



*Your
Input
Is
Valued!*

DeWitt-Lavaca
Special Education
Cooperative

PO Box 737
402 Hubbard Street
Yoakum, TX 77995

Phone: (361) 293-2854
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www.dlsec.org



DeWitt-Lavaca
Special Education
Cooperative



Admission
Review
Dismissal

Meeting
Survey

ARD Meeting Survey

You recently attended an ARD meeting to plan an educational program for your child. This questionnaire is a survey designed to obtain your input as to the effectiveness of the ARD meeting you attended.

The DeWitt-Lavaca Special Education Cooperative believes this is a critical step in developing appropriate programs for our children and fostering productive partnerships with our parents. Therefore, we are asking you to complete the following survey which looks at the ARD process and your experience. It is not part of the ARD minutes or proceedings, and will not affect the services designed and provided for your child. We request your voluntary participation to help us become more efficient with the ARD process.

Please return this completed survey to your child's home campus or to the DeWitt-Lavaca Special Education Cooperative office at P.O. Box 737, Yoakum, TX 77995.



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Brian Billstein, Executive Director

Child's School _____

Please respond to the following questions. Check one box for each question.

ARD Operations	Not Sure	Yes	No
Was your attendance at the meeting requested by written notice?			
Was your attendance at the meeting requested by a telephone call?			
Did you receive a copy of your procedural rights?			
Did someone explain your procedural rights to you?			
Did the decision-makers of the ARD committee participate in the meeting for the entire ARD?			
Were the ARD documents reviewed with you?			

Please use the scale below to tell us your opinion regarding the following statements.

Check one box for each item.

Perceptions of ARD Process	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt comfortable asking questions and discussing my child's program.					
The meeting was conducted in a pleasant, friendly manner.					
Assessment data were explained so that I could understand my child's abilities.					
I understand the reasons the placement was recommended for my child.					
The campus staff was responsive to my child's needs.					
My input/participation in the meeting was encouraged.					
I understand the education objectives for my child.					
The program developed for my child is appropriate.					

COMMENTS _____

NAME, ADDRESS & PHONE (OPTIONAL) _____

