



INTRODUCTION / INTRODUCCIÓN

The Northwest Suburban Special Education Organization (NSSEO), in partnership with its member districts, conducts an annual needs assessment to assist in guiding special education services, communication and collaboration with families and parent education and networking for families of students who receive special education services. Your responses are combined with all the responses of families in your district of residence and provided to your district special education administration.

* 1. Survey Language Preference:

English



DEMOGRAPHICS

2. Name of Parent Completing Survey: *(Optional)*

* 3. How many children in your family are currently receiving special education services?*(If more than one child, please complete a separate survey for each child in your family who receives special education services.)*

- 1
- 2
- 3
- 4 or more



DEMOGRAPHICS

Please answer the following questions about your child who is receiving special education services. *(Please complete a separate survey for each child in your family who receives special education services.)*

* 4. What GRADE is your child currently enrolled?

- | | |
|-----------------------------|----------------------------------|
| <input type="radio"/> Pre-K | <input type="radio"/> 7th |
| <input type="radio"/> K | <input type="radio"/> 8th |
| <input type="radio"/> 1st | <input type="radio"/> 9th |
| <input type="radio"/> 2nd | <input type="radio"/> 10th |
| <input type="radio"/> 3rd | <input type="radio"/> 11th |
| <input type="radio"/> 4th | <input type="radio"/> 12th |
| <input type="radio"/> 5th | <input type="radio"/> Transition |
| <input type="radio"/> 6th | |

* 5. What SCHOOL does your child currently attend?

* 6. What is your DISTRICT OF RESIDENCE (i.e., school district in which you live)?

- | | | |
|---|---|---|
| <input type="radio"/> Community Consolidated School District 21 | <input type="radio"/> River Trails School District 26 | <input type="radio"/> Des Plaines Community Consolidated School District 62 |
| <input type="radio"/> Prospect Heights School District 23 | <input type="radio"/> Mount Prospect School District 57 | <input type="radio"/> Township High School District 211 |
| <input type="radio"/> Arlington Heights School District 25 | <input type="radio"/> Community Consolidated School District 59 | <input type="radio"/> Township High School District 214 |
| <input type="radio"/> Other (please indicate district number) | | |



DEMOGRAPHICS

* 10. What is your child's current EDUCATIONAL PLACEMENT? Select the placement that reflects where your child spends the majority of his/her school day (at least 60% of the school day).

- General education classroom
- General education classroom with special education services (resource)
- Special education services delivered in the general education classroom
- Self-contained special education classroom (in a general education building)
- Special day school (e.g. Kirk, Miner, Timber Ridge, including Transition Program)
- Adult Transition Program (18-21 years of age)
- Other (please describe)



SPECIAL EDUCATION SERVICES

Please rate the level of agreement to each of the following statements about special education services for your child.

* 11. IEP PROCESS

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

1. I understand the IEP process.

Additional support(s) needed to facilitate greater understanding or satisfaction:

2. My child's evaluation report and IEP are written in terms I understand.

Additional support(s) needed to facilitate greater understanding or satisfaction:

3. I have been given and understand my rights as a parent of a child who receives special education services.

Additional support(s) needed to facilitate greater understanding or satisfaction:

4. I understand my child's disability and the services being put in place to help him/her.

Additional support(s) needed to facilitate greater understanding or satisfaction:



SPECIAL EDUCATION SERVICES

Please rate the level of agreement to each of the following statements about special education services for your child.

* 12. IEP PROCESS

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

5. I am considered an equal partner with teachers and other professionals in planning my child's individualized educational program.

Additional support(s) needed to facilitate greater understanding or satisfaction:

6. I am satisfied with the special education services provided to my child.

Additional support(s) needed to facilitate greater understanding or satisfaction:

7. I understand my options (e.g., written report, phone calls, emails) to communicate with educational team members who are unable to attend my child's IEP meeting.

Additional support(s) needed to facilitate greater understanding or satisfaction:



SPECIAL EDUCATION SERVICES

Please rate the level of agreement to each of the following statements about special education services for your child.

* 13. COMMUNICATION and PARTNERSHIPS:

Strongly Strongly Not
Agree Agree Disagree Disagree Applicable

8. My child's school has demonstrated effective school-to-home communication.

Additional support(s) needed to facilitate greater communication and partnerships:

9. The communication between school and my outside therapists is appropriate to support generalization of skills.

Additional support(s) needed to facilitate greater communication and partnerships:

10. I have opportunities to learn about the curriculum and instruction provided to my child (through observation, newsletters, curriculum nights).

