

Administrator Survey

School: _____

Your participation in this survey is part of the Department's review process and your responses will help guide efforts to improve services and results for children and families.

Special Education Policies, Procedures and Practices	Yes	No	NA	Don't Know
1. Does your district have written special education policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all staff personnel trained on the special education policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are building practices for identification, placement and discipline of students with disabilities free of cultural and/or racial bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all staff members involved in implementing a child's IEP have access to and understand the requirements in the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the district provide sufficient opportunities for instructional staff to engage and collaborate with other instructional staff (e.g., other teachers, related service professionals, aides) in order to provide the services listed in IEPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the district provide professional development and training addressing the diverse needs of all students, including students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the educational agency monitor the implementation and effectiveness of staff professional development in terms of outcomes for students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do staff members always keep parents updated regarding their child's progress on annual goals and needs throughout the implementation of the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the educational agency/building improvement plans and IDEA funding aligned with and focused on meeting the needs of students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do all students with disabilities have access to the general education curriculum and receive appropriate instruction in the general education classroom (if no, please explain in the comments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. During IEP team meetings, is an educational agency representative with the authority to authorize the resources necessary to implement the IEP is always present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When decisions for all students are made by leadership, is there representation and consideration given from staff who are knowledgeable of IDEA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the educational agency identify students at risk of dropping out of school and provide prevention and intervention services to keep students in school and promote graduation (all grade levels)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the educational agency determine case management requirements for a particular service provider, and then make sure that the service provider has enough time to provide specially designed instruction or direct related service to all assigned children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. If a provider cannot perform all workload duties and meet the direct service/specially designed instruction needs for their assigned children, do you reduce the caseload or workload? (<u>Service Provider Ratio and Workload Clarification OEC Memo 2016-2</u>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Policies, Procedures and Practices	Yes	No	NA	Don't Know
1. Does your district have written PBIS policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all staff personnel trained on the PBIS policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your district have written restraint and seclusion policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all staff personnel trained on the restraint and seclusion policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When any student requires physical restraint and/or seclusion is it clearly documented and reported to administration immediately and the Department annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your district have a system for students who are struggling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all staff personnel trained on this system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your district have a written policy for discipline of students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all staff personnel trained on the policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your district have a formal process for parent involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all staff personnel trained on the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you keep parents updated regarding their child's progress on annual goals and needs throughout the implementation of the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Survey

School: _____

Your participation in this survey is part of the Department's review process and your responses will help guide efforts to improve services and results for children and families.

Special Education Policies, Procedures and Practices	Yes	No	NA	Don't Know
1. Does your district have written special education policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been trained on the special education policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are building practices for identification, placement and discipline of students with disabilities free of cultural and/or racial bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When students are removed from instructional time, do you provide them with information and instruction on what is missed (out for services, discipline, or medical needs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the district provide sufficient opportunities to engage and collaborate with other instructional staff (e.g., other teachers, related service professionals, aides) in order to provide the services listed in IEPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the district provide professional development and training addressing the diverse needs of all students, including students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the specially designed instruction provided to a student with a disability in your classroom based upon that student's individual needs and is different from what other students receive in the general education setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the required components for post-secondary goals, age-appropriate transition assessments and secondary transition services clear to you? (Respond N/A if the building's student population is younger than 14 years old).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do all staff members involved in implementing a child's IEP have access to and understand the requirements in the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. During ETR meetings, does the educational agency use current data (classroom, intervention, record review, parental input) in the evaluation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. During IEP team meetings, is an educational agency representative with the authority to authorize the resources necessary to implement the IEP is always present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When determining the least restrictive environment for students with disabilities, does the team consider all settings, including placement in the general education classroom, regardless of the student's disability category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your educational agency determine case management requirements for a particular service provider, and then make sure that the service provider has enough time to provide specially designed instruction or direct related service to all assigned children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If a provider cannot perform all workload duties and meet the direct service/specially designed instruction needs for their assigned children, does your educational agency attempt to reduce the caseload or workload? (Service Provider Ratio and Workload Clarification OEC Memo 2016-2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policies, Procedures and Practices	Yes	No	NA	Don't Know
1. Does your district have written PBIS policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been trained on the PBIS policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your district have written restraint and seclusion policies, procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been trained on the restraint and seclusion policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel the policies and procedures are being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your district have a system for students who are struggling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been trained on this system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your district have a written policy for discipline of students with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been trained on the policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your district have a formal process for parent involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been trained on the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you feel it is being implemented throughout your district with fidelity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you keep parents updated regarding their child's progress on annual goals and needs throughout the implementation of the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Survey

The Ohio Department of Education is conducting a review of your child's school's special education program. This survey is for parents of children with disabilities receiving special education services. By filling out this survey, you will help guide efforts to improve your child's school services and results for children with disabilities and their families.

For each statement below, please select one of the following response choices: Agree, Disagree, Don't Know, or Not Applicable.

Child's School: _____ Child's Age _____ Grade Level _____

	Agree	Disagree	Don't Know	NA
1. When my child has learning and/or behavior problems, the school quickly involves me in making a plan to help and follows through with the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am involved in the planning of my child's evaluation, and I am included in a discussion of tests to be given to assess my child's needs for special education services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the IEP meeting, we review my child's needs, state test results and current classroom progress to determine what my child needs next to succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reading my child's IEP, I understand what special education services my child is receiving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The school works with me to help my child make a smooth transition from one grade to the next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The school keeps me informed about my child's progress on IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When my child has behavioral issues, the school looks for positive ways for my child to be successful in his or her classroom. (Respond N/A if your child is not having behavior issues at school).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Before my child's third birthday, a meeting was held to discuss various service and program options for my child. (Respond N/A if your child did not receive special education services before age three.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When my child moved from the Early Intervention program (such as Help Me Grow) at age 3, other special education services were available right away. (Respond N/A if your child did not receive special education services before age three.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The IEP team developed an effective plan for my child's future after high school and I and/or my child had input on strengths, needs and preferences. (Respond N/A if your child is younger than 14 years old).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am invited to my child's IEP/ETR meetings in a timely manner so I can participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My child has received all services as described in the IEP, or when services were not provided, I was included in a plan to address the issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall, the special education services meet my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:				

Student Survey

School: _____

The Ohio Department of Education is conducting a review of your school. This is a survey for students with disabilities receiving special education services. By filling out this survey, you will help guide efforts to improve your school's services and results for children with disabilities and their families.

For each statement below, please select one of the following response choices: Agree, Disagree, Don't Know, or NA (Not Applicable).

	Agree	Disagree	Don't Know	NA
1. My teachers make it easier to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My teacher spends extra time with me to make sure I understand the lessons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My school helps me learn about different jobs I could have in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My school prepares me for life after graduation (such as extra help in applying for jobs, college, trade, military and preparing for interviews).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am invited to my IEP meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am asked to give my input on what goes into my IEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel comfortable approaching my teacher(s) for help or discussing my learning goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been trained on this system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am provided the opportunity to participate in any clubs, theatre activities, music activities, sports and other after-school activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My teacher understands my learning needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: