



# DeWitt-Lavaca Special Education Cooperative

## ARD Committee Meeting Survey

This questionnaire is a survey to obtain your input as to the effectiveness of the ARD meeting you attended. The DeWitt-Lavaca Special Education Cooperative (DLSEC) believes this is a critical step in developing appropriate programs for our students 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 paper survey to your child's home campus or to the DLSEC office at P.O. Box 737, Yoakum, TX 77995. If you prefer, you may



complete this survey electronically at <https://forms.office.com/r/mRCbgQMAQA> or by scanning this QR Code with your smart phone.

For questions, please contact our office at (361) 293-2854. Thank you for your time and input!

Child for Whom ARD Committee Meeting Was Held: \_\_\_\_\_

Child's School: \_\_\_\_\_ Child's District: \_\_\_\_\_

*Please respond to the following questions.*

How was your attendance requested for the meeting?

Written Notice  Phone Call  Email  Text  Other \_\_\_\_\_

Did you receive a copy of your procedural rights?  Yes  No  I don't know.

Did someone explain your procedural rights to you?  Yes  No  I don't know.

Did the decision-makers of the ARD committee participate during the entire ARD meeting? Please check the box next to those who participated during the entire ARD committee meeting.

Principal or Administrator  Special Education Teacher  Regular Education Teacher

Assessment Staff  Related Services Staff  Other \_\_\_\_\_

I felt comfortable and encouraged to ask questions and participate in the discussion regarding my child's program.  Agree  Disagree

The ARD committee meeting was conducted in a pleasant, friendly manner.  Agree  Disagree

Assessment data were explained so that I could understand my child's abilities and needs.

Agree  Disagree

I understand the reasons the placement was recommended for my child.  Agree  Disagree

The campus staff is responsive to my child's needs.  Agree  Disagree

I understand the education objectives for my child.  Agree  Disagree

Please use the space below for any additional comments regarding the ARD committee meeting.

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If you would like to be contacted about the ARD committee meeting, please provide the following:

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_