



# School District/Charter School Compliance Monitoring System

## Parent Interview

Pennsylvania Department of Education  
Bureau of Special Education



# Parent Interview

LEA: \_\_\_\_\_ Name of Student: \_\_\_\_\_

Monitoring Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name of Person Interviewed: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

24. Have you been asked to provide information for your child's evaluation/reevaluation?  
**(If the parent responds "No," follow up is required.)**
25. Were you given the opportunity to provide this information in writing or in another way that worked for you?
26. Was the information you provided to the school for your child's evaluation considered in your child's Evaluation Report?
27. If your child was not reevaluated when required (every 2 years for children with intellectual disability (mental retardation), or any child placed in an Approved Private School, and every 3 years for children with other disabilities) did you agree in writing to waive the reevaluation? **(If the parent responds "No," follow up is required.)**
28. Were you invited to participate in your child's most recent IEP team meeting?  
**(If the parent responds "No," follow up is required.)**
29. Did you participate in developing the current IEP for your child?
30. Was the meeting held at a time and location that was convenient for you?
31. If you were unable to participate in person, did the school offer other arrangements for you to participate by phone or through other methods?
32. Was the input you provided considered in the development of your child's current IEP?  
**(If the parent responds "No," follow up is required.)**
- 32a. Have you received sufficient training, technical assistance and other support to participate as an IEP team member?
- 32b. If no, what training or support would assist you?
33. Were the services you requested for your child considered by the IEP team in the development of your child's current IEP?
34. If services that you requested for your child were rejected by the school, did you receive a written notice (NOREP/PWN) explaining why the request was rejected? **(If the parent responds "No," follow up is required.)**
35. Was the current IEP developed at the IEP meeting?
36. If there was a draft IEP developed prior to the IEP meeting, were you provided a copy of the draft either before or at the meeting?
37. Were the special education teacher, the general education teacher and the school representative at the IEP meeting?
38. If required IEP team members (special education teacher, general education teacher, or LEA) did not attend the meeting, did you agree in writing to them not being there?  
**(If the parent responds "No," follow up is required.)**
39. Was written input from the excused IEP team member(s) available to you before the meeting?
40. Did the IEP team consider the recommendations that were made in your child's most recent evaluation, including all

- recommendations that were made by the evaluation team for special education, related services, and supports for school personnel?
41. Did the IEP team accept or reject the evaluation team's recommendations for special education, related services, and supports for school personnel for appropriate educational reasons (cue: vs. for example lack of staff, lack of funds, lack of availability of services)?
  42. If your child's current IEP includes psychological counseling as a related service, and he/she receives these services, including transportation, are they provided at no cost to you? **(If the parent responds "No," follow up is required.)**
  43. Was your child's need for extended school year (ESY) – which means services over the summer or during breaks from the regular school calendar - discussed at an IEP meeting? **(If the parent responds "No," follow up is required.)**
  44. Did you receive an explanation of what would make your child eligible for ESY services?
  45. Did you agree with the IEP team's conclusion about your child's eligibility for ESY services?
  46. If you did not agree with the decision on ESY eligibility, were you given a written notice (NOREP/PWN) explaining that you could ask for a due process hearing? **(If the parent responds "No," follow up is required.)**
  47. If your child was determined to be eligible for ESY services, did the IEP team decide upon the goals and services needed for the ESY program?
  48. Were the special education and related services in your child's current IEP provided within 10 school days of the completion of the IEP? **(If the parent responds "No," follow up is required.)**
  49. Are the special education and related services included in your child's current IEP provided at no cost to you? **(If the parent responds "No," follow up is required.)**
  50. If your child is age 14 or older, was he/she invited to participate in the IEP meeting for transition planning?
    - 50a. In the most recent IEP meeting for (child's name), did you discuss whether (child's name) could be educated in a general education classroom for the entire school day?
    - 50b. In the most recent IEP meeting, did the IEP team recommend removal of (child's name) from the general education classroom for any part of the school day?
    - 50c. If yes, what reasons were discussed for recommending removal?
    - 50d. If yes, how was the amount of time that (child's name) would be removed from the general education classroom decided?
    - 50e. In the most recent IEP meeting, did the IEP team discuss whether (child's name) could be educated satisfactorily in a general education classroom for the entire school day with supplementary aids and services?
    - 50f. In your opinion, is (child's name) benefiting from participation in the general education classroom?
    - 50g. If yes, in what ways?
    - 50h. If no, what does (child's name) need that (he/she) is not receiving in the class?
  51. Have you requested an Independent Educational Evaluation (IEE) for your child to be paid for by the school?
  52. If you have obtained an IEE for your child, were the results of that evaluation considered by the team?
  53. Were the results of the IEE included in the school's Evaluation Report for your child?