Additional support(s) needed to facilitate greater communication and partnerships:

11. I am aware of the positive behavioral supports and strategies used in my child's school.

Additional support(s) needed to facilitate greater communication and partnerships:



SPECIAL EDUCATION SERVICES

Please rate the level of agreement to each of the following statements about special education services for your child.

* 14. COMMUNICATION and PARTNERSHIPS:

Strongly Strongly Not
Agree Agree Disagree Disagree Applicable

12. I have knowledge about the assistive technology and/or the augmentative communication system that my child uses during the school day.

Additional support(s) needed to facilitate greater communication and partnerships:

13. I have been given information about my child's educational needs/disability and suggestions for how to support at home.

Additional support(s) needed to facilitate greater communication and partnerships:

14. I have opportunities to network with other parents of children with disabilities within my child's school.

Additional support(s) needed to facilitate greater communication and partnerships:

15. I have opportunities to network with ALL parents in my child's school.

Additional support(s) needed to facilitate greater communication and partnerships:



SPECIAL EDUCATION AND TRANSITION SERVICES

Please rate the level of agreement to each of the following statements about special education and transition services for your child.

- * 15. For parents of students AGE 14.5 or TRANSITIONING from 8th to 9th grade ONLY (click NA if your child does not meet criteria):

Strongly Agree Agree Disagree Strongly Disagree Not Applicable (NA)

16. I understand the components of my child's transition plan (e.g., postsecondary goals focused on employment, education/training, independent living skills), required at age 14^{1/2}, going from middle school to high school.

Additional supports needed to better understand transition components:

- * 16. For parents of HIGH SCHOOL students ONLY (click NA if your child does not meet criteria):

Strongly Agree Agree Disagree Strongly Disagree Not Applicable (NA)

17. I understand the components (e.g., transition services and activities, post-secondary education/training, independent living skills, employment) of my child's transition plan (ages 18-21), going from high school to post-secondary options.

Additional supports needed to better understand transition components:

* 17. For parents of HIGH SCHOOL and TRANSITION students ONLY (click NA if child does not meet criteria):

Strongly Strongly Not
Agree Agree Disagree Disagree Applicable
(NA)

18. I am aware of community agencies and resources (e.g., case management, PUNS, entitlement programs, legal and financial planning, recreation, transportation) that may be available to assist my child after graduation.

Additional supports needed to increase awareness of community agencies and resources:



PROFESSIONAL DEVELOPMENT & PARENT SUPPORT GROUPS

* 18. Please identify **top 5** areas of need for parent information, support groups and/or training that would be of benefit to you in understanding special education services for your child.

- | | |
|---|--|
| <input type="checkbox"/> Proactive behavior management strategies | <input type="checkbox"/> Parent mentoring |
| <input type="checkbox"/> Dealing with behaviors in a crisis | <input type="checkbox"/> Understanding housing options |
| <input type="checkbox"/> Strategies to support executive functioning skills (homework completion, organization) | <input type="checkbox"/> Understanding and interpreting assessment information |
| <input type="checkbox"/> Reading instructional strategies | <input type="checkbox"/> Tools for gainful employment |
| <input type="checkbox"/> Math instructional strategies | <input type="checkbox"/> How to financially plan for the future |
| <input type="checkbox"/> Use of technology tools | <input type="checkbox"/> Understanding Supplemental Security Income (SSI) and Guardianship |
| <input type="checkbox"/> Use of communication devices | <input type="checkbox"/> Parent advocacy |
| <input type="checkbox"/> Transition plan and process | <input type="checkbox"/> Parental monitoring of social media |
| <input type="checkbox"/> Health care and sex education | <input type="checkbox"/> Supporting my child with Autism |
| <input type="checkbox"/> IEP process | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Planning for the future needs of my child | |
| <input type="checkbox"/> Other (please specify): | |

19. If your child experiences feelings of helplessness, anxiety, depression, mood swings or self-harm, please select areas you would be interested in information and/or parent support groups:

- Helplessness
- Anxiety
- Depression
- Mood swings
- Self-harm
- Other (please specify)

20. Please identify when is the best time for you to attend a parent training or support group: (Check all that apply.)

- During the school day in the MORNING
- During the school day in the AFTERNOON
- Evenings (between 5:00-8:00pm)
- Saturdays
- Other (please specify)



NSSEO Parent Needs Assessment 2019-2020 /
Encuesta de NSSEO a los Padres-Evaluación de
Necesidades 2019-2020

CONCLUSION / CONCLUSIÓN

Thank you for completing this survey!