State of Wyoming
Part B Developmental Preschool Family Survey

Name of Developmental Preschool and Site: _____

Region #: _____

Today's Date: _____

If your child is 3 years or older complete this survey.

This is a survey for families receiving special education services. Your responses will help guide efforts to improve services and results for children and families. *You may skip any item that you feel does not apply to you or your child.*

A. My Level of Agreement	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I am an equal partner with developmental preschool staff members in planning my child's IEP	1	2	3	4	5
2. I have been asked for my opinion about how well developmental preschool services are meeting my child's needs	1	2	3	4	5
3. I am satisfied with how often the developmental preschool personnel communicate with me about my child's progress on IEP goals	1	2	3	4	5
4. I am able to help my child learn new skills at home	1	2	3	4	5
5. I understand my child's special needs	1	2	3	4	5
6. I am able to tell if my child is making progress	1	2	3	4	5
7. I know what community-based programs and services are available for my child and family	1	2	3	4	5
8. I am satisfied with the help my family has received through the developmental preschool	1	2	3	4	5
9. I am satisfied with the developmental preschool services provided to my child	1	2	3	4	5
10. I can better meet my child's needs as a result of the services he/she receives at the developmental preschool	1	2	3	4	5
11. I understand my child's needs better as a result of his/her participation at the developmental preschool	1	2	3	4	5
12. My child's evaluation report is written in terms I understand	1	2	3	4	5
13. Teachers are available to speak with me	1	2	3	4	5
14. The services provided by the preschool have helped my child's development	1	2	3	4	5
Developmental preschool staff members:					
15. Listen to my ideas about what my child needs	1	2	3	4	5
16. Consider my input when developing services for my child	1	2	3	4	5
17. Explain what options parents have if they disagree with a decision of the developmental preschool	1	2	3	4	5
18. Allow me to decide what services my child receives	1	2	3	4	5
19. Listen to me when I have a concern	1	2	3	4	5
20. Encourage me to participate in my child's education at the developmental preschool	1	2	3	4	5

B. Activities Surrounding Your Child's IEP

	No	Maybe/ Unsure	Yes
1. I was given an evaluation report prior to my child's most recent IEP meeting	1	2	3
2. I was updated on my child's progress at least two times during the past six months	1	2	3
3. I know what services my child receives at the preschool	1	2	3
4. My child receives all of the services as outlined on his/her IEP			
5. My child's most recent IEP meeting was scheduled at a time and place that was convenient to me	1	2	3
6. Someone at the developmental preschool gave me a copy of the Procedural Safeguards which describes my rights as a parent of a child with disabilities	1	2	3
At your child's most recent IEP meeting, did the IEP team:			
7. Discuss various types of options (such as developmental preschool, home, other child care) for delivering services to your child?	1	2	3
8. Discuss what services your child needs to be successful	1	2	3
9. Discuss what aids and supports your child needs	1	2	3
10. Discuss what accommodations and modifications your child needs	1	2	3
11. Give you choices with regard to services that addressed your child's needs	1	2	3
12. Listen to your opinions and suggestions	1	2	3
13. Incorporate your suggestions into the IEP	1	2	3

C. Information About My Child

1. My child's age: ____ Years ____ Months

2. My child's age when first referred to early intervention or special education: ____ Years ____ Months

3. My child's race/ethnicity (select one)
   - 1 White
   - 2 Hispanic or Latino
   - 3 American Indian or Alaskan Native
   - 4 Black
   - 5 Asian or Pacific Islander
   - 6 Multi-Racial

4. My Child's Primary Disability (select one)
   - 1 Autism
   - 2 Deaf-blindness
   - 3 Deafness
   - 4 Emotional Disability
   - 5 Hard of Hearing
   - 6 Mental Retardation
   - 7 Multiple Disabilities
   - 8 Orthopedic Impairment
   - 9 Other Health Impairment
   - 10 Developmental Disability
   - 11 Speech/Language Impairment
   - 12 Traumatic Brain Injury
   - 13 Visual Impairment (Including Blindness)
   - 14 Unsure/don't know