# CESA #7, SCHOOL DISTRICT OF _____

## PARENT / ADULT STUDENT SATISFACTION SURVEY

Dear_____ Date 9/14/2003

Your child, _____, was recently evaluated by an individualized education program (IEP) team.
Your child receives the following special education services: _____.
The decisions made by the team, including you, are very important and I hope that the experience was positive.

In order to continually improve our special education services, please respond to the following questions.
Your input is greatly appreciated. Please mail the completed form to the following address:

Nissan B. Bar-Lev, Director of Special Education, 530 W. Main St., Chilton, WI 53014
(920) 849-9384

For this survey: 1 = dissatisfied 2 = somewhat dissatisfied 3 = OK
4 = mostly satisfied 5 = satisfied

1. Quality of special education and related services provided to your child in the district:
   **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

2. Your comfort level with:
   a. the evaluation of your child
      **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

   b. development of your child's IEP
      **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

   c. the decision regarding placement of your child
      **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

3. Your opportunity for input about your child's strengths and concerns for his/her education:
   **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

4. The amount and type of information you received during the IEP team process:
   **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

5. If your child is receiving special education, the amount of information you receive regularly about your child's progress toward the annual goals and whether the goals will be achieved by the end of the year:
   **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **N/A** ☐

6. If your child is 14 or older, the amount of information you received from the school about transition options (for examples, education options, job opportunities, living arrangement) for your son or daughter:
   **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **N/A** ☐

Comments: