

# 2010 Student Services Review for Parents

## General

Welcome to the Mission Public School District's Student Services Internal Review survey. The information provided by the following survey will support the district in answering the following essential questions:

1. Within the current Ministry of Education funding, how do we best support our students with special needs?
2. What is working well with our current system?
3. What needs to be changed with our current system?

Thank you for participating.

### 1. You are a:

- Parent of a child with special needs
- Parent of a child without special needs
- Not a parent (a community member)

### 2. My child is:

- K-3 student
- 4-7 student
- 8-12 student
- Not applicable

### 3. My child has been identified by the school district as having special needs.

- Yes
- No
- Don't know
- Not applicable

### 4. I know the special education category my child has been reported in.

- Yes
- No
- Don't know
- Not applicable

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## Individual Education Plans (IEPs)

### 5. My child has an Individual Education Plan (IEP).

- Yes
- No
- Don't know
- Not applicable

### 6. My child's program will result in completing school with a:

- Dogwood Graduation Certificate
- Evergreen Certificate (school completion)
- Don't know
- Not applicable

### 7. I understand the process of the Individual Education Plan (IEP) and the role it plays in my child's education.

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree          |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral        | <input type="checkbox"/> Not applicable    |

### 8. The Individual Education Plan is developed within a reasonable time frame.

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree          |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral        | <input type="checkbox"/> Not applicable    |

### 9. The Individual Education Plan is reviewed on an ongoing basis.

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree          |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral        | <input type="checkbox"/> Not applicable    |

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## 10. I am offered the opportunity to have input in the Individual Education Plan.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

## 11. I understand the difference between adaptations and modifications.

Yes

No

Not applicable

## 12. I am invited to meetings to discuss my child's Individual Education Plan.

Yes

No

Not applicable

## 13. I attend my child's/children's Individual Education Plan meetings.

Yes

No

Not applicable

## 14. The Individual Education Plan takes into consideration my priorities for my child.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

## 15. The goals on the Individual Education Plan reflect my child's needs.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

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### 16. The educational activities reflect the goals and objectives outlined in the Individual Education Plan.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

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## Learning Support and Needs

### 17. The educational activities are ADAPTED to meet my child's individual needs.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

### 18. The educational activities are MODIFIED to meet my child's individual needs.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

### 19. My child has opportunities to choose how he/she will learn.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

Not applicable

### 20. The school takes into consideration input from other professionals.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

### 21. My child receives support form a learning assistance teacher or secondary resource teacher.

Yes

No

Don't know

Not applicable

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### 22. My child receives support from an education assistant.

Yes

No

Don't know

Not applicable

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## District Support

### 23. Please indicate any District service(s) your child is receiving (check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Speech Language Services              | <input type="checkbox"/> Services for the Deaf and Hard of Hearing   |
| <input type="checkbox"/> English as a Second Language Services | <input type="checkbox"/> District Psychologist & Assessment Services |
| <input type="checkbox"/> Physiotherapy Support                 | <input type="checkbox"/> Counseling Services                         |
| <input type="checkbox"/> Occupational Therapy Support          | <input type="checkbox"/> Secondary Employment Skills Program         |
| <input type="checkbox"/> Services for the Visually Impaired    | <input type="checkbox"/> Don't Know                                  |

### 24. I am satisfied with the TYPE of service(s)/support my child is receiving.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
Services for Speech and Language Services	jn	jn	jn	jn	jn	jn
Services for English as a Second Language Services	jn	jn	jn	jn	jn	jn
Physiotherapy support	jn	jn	jn	jn	jn	jn
Occupational Therapy Support	jn	jn	jn	jn	jn	jn
Services for the Visually Impaired	jn	jn	jn	jn	jn	jn
Services for the Deaf and Hard of Hearing	jn	jn	jn	jn	jn	jn
District Psychologist & Assessment Services	jn	jn	jn	jn	jn	jn
Counseling Services	jn	jn	jn	jn	jn	jn
Secondary Employment Skills and Job Development	jn	jn	jn	jn	jn	jn

### 25. I am satisfied with the AMOUNT of service(s)/support my child is receiving.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
Services for Speech and Language Services	jn	jn	jn	jn	jn	jn
Services for English as a Second Language Services	jn	jn	jn	jn	jn	jn
Physiotherapy support	jn	jn	jn	jn	jn	jn
Occupational Therapy Support	jn	jn	jn	jn	jn	jn
Services for the Visually Impaired	jn	jn	jn	jn	jn	jn
Services for the Deaf and Hard of Hearing	jn	jn	jn	jn	jn	jn
District Psychologist & Assessment Services	jn	jn	jn	jn	jn	jn
Counseling Services	jn	jn	jn	jn	jn	jn
Secondary Employment Skills and Job Development	jn	jn	jn	jn	jn	jn

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**26. I am aware of community based resources that can support children with special needs.**

- Yes
- No
- Don't know
- Not applicable

**27. My child receives appropriate district services in a reasonable time.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**28. Student Services administrators are accessible.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



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## Reporting

### 29. I receive progress reports at each reporting period.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

### 30. The progress reports reflect the goals and objectives outlined in the IEP.

All the time

Few times

Most times

At no time

Sometimes

### 31. I am invited to attend parent/teacher interviews.

All the time

Few times

Most times

At no time

Sometimes

### 32. I attend parent/teacher interviews.

All the time

Few times

Most times

At no time

Sometimes

### 33. I receive ongoing communications from the school.

All the time

Few times

Most times

At no time

Sometimes

### 34. I provide the school with relevant information about my child on a regular basis.

All the time

Few times

Most times

At no time

Sometimes

# 2010 Student Services Review for Parents

## School and Classroom Environment

### 35. I am satisfied with my child's safety at school.

Strongly agree

Disagree

Agree

Strongly disagree

Neutral

### 36. My child's school provides a positive, caring and supportive learning environment.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

### 37. My child is treated with respect by staff.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

### 38. My child is treated with respect by other students.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

### 39. My child has opportunities to develop friendships.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

### 40. My child is included in school events as appropriate.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

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## 41. I receive sufficient information about school programs and events.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

## 42. I have the opportunity to participate in school planning.

Strongly Agree

Disagree

Agree

Strongly disagree

Neutral

## 43. If you would like to comment on curriculum, IEP, services, budget impact or other aspects of your child's special education program, please do.

Something that really works   
for my child is...

Area(s) that I have some   
concerns about....

Do you have any other   
comments you would like to  
add?