**\_\_\_\_\_\_\_\_\_ Special Education Parent Advisory Groups (SEPAG) Input Survey**

The recently formalized \_\_\_\_\_\_\_\_ SEPAG is a parent-driven group committed to working together with the \_\_\_\_\_\_\_\_\_\_ educators and district leadership on addressing issues concerning special education and related services. Our SEPAG offers forum for parents to provide input to the district on issues concerning students with disabilities, as well as to gain valuable information about topics relevant to parents and families of students with disabilities. There is a significant relationship between family involvement and student success; therefore, the \_\_\_\_\_\_\_\_\_ welcomes the involvement of parents and educators in the SEPAG as the opportunity to provide direct input to the school district about policies, practices, programs and services that have an impact on students with disabilities and their families.

The success of our SEPAG depends on our ability to shape the input we collect from parents of students with disabilities into concrete goals and objectives that lead to positive changes in policies, practices, programs, and services.

To this end, we are sending out this survey to gather initial information and input on specific areas. The survey results will be collected and reviewed by the \_\_\_\_\_\_\_\_\_ special education department and SEPAG members. Results of the survey will be shared with the school community.

1. Please check off the grade level(s) of your child(ren):

* 9th grade
* 10th grade
* 11th grade
* 12th grade

2. What program/plan does your child receive support from?

* Individualized Education Program (IEP)
* 504 plan

3. What Academy program does your child(ren) attend in the district?

* Academy of Air Force JROTC
* Academy of Culinary Arts
* Academy of Health Sciences and Medicine
* Academy of Information Technology

4. What do you know about the Special Education Parent Advisory Group (SEPAG) in \_\_\_\_\_\_\_\_\_?

* Nothing
* A little
* Somewhat familiar
* Familiar
* Very Familiar

5. How did you learn about the \_\_\_\_\_\_\_ SEPAG?

* District Website
* District Robo Call
* Social Media
* CST Member
* Another Parent
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. I plan to attend further SEPAG meetings and contribute my support.

* Yes
* No
* Maybe

7. If answered “no” or “maybe” for question 6, what prevents you from attending SEPAG meetings? Check all that apply:

* No childcare available
* Scheduling Conflict
* Time of day
* Issue with Transportation
* Unknown agenda
* Meeting dates not given with advanced notice
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What other measures could assist in your participation in SEPAG meeting? Choose all that apply:

* Conference call option
* Social Media group (Facebook) for updates
* Email and/or phone follow-up
* Virtual Meeting option (i.e. GoToMeeting, Facetime, etc.)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Would you be interested in serving on the \_\_\_\_\_\_\_ SEPAG leadership team? If so, in what capacity?

* Core group leader
* Facilitator
* Secretary
* Community Outreach
* Social Media Moderator
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am not interested at this time

10. Please indicate your meeting time availability:

* Weekday AM
* Weekday PM

11. How do you prefer to receive communication updates from SEPAG meetings?

* Email
* District SEPAG webpage
* Mail
* Flyers
* Text Message
* Social Media
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Please rate your knowledge of the following, with a rating of 1 being “poor” and 5 being “excellent”:

New Jersey Special Education Law NJAC 6A:14 1 2 3 4 5

Individuals with Disabilities Education Act (IDEA) 1 2 3 4 5

Section 504 Act 1 2 3 4 5

13. How satisfied are you with your child’s program?

* 1- very unsatisfied
* 2 -somewhat Satisfied
* 3 -Neutral
* 4 -Satisfied
* 5 -Very Satisfied

If desired, please elaborate on your response to question 13:

14. How satisfied are you with your child’s IEP/504 plan?

* 1-Very Unsatisfied
* 2- Somewhat Unsatisfied
* 3-Somewhat satisfied
* 4-Satisfied
* 5-Very Satisfied

If desired, please elaborate on your response to question 14:

15. My Child Study Team case manager and/or guidance counselor communicates effectively.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 15:

16. My Child Study Team case manager and/or guidance counselor listens to my concerns and provides practical solutions.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 16:

17. My Child Study Team case manager and/or guidance counselor responds in a timely manner to my emails and phone messages.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 17:

18. My Child Study Team explains and helps me understand all parts of my child’s IEP.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree
* Not Applicable (My child has a 504 plan, or for students who reached the age of majority and are their own decision-maker)

If desired, please elaborate on your response to question 18:

19. My child’s guidance counselor explains and helps me understand all parts of my child’s 504 plan?

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree
* Not Applicable (My child has an IEP, or for students who reached the age of majority and are their own decision-maker)

If desired, please elaborate on your response to question 19:

20. My Child Study Team case manager and/or guidance counselor demonstrates knowledge in services, programs, and practices that impact my child(ren).

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 20:

21. The staff in my child(ren’s) school building act in a professional and respectful manner.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 21:

22. A good faith effort is being made by the \_\_\_\_\_\_\_\_\_ special education department or the guidance department in providing appropriate services for my child.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 22:

23. I am satisfied with my involvement in decisions regarding my child.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 23:

24. The IEP goals and objectives progress reports are provided every Marking Period and adequately explain how my child is progressing toward meeting his/her annual IEP goals.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 24:

25. The \_\_\_\_\_\_\_\_ offers programs and services that meet my child’s special needs.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 25:

26. Conflicts or disagreements with the school district are resolved satisfactorily.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 26:

27. I have seen clear progress/improvement in my child’s performance with the support they are currently receiving.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 27:

28. I am satisfied with the services provided by the school district.

* Strongly Agree
* Agree
* Neutral
* Disagree
* Strongly Disagree

If desired, please elaborate on your response to question 28:

29. Please check topics you would like the \_\_\_\_\_\_\_\_ SEPAG to address in future meetings:

* Parental Rights in Special Education
* Least Restrictive Environment (LRE) and Free Appropriate Public Education (FAPE)
* Individual Educational Plan (IEP)
* Section 504
* Measurable Goals and Objectives
* Modifications and Accommodations
* Transition Planning and Services
* Related Services
* Special education program needs in the district
* Social-Emotional Learning (SEL)
* Health and Safety Needs
* Cyber Safety
* Mental Health
* School Climate and Culture
* College and Career Planning
* Positive behavior intervention and supports (PBIS)
* Instructional interventions and supports/New Jersey Tiered System of Supports (NJTSS)
* Understating grade-level curriculum and student learning expectations
* Graduation and life after school/Adult Services Systems
* Staff professional development
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30. Please provide any additional comments or concerns you would like the ACIT SEPAG to address (optional):

**OPTIONAL:**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you have any questions, feel free to contact:

\_\_\_\_\_\_\_\_\_\_\_\_, Supervisor of Special Education Services

Phone: \_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SEPAG Co-leader

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation!**