

**APPENDIX PE-D**

**SURVEY OF PARENT'S PERCEPTIONS OF  
EARLY CHILDHOOD SPECIAL EDUCATION**

1. How did you learn of your child's need for special help?

2. How old was your child when she/he first began receiving service (i.e., special education, physical therapy, occupational therapy, and speech therapy).

\_\_\_\_\_ years                      \_\_\_\_\_ months

3. How did you find out about services available to your child and family? (Check all that apply.)

- \_\_\_\_\_ Community agency (i.e., public health nurse, human services, social workers, WIC).
- \_\_\_\_\_ Families of other children with special needs.
- \_\_\_\_\_ Family or friends.
- \_\_\_\_\_ Pamphlets/brochures.
- \_\_\_\_\_ Physicians, nurses, other medical personnel.
- \_\_\_\_\_ School district (i.e., screening).
- \_\_\_\_\_ Service provider (i.e., teacher, preschool teacher, daycare provider, babysitter, or therapist).
- \_\_\_\_\_ Television, radio, newspaper, magazine.
- \_\_\_\_\_ Other \_\_\_\_\_

**ASSESSMENT OF SERVICES:**

4. How do you feel about your participation in meetings or staffings? (CHECK ONE RESPONSE PER STATEMENT.)

	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>
I feel comfortable asking questions.	_____	_____	_____	_____	_____
I feel confused and/or frustrated after the meeting.	_____	_____	_____	_____	_____
I feel I have a role in making decisions about my child's program.	_____	_____	_____	_____	_____

	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>
I feel professionals listen to me.	_____	_____	_____	_____	_____
I feel professionals are understanding of my feelings.	_____	_____	_____	_____	_____
I feel that I have adequate time during meetings to talk and communicate my feelings and thoughts.	_____	_____	_____	_____	_____
I feel I can be open and honest about services I want for my child.	_____	_____	_____	_____	_____
I feel the information was communicated in language I could understand.	_____	_____	_____	_____	_____
I feel information about my child is treated in a confidential manner.	_____	_____	_____	_____	_____
I feel meetings regarding my child are conducted in a professional manner.	_____	_____	_____	_____	_____
I feel professionals give me ideas for activities I can do with my child.	_____	_____	_____	_____	_____

5. \_\_\_\_\_ I do not have concerns about my child's educational program.

\_\_\_\_\_ I have concerns about my child's educational program.

6. What prevents you from "Changing the system"? (CHECK ALL THAT APPLY.)

- \_\_\_\_\_ Being labeled a "troublemaker"
- \_\_\_\_\_ Lack of information
- \_\_\_\_\_ Lack of self-confidence
- \_\_\_\_\_ Lack of time
- \_\_\_\_\_ Not understanding how the system works
- \_\_\_\_\_ Prior frustration when you've tried to change something
- \_\_\_\_\_ Concerns about consequences to my child in school
- \_\_\_\_\_ OTHER \_\_\_\_\_
- \_\_\_\_\_ OTHER \_\_\_\_\_

7. Indicate your satisfaction with the opportunities for you to be involved in your child's services within education, health and social services. (CHECK ONE PER AREA.)

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Neutral</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>
Education	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Social Services	_____	_____	_____	_____	_____

8. What two things would make it easier for you to participate in school or special education unit activities for parents? (CHECK TWO.)

- \_\_\_\_\_ Sufficient communication regarding meetings
- \_\_\_\_\_ Child care provided
- \_\_\_\_\_ Daytime activities or meetings
- \_\_\_\_\_ Evening activities or meetings
- \_\_\_\_\_ Knowing you are needed or welcome
- \_\_\_\_\_ More information on parent rights
- \_\_\_\_\_ Support from other parents
- \_\_\_\_\_ OTHER \_\_\_\_\_
- \_\_\_\_\_ OTHER \_\_\_\_\_