

# The Maryland Preschool Special Education Parent Involvement Survey

This is a survey for parents of students who received preschool special education services (age 3 to kindergarten entry) during the 2025-2026 school year. **Your responses will help to guide efforts to improve services and results for children and family involvement.** For each statement below, please select one of the following response choices: very strongly agree, strongly agree, agree, disagree, strongly disagree, very strongly disagree. In responding to each statement, think about your experience with the preschool special education process during the 2025-2026 school year. **YOU MAY SKIP ANY ITEM THAT YOU FEEL DOES NOT APPLY TO YOUR CHILD.**

**By completing and returning this survey, you are certifying that you are submitting only one paper OR one online survey for each child receiving services.**

Like this: ☒ Not like this: ☐ ☐ ☐

	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
1. I am part of the IEP decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My recommendations are included on the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child's IEP goals are written in a way that I can work on them at home during daily routines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Written information I receive is in words I understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child receives his/her preschool special education services with children without disabilities to the maximum extent possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>People from Preschool Special Education, including Teachers and Other Service Providers...</b>						
8. provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. are available to speak with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. treat me as an equal team member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. encourage me to participate in the decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. respect my culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. value my ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ensure that I have fully understood my rights related to preschool special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. communicate regularly with me regarding my child's progress on IEP goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. give me options concerning my child's services and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. provide me with strategies to deal with my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. give me enough information to know if my child is making progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. give me information about the approaches they use to help my child learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. give me information about organizations that offer support for parents (e.g., Parent Resource Centers, disability groups).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. offer me information regarding parent training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. offer me different ways of communicating with people from preschool special education (e.g., face-to-face meeting, phone calls, email).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. explain what options I have if I disagree with a decision made by the preschool special education IEP team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. connect me with other families for mutual support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn  
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page over

**25. During the 2025-2026 school year, did your child attend any of the following schools:**

- ☐ MD School for the Deaf – Frederick      ☐ MD School for the Deaf – Columbia      ☐ MD School for the Blind

**26. School system of service during 2025-2026** (Select the Maryland School system where your child attended the most school days during 2025-2026):

- |  |                                  |                                       |                                  |
|--|----------------------------------|---------------------------------------|----------------------------------|
| <input type="radio"/> Allegany         | <input type="radio"/> Carroll    | <input type="radio"/> Harford         | <input type="radio"/> St. Mary's |
| <input type="radio"/> Anne Arundel     | <input type="radio"/> Cecil      | <input type="radio"/> Howard          | <input type="radio"/> Somerset   |
| <input type="radio"/> Baltimore City   | <input type="radio"/> Charles    | <input type="radio"/> Kent            | <input type="radio"/> Talbot     |
| <input type="radio"/> Baltimore County | <input type="radio"/> Dorchester | <input type="radio"/> Montgomery      | <input type="radio"/> Washington |
| <input type="radio"/> Calvert          | <input type="radio"/> Frederick  | <input type="radio"/> Prince George's | <input type="radio"/> Wicomico   |
| <input type="radio"/> Caroline         | <input type="radio"/> Garrett    | <input type="radio"/> Queen Anne's    | <input type="radio"/> Worcester  |

**27. Does your child attend a nonpublic school as a result of an IEP team decision for a Free Appropriate Public Education (FAPE)?**

- ☐ (A) Yes      ☐ (B) No

**28. Child's Age in Years (as of September 30, 2025):**

- ☐ (A) 3      ☐ (B) 4      ☐ (C) 5 (not in kindergarten)

**29. Child's Age When First Provided with Early Intervention or Special Education services:**

- |  |   |
|--|---|
| <input type="radio"/> (A) Under One Year | <input type="radio"/> (D) 3                       |
| <input type="radio"/> (B) 1              | <input type="radio"/> (E) 4                       |
| <input type="radio"/> (C) 2              | <input type="radio"/> (F) 5 (not in kindergarten) |

Responses to questions 30 and 31 help us to determine if survey respondents are representative of the population we serve. This information is required by the U.S. Department of Education.

**30. Is your child Hispanic/Latino?**

- ☐ (A) Yes      ☐ (B) No

**31. Select one or more races from the 5 racial groups listed below:**

- |  |   |
|--|---|
| <input type="radio"/> (A) American Indian or Alaska Native | <input type="radio"/> (D) Native Hawaiian or Pacific Islander |
| <input type="radio"/> (B) Asian                            | <input type="radio"/> (E) White                               |
| <input type="radio"/> (C) Black or African-American        |   |

**32. Child's Primary Disability as stated on current IEP:** (Select ONE item only.) If you are unsure of your child's primary disability, please refer to page one of your child's IEP.

- |  |   |   |
|--|---|---|
| <input type="radio"/> (A) Autism               | <input type="radio"/> (F) Hearing Impairment      | <input type="radio"/> (K) Specific Learning Disability          |
| <input type="radio"/> (B) Deaf-Blindness       | <input type="radio"/> (G) Intellectual Disability | <input type="radio"/> (L) Speech or Language Impairment         |
| <input type="radio"/> (C) Deafness             | <input type="radio"/> (H) Multiple Disabilities   | <input type="radio"/> (M) Traumatic Brain Injury                |
| <input type="radio"/> (D) Developmental Delay  | <input type="radio"/> (I) Orthopedic Impairment   | <input type="radio"/> (N) Visual Impairment including Blindness |
| <input type="radio"/> (E) Emotional Disability | <input type="radio"/> (J) Other Health Impairment |   |

**Comments:**

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*Thank you for your participation!*