

**Parent Network of the Capital Region-PNCR
Parent Survey**

Age of Child with Disability: _____ Circle one: IEP 504 Plan Neither

Disability and/or Diagnosis – circle all that apply:

- | | | |
|------------------------|-----------------------|-----------------------------|
| ADD or ADHD | Down Syndrome | Sensory Processing Disorder |
| Autism/Asperger's | Learning Disability | Auditory Processing |
| Brain Injury | Visual Impairment | Physical Impairment |
| Cognitive Disability | Hearing Impairment | Medically fragile |
| Mental/Emotional _____ | Other (specify) _____ | |
- Specify

Would you be likely to attend a training that focused on your child's disability? Yes No

How would you describe your interaction with the Committee on Special Ed (CSE)? Circle one:

- | | | | |
|---|-------|-----------|--------|
| I attend my child's CSE or 504 plan meetings. | Never | Sometimes | Always |
| My input is taken seriously at CSE meetings. | Never | Sometimes | Always |
| I play a role in the development of my child's IEP or 504 plan. | Never | Sometimes | Always |
| I feel well prepared when I go to CSE/504 meetings. | Never | Sometimes | Always |
| I am anxious about attending CSE/504 meetings. | Never | Sometimes | Always |
| I believe my child is receiving appropriate services. | Never | Sometimes | Always |
| I agree with my child's IEP or 504 plan. | Never | Sometimes | Always |
| I know what to do if I disagree with the IEP or 504 plan | Never | Sometimes | Always |

Please rank the trainings you would be likely to attend 1=Definitely 2= Maybe 3=No

- | | |
|--|---|
| <input type="checkbox"/> Understanding Special Education | <input type="checkbox"/> Understanding Evaluations |
| <input type="checkbox"/> CSE Process & Meetings | <input type="checkbox"/> Reading Programs |
| <input type="checkbox"/> IEPs & 504 Plans | <input type="checkbox"/> Services, Aids & Accommodations |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition to Adulthood | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> School Discipline | <input type="checkbox"/> Executive Function |
| <input type="checkbox"/> Mediation & Due Process | <input type="checkbox"/> Disability-Specific Best Practices |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Other _____ |

When are you most likely able to attend parent trainings? Circle all that apply

- Any time during the school day Morning Evening Saturdays

We would like to have you on our mailing list.

Name: _____ Email: _____

Address: _____