# School Year 2024-25

Dear Parent(s) of **<Student’s Name>**,

The Colorado Department of Education and your local special education administrative unit (e.g., school district, BOCES) conduct a survey every school year to learn how parents are involved in their child’s special education program.

The responses you share will be used to improve the education of children with disabilities in your school district and throughout the State of Colorado. The state-wide results will be reported publicly and to the U.S. Department of Education after the completion of the school year.

Please visit <http://www.cde.state.co.us/cdesped/indicator_08> for the previous years’ survey results.

You have two options to complete this survey. Please select the one that works better for you.

1. **Online** – Visit **<Unique Student Link Here>** to complete the survey before **June 30, 2025**.To access the online survey, you simply need to follow this unique link to your survey.
2. **Paper survey** – Fill out the survey and submit it to your school, district, or BOCES before **June 30, 2025**.

The information you provide is confidential, which means your response will be stored in a secure network environment and will not be improperly disclosed to third-party entities.

**We greatly appreciate your participation!**

For information and resources for families of students with disabilities in Colorado, please visit this CDE [webpage](http://www.cde.state.co.us/cdesped/spedparents).

If you have questions or need assistance with this survey, please contact:

Beth Donahue, Family Engagement Specialist

720-926-1453 | [Donahue\_b@cde.state.co.us](mailto:Donahue_b@cde.state.co.us)

EDAC Stamp


Access Code: **<Unique Access Code>**

For this survey,

1. Items that refer to “I”, “me”, or “my” are meant to also include the other members of your family who are involved with your child’s education, as appropriate.
2. “Special education staff” includes special education teachers, related service providers (e.g., speech and language pathologists, occupational/physical therapists, school psychologists), and others who support your child’s Individualized Education Program (IEP).

**Please choose a response that best describes your experience** **over the past year**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Always** | **Often** | **Sometimes** | **Never** |
| 1. | I feel welcomed by my child’s special education staff. |  |  |  |  |
| 2. | My child’s school has someone available to answer my questions about special education services. |  |  |  |  |
| 3. | My child’s special education staff invites me to speak up on behalf of my child. |  |  |  |  |
| 4. | My child’s special education staff keeps me informed about my child’s progress toward IEP goals. |  |  | Somet |  |
| 5. | My child’s special education staff keeps me informed about what they are doing to help my child achieve his/her IEP goals. |  |  |  |  |
| 6. | My child’s special education staff and I share strategies that we can use to support my child both at school and at home. |  |  |  |  |

**Please choose a response that best describes your experience** **over the past year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| 7. | I am satisfied with the options I have to communicate with my child’s special education staff (such as face-to-face meetings, emails, texts, phone, child log, etc.). |  |  |  |  |
| 8. | My child’s special education staff is willing to work with my schedule when arranging meetings. |  |  |  |  |
| 9. | Before my child’s IEP meeting, my child’s special education staff helps me prepare to be an active participant (such as providing draft IEPs, explaining expectations of the meeting, etc.). |  |  |  |  |
| 10. | My child’s special education staff and I have similar expectations for my child’s IEP goals. |  |  |  |  |
| 11. | My child’s special education staff explains what options I have if I ever disagree with the special education services being provided to my child. |  |  |  |  |
| 12. | My child’s IEP includes my input. |  |  |  |  |
| 13. | My child’s special education services were delivered as described in the IEP. |  |  |  |  |

**Please choose a response that best describes your experience** **over the past year**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Many times**  **(4 or more)** | **A few times**  **(2-3 times)** | **Once** | **Never** |
| 14. | My child's special education staff asks for my opinion about how well special education services are meeting my child’s needs. |  |  |  |  |
| 15. | My child's special education staff/school/district provides opportunities for me to strengthen my knowledge about special education issues (such as parent training seminars, information sessions, newsletters, etc.). |  |  |  |  |