

Fresno Unified School District
Special Education Department
IEP Parent Satisfaction Survey

Dear Parent/Guardian:

Your child's IEP should be developed by a team of people who know and work with your child. You should be an equal member of that team. Your ideas and views should be listened to and addressed at the IEP meeting. To help us improve the IEP process so that parents are equal partners on the IEP Team, please take a few minutes to complete this survey and return it to your school principal who will forward it to the Special Education Office.

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School _____ Parent/Guardian Name _____
Student Name _____ Phone _____ IEP Meeting Date _____

Yes No

- 1) Did you feel that you were included as an equal member of the IEP Team?
- 2) Were all of your concerns addressed at the IEP Meeting?
- 3) Did the IEP Team discuss your child's progress toward high school graduation?
- 4) Did the IEP Team address the accommodations and modifications needed to help your child progress toward high school graduation?
- 5) Did the IEP Team discuss your child's progress toward meeting his/her goals and objectives?

Weekly Monthly Quarterly Yearly

6) How often do you receive communication, written or verbal, from the school about your child's progress?

Excellent Good Fair Poor

7) How would you rate the progress your child is making academically?

8) How would you rate the progress your child is making socially/behaviorally?

Your comments are very valuable to us. Please let us know what is working well for your child and what we can improve on to better address your child's educational needs.

Parent Signature

Date

If you have further questions or comments, please contact your Regional Instructional Specialist at 457-3220.