



Clinton Public Schools

Parent Survey of the Planning and Placement Team (PPT) Process

(Completion of this survey is optional.)

Student: _____ Date of Meeting: _____

We would like to know your opinion about the PPT process. Please check the box that best reflects your opinion about each statement. Please return the survey in the envelope provided.

Table with 4 columns: Statement, Agree, Uncertain, Disagree. Rows include: Results and findings of testing... adequately explained to me., I had every opportunity to ask questions., The answers were given in such a way that I was better able to understand the information presented., I know my rights as the parent of a child with special needs., I was offered a copy of the procedural safeguards describing my rights (once per year)., I am pleased with the information I receive during the year about my child's progress., If I have questions about my child's program, I know whom to call.

If an IEP was developed for your child, please complete the following:

Table with 4 columns: Statement, Agree, Uncertain, Disagree. Rows include: I participated in planning my child's Individualized Education Program (IEP)., My child's IEP goals are realistic., My child's IEP contains goals that I feel are important., I am satisfied with the services my child receives in the special education program.

Please use the space below to comment or describe concerns you might have regarding the services your child receives:

Five horizontal lines for writing comments or concerns.

Thank you.

Parent/Guardian Signature _____