## Scale

1	2	3	4	5	6
Always	Sometimes	Rarely	Never	Don't Know	Does Not Apply

- |  |   |
|--|---|
| <p>54. I am a partner with school personnel when we plan my child's education program.</p> <p>55. My child does classroom work in a general education classroom with students without disabilities.</p> <p>56. My child participates or has the opportunity to participate in school activities other than classroom work, including extra-curricular activities, with students without disabilities.</p> <p>56a. My child goes on field trips, attends school functions and/or participates in extracurricular activities with their same age/grade peers who are non-disabled.</p> <p>56b. There are routine opportunities for my child to interact with peers who are non-disabled that are planned and/or facilitated by school personnel.</p> <p>57. When all students in the school receive a report card, I also receive a progress report on my child's IEP goals.</p> | <p>58. My child's progress is reported to me by the school in a manner that I understand.</p> <p>59. I am satisfied with the transition services developed for my child.</p> <p>60. My child is learning skills that will lead to a high school diploma and further education and/or employment.</p> <p>61. If I don't understand my child's educational rights, and I inquire about them, someone from the school takes the time to explain them to me.</p> <p>62. My school district/charter school makes available training related to the needs of students with disabilities that I could attend.</p> <p>63. My school district/charter school invites parents to trainings that are available to school staff regarding research based best practices, supplementary aids and services, differentiating instruction and modifying the general education curriculum.</p> |
|--|---|
- 
- |   |   |
|---|---|
| <p>64. My child is receiving the supports and services agreed upon at the IEP meeting. <b>(If the parent responds "No," follow up is required.)</b></p> <p>65. If you did not participate in your child's IEP meeting, what kept you from participating?</p> <ul style="list-style-type: none"> <li>a. transportation issues</li> <li>b. held at an inconvenient time</li> <li>c. not enough notice given</li> <li>d. don't understand the IEP process</li> <li>e. afraid to go (would be uncomfortable)</li> <li>f. no child-care available</li> <li>g. other _____</li> </ul> | <p>66. Tell me anything you really like about your child's special education program.</p> <ul style="list-style-type: none"> <li>a. modifications</li> <li>b. progress reports</li> <li>c. staff-aide ratios</li> <li>d. staff's knowledge, training</li> <li>e. instructional materials</li> <li>f. less inclusion</li> <li>g. staff open to suggestions, good communication</li> <li>h. follow the IEP</li> </ul> |
|---|---|

- i. support services
  - J. student ratios
  - k. staff's understanding and attitude
  - l. more inclusion
  - m. services provided outside neighborhood school
  - n. other \_\_\_\_\_
67. Tell me anything you would like to change about the program.
- a. modifications
  - b. progress reports
  - c. staff-aide ratios
  - d. staff's knowledge, training
  - e. instructional materials
  - f. less inclusion
  - g. staff open to suggestions, good communication
  - h. follow the IEP
  - i. support services
  - J. student ratios
  - k. staff's understanding and attitude
  - l. more inclusion
  - m. services provided outside neighborhood school
  - n. other \_\_\_\_\_

68. The school explains what options parents have if the parent disagrees with a decision of the school.

**Please reply to this statement with one of the six options below.**

- a. Very strongly agree
- b. Strongly agree
- c. Agree
- c. Disagree
- d. Strongly Disagree
- e. Very Strongly Disagree

69. Please add any additional comments about your child's program.

---



---



---



---



---



---



---



---



---



---

## **Commonwealth of Pennsylvania**

**Tom Wolf**  
Governor

## **Department of Education**

**Pedro Rivera**  
Secretary

**Matthew S. Stem**  
Office of Elementary and Secondary Education  
Deputy Secretary

**Ann Hinkson-Herrmann**  
Director, Bureau of Special Education

