



School District/Charter School Compliance Monitoring System

Surveys

Pennsylvania Department of Education
Bureau of Special Education



BSE Cyclical Monitoring Surveys

Parent Survey *(This survey is provided for informational purposes only. This survey is completed online, by the parent, prior to the on-site visit.)*

Name of School District or Charter School your child is currently attending: _____

PS 1. My child attends: Elementary School ____
Middle School ____ High School ____

- Traumatic Brain Injury
- Visual Impairment including Blindness
- Hearing Impairment including Deafness
- Deaf-Blindness
- Specific Learning Disability
- Multiple Disabilities
- Intellectual Disability
- Autism
- Orthopedic Impairment
- Other Health Impairment
- Emotional Disturbance
- Developmental Delay (Age 3-6 in Early Intervention)
- Speech or Language Impairment Program)
- Don't Know

PS 3. I think the overall severity of my child's disability is:

- Mild
- Moderate
- Severe
- Don't Know

PS 4. My child's school placement is best described as:

- Inside the general education classroom 80% or more of the day
- Inside the general education classroom 40-79% of the day
- Inside the general education classroom less than 40% of the day
- Public Separate Facility (Non-Residential)
- Approved Private School (Non-Residential)
- Other Private Separate Facility (Non-Residential)
- Hospital/Home Bound (including partial hospitalization)
- Public Separate Facility - Residential

- Approved Private School - Residential
- Other Private Facility - Residential
- Out of State Facility
- Instruction in the Home
- Correctional Facility
- Don't Know

PS 5. My child's main type of special education support in school is:

- Learning Support
- Life Skills Support
- Multi-Disabilities Support
- Emotional Support
- Deaf or Hearing Impaired Support
- Speech and Language Support
- Physical Support
- Blind or Visually Impaired Support
- Autistic Support
- Other - Not described above
- Don't Know

PS 6. Support services for my child are provided:

- Inside the general education classroom
- Outside the general education classroom
- Both
- Don't Know

PS 7. Did the school district/charter school your child is attending inform you that your child cannot be removed from the general education classroom merely because of the severity of his or her disability?

___Yes ___No ___Don't Know

PS 8. Did the school district/charter school your child is attending inform you that it must consider the full range of supplementary aids and services in the general education classroom, including modification of curriculum content, before recommending a more restrictive setting?

___Yes ___No ___Don't Know

PS 9. Did you understand the information from school personnel about educating your child in general education classes with supplementary aids and services?

Yes No Don't Know

PS 10. If your child is educated in the general education classroom for 80% of the day or more, please describe how the placement decision was made:

- I was offered this inclusive placement by the school
- I requested the placement and the school agreed
- I requested the placement and the school agreed only after vigorous advocacy on my part
- I went to mediation
- I went to a due process hearing
- Other
- Don't Know
- NA

PS 11. If your child is not educated in the general education classroom for 80% of the day or more, what are the reasons? Please check all that apply. (If not applicable skip this question and go on to PS 12.)

- I am satisfied that a less inclusive placement is appropriate for my child.
- I am concerned that the school district/charter school my child is attending could not meet my child's educational needs in a more inclusive setting because of lack of appropriate staff training and experience.
- I am concerned that the school district/charter school my child is attending could not meet my child's educational needs in a more inclusive setting because the school district/charter school would not provide the needed support in the general education classroom.
- I am concerned that my child would not be safe in a more inclusive setting.

I requested a more inclusive placement, but the school district/charter school my child is attending would not agree, and dispute resolution is not an option for my family.

I tried to obtain a more inclusive placement through mediation, but did not succeed.

I tried to obtain a more inclusive placement through a due process hearing, but did not succeed.

Other

Don't Know

Please read the following questions carefully and check the box that best describes your opinion.

PS 12. My child spends the right amount of each school day in general education classrooms.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 13. My child is making progress on his/her IEP goals.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 14. My child's teachers have the supports they need to implement the IEP.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 15. The supports identified in my child's IEP are implemented.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 16. My child's needs for support in extra-curricular activities are addressed in the IEP.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 17. My school provides and uses equipment or technology that is required in my child's IEP.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 18. All supports I think my child needs are in the IEP.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 19. I am respected as a member of the IEP team.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree

- Don't Know
- NA

PS 20. My suggestions about teaching my child are welcomed.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 21. I am invited to training that provides information about my child's disability and educational program.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 22. I am invited to training that provides information for parents regarding educational practices, (e.g., inclusive practices, assistive technology, behavior support, parent rights).

