To help our department to continue to improve our services, please respond to the following questions about your child's most recent IEP meeting. Your input is greatly valued and appreciated.

Please complete these questions using a scale of 1 to 5; with 5 meaning that you strongly agree to 1 meaning that you strongly disagree. If it is

not applicable, write N/A. Next to each question simply	y write a nui	iber 1-2-3-4-3 or N/A.	
The meeting was held at a reasonable time and location.		My child's learning needs were considered during the IEP meeting.	
The IEP team worked <u>collaboratively</u> to address the needs of your child and develop services and goals.		Any concerns I had about my child were considered while planning the IEP.	
I was treated as an equal and important member of the IEP team.		The IEP accurately reflects the team decisions made at the IEP meeting.	
Assessment results (formal, independent, and informal) were clearly explained and used to plan my child's IEP.		I am satisfied with the IEP meeting.	
Least restrictive placement options, including general education were discussed and considered.		I am satisfied that my child received the services listed on his/her last IEP.	
IEP goals were reviewed and revised based on progress and present need.		Transitions are well planned for students as they move from one grade level to another.	
Procedural Safeguards were offered and my rights as a parent and those of my child were meaningfully explained.		An interpreter was provided if needed and a written translation was offered.	
The IEP team members were prepared and aware of my child's needs.		Child's School:	
Thank you very much for taking the time to complete and on the bottom of this page. If you need assistance plea		s by mail, by fax, or directly to your child's teacher. Please add any comment 25-7327.	s
SDUSD Special Education – Parent Services 4100 Normal Street, Annex 6 San Diego, CA 92103-2682	F	ax: 619-725-7246	
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