

**Continuous Improvement Monitoring Process (CIMP)
PARENT QUESTIONNAIRE**

REPRINTED FROM:

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Your Child's Name _____

Please answer each question by checking off the CIRCLE under your choice. If an item does not apply to you, or if you don't have enough information to form an opinion, please check-off the CIRCLE under "Don't Know".

- | | YES | NO | Don't Know |
|--|-----------------------|-----------------------|-----------------------|
| 1. Has your child had an IEP meeting in the last year? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Did you attend this meeting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Did your child attend this meeting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-
- | | Always | Sometimes | Rarely | Never | Don't Know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. Did you help develop your child's education program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Did you help plan and select goals and objectives for his/her IEP (Individualized Education Program)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your local school district involve you in decisions about your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Does your local school district involve you in decisions about your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Did you help plan your child's evaluation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-
- | | YES | NO | Don't Know |
|---|-----------------------|-----------------------|-----------------------|
| 9. Before your child started school this year, did you talk to teachers about the kinds of classes that your son/daughter wanted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. What about your child? Did he/she get a chance to talk to teachers about what she/he wanted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Do you feel like your child receives all the help that s/he needs in the classroom? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Is your daughter or son provided with special education services as specified by her/his IEPs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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13. Are special education services provided to your child in a timely manner?
14. Has your child taken the MEAP test?
15. When your child has difficulties with his/her school work, is there someone at the school that s/he can ask to help him/he?

YES **NO** **Don't Know**

16. Does your child require any assistive equipment in school?
17. Did teachers ask you if your child needed, or would benefit from, any assistive equipment in school?
18. Does your child have behavioral needs?
- a. If yes, does your child receive help with her/his behavioral needs?
- b. If yes, do you feel like it is helping your child?
19. Did your child have a behavioral assessment?
20. Did someone write out a behavioral plan for your child?

All **A large part** **Some** **A little** **None**

21. What part of the day does your child spend in a special education setting?

YES **NO** **Don't Know**

22. Does your child have the opportunity to interact with his/her non-disabled peers in nonacademic settings and in after-school activities?
23. Does your child participate in extracurricular activities after school?

Which ones? _____

YES **NO** **Don't Know**

24. Does your child receive support from someone at school in doing activities after school?

25. Does your child work for pay?

a. If yes, did someone from school help him/her get a job?

b. If you child works, how many hours a week does he/she work? *Please circle one answer:*

YES	NO	Don't Know
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26. Are there enough opportunities for your child to find employment in the community?

27. Is your child enrolled in any classes that teach him/her job skills?

a. If yes, does someone at school help your child if s/he has difficulties in the career classes?

28. Has your child participated in meetings about planning his/her life after leaving school?

29. Does your child's IEP contain a plan that focuses on a course of study that will help him/her with transition into adult life?

30. Does your child's IEP contain a plan for helping her/him:

a. Get a job?

b. Get involved in the community?

c. Learn community living skills?

d. Take advantage of opportunities from other agencies?

31. Does your child receive support from someone at school in helping him/her prepare for additional education after s/he leaves high school?

32. Does your child receive support from someone at school in life skills development?

1-5 hours 6-10 hours 11-15 hours 16-20 hours more than 20 hours

Always	Sometimes	Rarely	Never	Don't Know
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33. Have you helped plan transition services to prepare your child for adult life?

34. Do you attend training workshops or parent meetings sponsored by your child's school district?

YES	NO	Don't Know
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35. Are your child's preferences and interests considered in transition planning activities?
36. Does your child have the opportunity to make use of community resources, (i.e., public transportation, driver's education, public library, employment services)?
37. Is your child aware that s/he has certain rights under the special education laws?
- a. If yes, does s/he know what those rights are?
 - b. Has your child ever asserted his/her rights?

Very Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
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38. How satisfied are you with:
- a. The education your child receives?
 - b. The teachers and staff who work with your child?
 - c. The communication you have with the school about your child?
 - d. Your child's opportunities to be with other children without disabilities?
 - e. The behavior support services provided to your child?
 - f. The way the school meets your child's educational needs?
 - g. Your child's IEP (Individualized Education Program)?
 - h. The transition services to prepare your child for adult life?
 - i. The training workshops/parent meetings you've attended sponsored by your child's school district?

39. Overall, what letter grade would you give your child's special education programs and/or services?

A B C D E Don't Know

40. Is your child male or female? Male Female

41. What is the race/ethnicity of your child? (Please mark only one choice)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic or Latino
- Black or African American (not Hispanic)
- White (not Hispanic)

42. What is your child's primary eligibility? (Please mark only one choice)

- Autistic impaired
- Physically and otherwise health impaired

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- | | |
|---|--|
| <input type="radio"/> Educable mentally impaired | <input type="radio"/> Preprimary impaired |
| <input type="radio"/> Emotionally impaired | <input type="radio"/> Severely mentally impaired |
| <input type="radio"/> Hearing impaired | <input type="radio"/> Severely multiply impaired |
| <input type="radio"/> Learning disabled | <input type="radio"/> Speech and language impaired |
| <input type="radio"/> Trainable mentally impaired | <input type="radio"/> Visually impaired |
| <input type="radio"/> Don't Know / Sure | |

43. What is your child's educational setting? *(Please mark only one choice)*

- | | |
|--|---|
| <input type="radio"/> General education classroom (with support) | <input type="radio"/> Homebound |
| <input type="radio"/> Special education, self-contained
in general education building | <input type="radio"/> Residential school |
| <input type="radio"/> Special education school | <input type="radio"/> Hospital-based school program |
| | <input type="radio"/> Other |