



Citywide Council on Special Education

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The CCSE is interested in your opinions regarding the special education that your child is currently receiving. Below you will find a list of issues about which parents have expressed varying degrees of concern. We would like you to rate, on a scale of 1-10 **EACH** of these issues.

1. **SCHOOL:** _____ **BOROUGH:** _____

2. On a scale of 1-10 is School Environment important to you. (Please circle here.)										
Unimportant←	-----									→Important
1	2	3	4	5	6	7	8	9	10	

3. Is the school a barrier free site or handicap accessible site?

- Yes
- No
- Don't Know
- Not Applicable

4. Is your child's classroom air-conditioned in the summer?

- Yes
- No
- Don't Know
- Not Applicable

5. Is your child's classroom heated in the winter?

- Yes
- No
- Don't Know
- Not Applicable

6. Are the classroom's large enough in your child's self contained school?

- Yes
- No
- Don't Know
- Not Applicable

7. Do you feel your child's school has an adequate safety plan?

- Yes
- No
- Don't Know
- Not Applicable

8. Do you feel your child's school is safe for your child?

- Yes
- No
- Don't Know
- Not Applicable

9. If you are in a general education school, is your child's classroom large enough?

- Yes
- No
- Don't Know
- Not Applicable

10. If you are in a general education school does your child use (check all that apply)

- The auditorium
- The gym
- The cafeteria
- The playground
- Not certain what common areas within the school my child uses
- Not Applicable

11. Are there gyms, cafeterias, auditoriums and playgrounds in your child's self-contained school?

- Yes
- No
- Don't Know
- Not Applicable

12. Is there an after school program at the school for your child?

- Yes
- No
- Don't Know
- Not Applicable

13. On a scale of 1-10 is **School Transportation** important to you. (Please circle here.)

Unimportant ←-----→ Important
1 2 3 4 5 6 7 8 9 10

14. Does your child ride the bus?

- Yes
- No
- Don't Know
- Not Applicable

15. Does the bus arrive at your pick-up area on time?

- Yes
- No
- Don't Know
- Not Applicable

16. On the first day of the new school year, did the Bus Driver have your child's correct pick-up and drop-off information?

- Yes
- No
- Don't Know
- Not Applicable

17. Are you satisfied that your child is safe on the bus?

- Yes
- No
- Don't Know
- Not Applicable

18. Does the Bus Company respond to your calls and correct problems such as pick-up/drop-off info, impolite Driver or Matron, harmful behavior, etc... in a most expeditious manner.

- Yes
- No
- Don't Know
- Not Applicable

19. On a scale of 1-10 is **Classroom Environment** important to you. (Please circle here.)
Unimportant←-----→Important
1 2 3 4 5 6 7 8 9 10

20. Is your child in a self contained classroom all day?

- Yes Don't Know
 No Not Applicable

21. Is your child's self contained classroom overcrowded?

- Yes Don't Know
 No Not Applicable

22. Are you satisfied with what your child is being taught in school?

- Yes Don't Know
 No Not Applicable

23. Is your child in an Inclusion program?

- Yes Don't Know
 No Not Applicable

24. If you are in a general education site, is your child included in a general education classroom during the day?

- Yes Don't Know
 No Not Applicable

25. On a scale of 1-10 is **School Communications** important to you. (Please circle here.)
Unimportant←-----→Important
1 2 3 4 5 6 7 8 9 10

26. Do you receive regular communications from your child's school? Check all that apply.

- Newsletter
 PTA announcements
 Info from the parent coordinator
 Letter from the Principal

27. Are you given the opportunity to become involved in your child's school?

- Yes Don't Know
 No Not Applicable

28. Do you receive communication from your child's school regarding the Department of Education Special Education initiatives?

- Yes Don't Know
 No Not Applicable

29. On a scale of 1-10 are **Teachers and Other School Staff** important to you. (Please circle here.)

Unimportant ←-----→ Important
1 2 3 4 5 6 7 8 9 10

30. Do you contact your child's classroom teacher each year?

- Yes Don't Know
 No Not Applicable

31. Does your child's teacher send home regular communications?

- Yes Don't Know
 No Not Applicable

32. Do you contact your child's school therapists (OT, PT, Speech, Language, Counselor) and Paraprofessional (if applicable)?

- Yes Don't Know
 No Not Applicable

33. On a scale of 1-10 is **IEP Development** important to you. (Please circle here.)

Unimportant ←-----→ Important
1 2 3 4 5 6 7 8 9 10

34. Are you offered a chance to participate in developing the IEP? In person?

- Yes Don't Know
 No Not Applicable

35. Are you offered a chance to participate in developing the IEP? By phone?

- Yes Don't Know
 No Not Applicable

36. Are you offered a chance to participate in developing the IEP? At regularly scheduled Parent Teacher Conferences?

- Yes Don't Know
 No Not Applicable

37. Does the Teacher/IEP team keep you up-to-date on your child's progress towards meeting goals

- Yes Don't Know
 No Not Applicable

38. Does your IEP include a Behavior Management Plan?

- Yes Don't Know
 No Not Applicable

39. Are you aware of Parent Training Opportunities that may be included through your child's IEP?

- Yes
- No

- Don't Know
- Not Applicable

40. On a scale of 1-10 are **Assessments/Graduation Requirements** important to you. (Please circle here.)

Unimportant ←-----> Important
1 2 3 4 5 6 7 8 9 10

41. Has the difference between Alternate Assessment and Standard Assessment been explained to you?

- Yes
- No

- Don't Know
- Not Applicable

42. Does your child have a Transition Plan on the IEP?

- Yes
- No

- Don't Know
- Not Applicable

43. Does your child participate in a Work/Study Program

- Yes
- No

- Don't Know
- Not Applicable

44. Have you received information about Community Resources (i.e., Agencies or other Service Coordination)?

- Yes
- No

- Don't Know
- Not Applicable

45. Please feel free to comment in the space provided below. You may add more pages if you would like.

Optional Information: E-mail address: _____

PLEASE RETURN THIS SURVEY TO YOUR PTA PRESIDENT

THANK YOU!

CCSE

