for the duration of the IEP team meeting.	___	___	___
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	___	___	___
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the school site principal or by calling The Special Education Compliance Department at (213) 241-3335.	___	___	___
18. If I needed a written translation of the IEP, translation services were offered.	___	___	___
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Special Education Compliance Department at (213) 241-3335.	___	___	___

If the answers to any item 13-19 was No, please discuss your concern(s) with the site Administrator or call the Special Education Compliance Department at (213) 241-3335.

B. Regarding your child's previous IEP (if relevant)

20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)

___ ___ ___

Additional Comments

Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank You!



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PARENT INPUT SURVEY
English

Commodity Code: 966 12 24990