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 23. My school openly supports inclusion of students with disabilities.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 24. The school answers questions about my rights.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

PS 25. I think my child is getting a good education.

- Strongly Agree
- Agree
- In Between
- Disagree
- Strongly Disagree
- Don't Know
- NA

Teacher Survey

Name of School District or Charter School: _____

Indicate whether you are a: ___ General Education Teacher ___ Special Education Teacher

Do you teach: ___ Elementary ___ Middle ___ High School

For the following questions, please circle your response with "1" meaning very little or none to "5" meaning totally.

TS 1. To what extent does the decision to include a student with an IEP in a general education classroom depend upon the student's disability category?

1 2 3 4 5

TS 2. To what extent does the decision to include a student with an IEP in a general education classroom depend upon the perceived functioning level of the student?

1 2 3 4 5

TS 3. To what extent does the decision to include a student with an IEP in a general education classroom depend upon the student's ability to be successful without additional supports?

1 2 3 4 5

For the following questions, please circle your response with "1" meaning very little or none to "5" meaning extensive.

TS 4. To what extent is there common planning time available within the typical school week for general education teachers and special education teachers to meet and jointly plan/problem-solve issues about curriculum and instruction?

1 2 3 4 5

TS 5. To what extent do you know what is involved with each of the following educational practices?

- Modified Curriculum
1 2 3 4 5
- Multilevel Curriculum
1 2 3 4 5

- Overlapping Curriculum
1 2 3 4 5
- Peer Support
1 2 3 4 5
- Cooperative Learning
1 2 3 4 5
- Peer Mediated Instruction
1 2 3 4 5
- Differentiated Instruction
1 2 3 4 5
- Team Teaching and/or Co-Teaching
1 2 3 4 5
- Positive Behavior Intervention (Classroom Level)
1 2 3 4 5
- Positive Behavior Support (Individualized for a student)
1 2 3 4 5
- Augmentative Communication
1 2 3 4 5
- Assistive Technology
1 2 3 4 5

TS 6. To what extent do you know how to implement each of the following educational practices?

- Modified Curriculum
1 2 3 4 5
- Multilevel Curriculum
1 2 3 4 5
- Overlapping Curriculum
1 2 3 4 5
- Peer Support
1 2 3 4 5
- Cooperative Learning
1 2 3 4 5
- Peer Mediated Instruction
1 2 3 4 5
- Differentiated Instruction
1 2 3 4 5
- Team Teaching and/or Co-Teaching
1 2 3 4 5

- Positive Behavior Intervention (Classroom Level)
1 2 3 4 5
- Positive Behavior Support (Individualized for a student)
1 2 3 4 5
- Augmentative Communication
1 2 3 4 5
- Assistive Technology
1 2 3 4 5

TS 7. To what extent have you implemented each of the following educational practices to support students with IEPs within a general education classroom ("NA" indicates Not Applicable):

- Modified Curriculum
1 2 3 4 5 NA
- Multilevel Curriculum
1 2 3 4 5 NA
- Overlapping Curriculum
1 2 3 4 5 NA
- Peer Support
1 2 3 4 5 NA
- Cooperative Learning
1 2 3 4 5 NA
- Peer Mediated Instruction
1 2 3 4 5 NA
- Differentiated Instruction
1 2 3 4 5 NA
- Team Teaching and/or Co-Teaching
1 2 3 4 5 NA
- Positive Behavior Intervention (Classroom Level)
1 2 3 4 5 NA
- Positive Behavior Support (Individualized for a student)
1 2 3 4 5 NA
- Augmentative Communication
1 2 3 4 5 NA
- Assistive Technology
1 2 3 4 5 NA

TS 8. To what extent do you feel your students would benefit from your receiving information, training and/or technical assistance with respect to each of the following educational practices:

- Modified Curriculum
1 2 3 4 5

- Multilevel Curriculum
1 2 3 4 5
- Overlapping Curriculum
1 2 3 4 5
- Peer Support
1 2 3 4 5
- Cooperative Learning
1 2 3 4 5
- Peer Mediated Instruction
1 2 3 4 5
- Differentiated Instruction
1 2 3 4 5
- Team Teaching and/or Co-Teaching
1 2 3 4 5
- Positive Behavior Intervention (Classroom Level)
1 2 3 4 5
- Positive Behavior Support (Individualized for a student)
1 2 3 4 5
- Augmentative Communication
1 2 3 4 5
- Assistive Technology
1 2 3 4 5

TS 9. To what extent do you feel you need training in the following approaches?

