OMB Control Number 1040-0001
Expiration Date 09/30/2028

School Year: 2025-2026

Bureau of Indian Education

Parent Survey - Special Education

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families.

1. You may use pencil or black or blue ink. Please fill in the box completely…■
2. If you have more than one child receiving special education services, complete the survey for each child.
3. You may skip any item that you feel does not apply to you or your child.
4. For each statement below, please select ***one*** of the response choices: agree or disagree.
5. If you have questions about terms used in the survey questions, please reach out to your child's school.

	Survey Questions	*Agree*	*Disagree*
1.	The school considers me an equal partner with teachers and other professionals in planning my child's program.	☐	☐
2.	The school sends written information about my child that I can understand.	☐	☐
3.	At the IEP meeting, we discuss how my child would participate in school and statewide assessments.	☐	☐
4.	At the IEP meeting, we discuss the accommodations and modifications that support my child's learning.	☐	☐
5.	The IEP team explains how my child is educated in the general education classroom with supports as much as possible.	☐	☐
6.	Teachers and administrators encourage me to participate in the decision-making process.	☐	☐
7.	Teachers and administrators ensure that I have fully understood the Procedural Safeguards, which are the rules in the federal law that protect the rights of parents of students with disabilities.	☐	☐
8.	The school has a person on staff who is available to answer my questions about my child's special education program and services.	☐	☐
9.	The school provides Progress Reports for my child's IEP goals.	☐	☐
10.	The school asks my opinion about how well special education services are meeting my child's needs.	☐	☐

Choose or **identify/write** *one* option for each category:

Child's Grade
(Choose only *one*)

- ☐ Preschool
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade

Child's Age in Years

State of Residence

Child's Race/Ethnicity
(Select all that apply)

- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ Multi-racial
- ☐ White

Child's Primary Disability
(Choose only *one*)

- ☐ Autism
- ☐ Deaf-Blindness
- ☐ Developmental Delay
- ☐ Emotional Disturbance
- ☐ Hearing Impairment / Deafness
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment including Blindness

Paperwork Reduction Act Statement: This information is collected to properly identify each student's instructional and residential program classification. The information is supplied by a respondent to obtain or retain a benefit that is to provide appropriate schooling. It is estimated that responding to the request will take an average of 10 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Clearance Officer-Indian Affairs, 1849 C Street, NW, Washington, DC 20240. NOTE: Comments, names, and addresses of commenters are available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned OMB Control #1040-0001 and an expiration date of September 30, 2024. Please note that an agency may not conduct or sponsor, and a person is not required to report to, a collection of information unless there is a valid OMB control number.