

Parent / Caregiver Survey

Name: _____

Date: _____

The following survey is about your child and their special education placement in school. The IPRC process mentioned in the survey refers to the **I**dentification, **P**lacement and **R**evue **C**ommittee meeting at which the school board officially determined the exceptionalities which apply to your child, as well as their school placement. Following the first IPRC meeting, there are yearly IPRC review meetings to which you are invited to attend to review and discuss your child's placement. Questions in this survey are specifically regarding the **first** IPRC meeting. Please read the questions carefully before answering and respond as honestly as possible. You may skip any questions you do not wish to answer. Your responses will be confidential.

Thank you for taking the time to complete this survey.
All of your answers will be kept anonymous.

The purpose of this section is to gain information about your child and your family. Please fill in the responses to the best of your ability and recollection.

What is your relationship to child? _____

What language do you speak at home? _____

What language are YOU most comfortable communicating in? _____

Do you require / prefer to have an interpreter? _____ yes _____ no

Did you use an interpreter in the initial IPRC meeting? _____yes _____ no

If yes, did you feel that the meeting was being properly and accurately interpreted? _____ yes _____ no

Number of children in your household: _____

Number of children in family who are both deaf/hard of hearing and autistic: _____

If you have any other children with hearing loss or autism, or have other children with exceptionalities who have brought you to the IPRC process before, please list: (For example: **Behaviour**, **Communication** (autism, deaf and hard of hearing, learning disability, speech impairment, language impairment), **Intellectual** (developmental disability, giftedness, mild intellectual disability), **Physical** (blind and low vision, physical disability), **Multiple exceptionalities**)

Exceptionality _____

Exceptionality _____

The following questions are about your child who has both hearing loss and autism:

What grade is your child currently in? _____

At what age was your child diagnosed with a hearing loss? _____

At what age was your child diagnosed with autism? _____

What year/grade was your child's initial IPRC? _____

What is your child's current school placement? (please check one)

☐ **Regular Class with Withdrawal Assistance-** placement in a regular class but also receives instruction outside the regular classroom **for less than 50%** of the school day from a special education teacher (this can include support from a hearing itinerant teacher or from a special education resource teacher in the school)

☐ **Regular Class with Resource Assistance-** placement in a regular and receives direct, specialized instruction, individually or in a small group from a special education teacher *within the regular classroom* (they do not leave the class to receive the extra support from the special education teacher)

☐ **Regular Class with Indirect Support-** placement in a regular class for the entire school day and receives direct instruction from the regular classroom teacher. The classroom teacher receives specialized consultative services from a special education teacher in order to support your child.

☐ **Special Education Class with Partial Integration-** placement in a special education class and is integrated with a regular class for part of the student's instructional program (a minimum of one instructional period daily).

☐ **Special Education Class Full Time-** placement in a special education class for the entire school day. This placement is also known as an Intensive Support Program (ISP).

Please list any additional services that your child receives at school (e.g., speech language services, hearing itinerant services, occupational therapy):

The purpose of this section is to gain additional information about your perceptions of the IPRC meeting. For each statement below, indicate the strength of your agreement or disagreement by circling the number on the five-point Likert type scale that matches with your thoughts on each item. Please circle one response for each of the statements below using the following answer guide:

1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree

I felt comfortable asking questions during the IPRC meeting.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

The members of the IPRC were knowledgeable about hearing loss.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

The members of the IPRC were knowledgeable about autism.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

The members of the IPRC made an effort to understand my child as a whole and learn about his/her strengths.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

The placement decision made by the IPRC team at the meeting for my child was the best and most appropriate placement.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

I was satisfied with the outcome of the IPRC meeting.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither Agree nor Disagree)	(Agree)	(Strongly Agree)

Thank you for your time!

If you have any questions, please contact Elyza Polsky at
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