- Modified Curriculum
1 2 3 4 5
- Multilevel Curriculum
1 2 3 4 5
- Overlapping Curriculum
1 2 3 4 5
- Peer Support
1 2 3 4 5
- Cooperative Learning
1 2 3 4 5
- Peer Mediated Instruction
1 2 3 4 5
- Differentiated Instruction
1 2 3 4 5
- Team Teaching and/or Co-Teaching
1 2 3 4 5
- Positive Behavior Intervention (Classroom Level)
1 2 3 4 5

- Positive Behavior Support
(Individualized for a student)
1 2 3 4 5
- Augmentative Communication
1 2 3 4 5
- Assistive Technology
1 2 3 4 5

TS 10. Are there barriers to successfully including students with IEPs within your school's general education classrooms?

- Yes
- No

TS 11. If the answer to the above question (TS 10) is yes, what are the top three factors contributing to barriers?

- _____
- _____
- _____

TS 12. What resources and/or supports would help general education teachers increase inclusion of students with an IEP? (Please list and briefly describe.)

- _____
- _____
- _____
- _____
- _____

Student Survey

The school wants to hear your opinion about the educational program it provides. Please complete the questions below. Pick the response that best describes your opinion. Check only one answer for each question.

- SS 1. Are you getting the help you need with your school work?
- Yes
 - No
 - Somewhat
 - Don't Know
- SS 2. How do you feel about what you are learning in school?
- Good
 - Not So Good
 - Don't Know
- SS 3. What do you **like best** about your high school learning experiences?
- Help/Support I receive
 - Teachers
 - Particular class or subject
 - How a subject is being taught
 - Social opportunities
 - Nothing
 - Don't know
 - Other
- SS 4. What do you **like least** about your high school learning experiences?
- Help/Support I receive
 - Teachers
 - Particular class or subject
 - How a subject is being taught
 - Social opportunities
 - Nothing
 - Don't know
 - Other
- SS 5. How satisfied are you with your special education supports and services?
- Very
 - Somewhat
 - A little
 - Not at all
 - Don't know
- SS 6. What do you **like best** about your special education supports and services?
- Help/Support I receive
 - Where I am receiving support
 - Teachers
 - Nothing
 - Don't know
 - Other
- SS 7. What do you **like least** about your special education supports and services?
- Help/Support I receive
 - Where I am receiving support
 - Teachers
 - Nothing
 - Don't know
 - Other
- SS 8. How much time do you spend with students who **do not** have disabilities?
- Too much
 - Enough
 - A little
 - Not enough
 - Not sure which students have disabilities
 - Don't know
 - Other
- SS 9. Do you participate in sports, band, clubs, other school activities, or activities outside of school?
- Yes
 - No
 - Don't know

SS 10. If you do not participate in sports, band, clubs, other school activities, or activities outside of school, why not?

- Not interested
- No time
- Don't have transportation
- I work
- Don't know

SS 11. Have you ever heard of an IEP meeting?

- Yes
- No
- Don't know

SS 12. Have you ever been invited to an IEP meeting?

- Yes
- No
- Don't know

SS 13. Have you ever attended an IEP meeting?

- Yes
- No
- Don't know

SS 14. Do you have a plan for what you are going to do when you graduate?

- Yes
- No
- Don't know

SS 15. Do you plan to enroll in college or some other education or training program after graduation?

- Yes
- No
- Don't know

SS 16. Do you have an idea of what type of work or job you want to do in the future?

- Yes
- No
- Don't know

SS 17. Do you have a community living transition program?

- Yes
- No
- Don't know what a community living program is

SS 18. Have you been asked by school personnel what you want to do when you graduate?

- Yes
- No
- Don't know

SS 19. Did you discuss with school personnel what you would do after graduation or finishing high school?

- Yes
- No
- Somewhat
- Don't know

SS 20. Have any of your suggestions for what you want to do when you graduate been included in your learning experiences in school?

- Yes
- No
- Somewhat
- Don't know

Commonwealth of Pennsylvania

Tom Wolf
Governor

