

NEW JERSEY DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS

PARENT SURVEY FOR SELF-ASSESSMENT PROCESS

Holmstead School

Our school has been selected to participate in the monitoring process for receiving schools to be conducted by the New Jersey Department of Education. As part of the self-assessment process it is suggested that the school distribute a survey to obtain information from those people who are directly involved with the school. This information will be used as part of the self-assessment process to help us in developing the required improvement plan.

The survey below is designed to gain an overall impression from parents regarding your level of satisfaction and the level of participation and services. Therefore, we would appreciate your input and ask if you would take a few minutes to complete the survey.

I. DEMOGRAPHICS

What is the age of your child?

3-5 years 6-11 years 12-17 years 18-21 years

What is the gender of your child?

Male Female

How long has your child attended this school?

1-3 years 4-7 years 8-12 years

What is your child's category of eligibility? (Mark only one)

Autism Deaf/Hard of Hearing Preschool Disabilities
 Behavioral Disabilities Learning/Language Disabilities Severe Cognitive Disabilities
 Blind/Visually Impaired Mild/Moderate Cognitive Disabilities
 Deaf/Blind Multiple Disabilities

II. SATISFACTION

How satisfied are you with your child's overall special education program?

Very satisfied Not very satisfied
 Somewhat satisfied Not at all satisfied

Please indicate your level of satisfaction with our special education program components:

	Satisfied	Not Satisfied	Not Applicable
Related Services	_____	_____	_____
Quality of Personnel	_____	_____	_____
Access to General Education	_____	_____	_____
Transition Services	_____	_____	_____
Quality of Instruction	_____	_____	_____
Availability of Books and Supplies	_____	_____	_____
Access to Peers Without Disabilities	_____	_____	_____
Use of Accommodations	_____	_____	_____
Use of Assistive Technology	_____	_____	_____
Communication Regarding Activities	_____	_____	_____
Provision of Extended School Year	_____	_____	_____
Administration of Statewide Testing	_____	_____	_____
Extracurricular Clubs and Activities	_____	_____	_____
Behavior Management System	_____	_____	_____
Vocational/Job Related Programs	_____	_____	_____

III. LEVEL OF PARTICIPATION AND SERVICES

Does your child participate in clubs or activities offered at his/her home district?

Yes No Sometimes

Are the services provided as required in the IEP?

Yes No Sometimes

Do you feel that your child is being adequately prepared for post-school goals?

Yes No