

Special Education Monitoring Staff Survey



The Vermont Agency of Education, Special Education Monitoring Team, will be conducting an on-site monitoring visit for the XYZ School District. As part of our review we will interview or survey school staff, parents of students with disabilities, and students who receive special education services. **Your feedback is an important part of this process and we truly appreciate that you have taken the time to participate.** Please submit your feedback prior to DATE at 5:00pm. Thank you.

We want to assure you that your responses are confidential and you will not be identified in our reporting.

1. Please identify your position by checking a box:

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Related Services Provider |
| <input type="checkbox"/> Paraeducator | <input type="checkbox"/> Other Professional Staff |

Other (please specify): _____

* 2. Which building(s) do you work in?

- XYZ High School
- XYZ Tech Center (if applicable)
- Elementary School listed individually for the district
- Early Childhood Special Education
- Other (please specify)

Other (please specify): _____

3. Professional development activities offered by the school district or my building provide me with the necessary tools to meet the needs of all my students.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

4. I have the support and resources necessary to provide high quality instruction and support for students.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

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5. I could use the following resources or professional development (please list).

1. _____
2. _____
3. _____

6. I continually review and assess my instructional practices to differentiate instruction which meets student needs.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

7. My lesson plans are differentiated based on ...

- | | |
|--|---|
| <input type="checkbox"/> content | <input type="checkbox"/> readiness |
| <input type="checkbox"/> process | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> product | |
| <input type="checkbox"/> Other (please specify): _____ | |

8. I provide the following modifications and adaptations based on student needs.

- | | |
|--|---|
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Instructional |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Other (please specify): _____ | |

9. I am aware of the various supports and services our school can provide through its Educational Support Team (EST) or MTSS.

- Yes
 No

10. I can make a direct referral for a special education evaluation on a student suspected of having a disability.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

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11. When I have referred students for an initial special education evaluation, the referral was acted upon in a timely manner.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

12. I understand the process and my role in the development of the comprehensive special education evaluation plan and the completion of the report. Always Frequently

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

13. I am actively involved as a team member in the comprehensive special education evaluation plan and report process for special education student(s).

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

14. I understand the process and my role in development of the Individualized Education Program (IEP).

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

15. I am invited to be a team member in the Individualized Education Program (IEP) meetings.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

16. I attend IEP meetings when I am invited.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Only when I have to |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

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17. I provide input into accommodations/modifications necessary for special education students in my classroom.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

18. Student IEPs address the skills they need to demonstrate progress for grade level goals and objectives.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

19. As an IEP team member, I feel confident that my ideas are heard and my input is given consideration.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

20. Is there a procedure followed for the sharing of information in the IEP?

- Yes
 No

21. After the IEP meeting information is shared:

- | | |
|---|--|
| <input type="checkbox"/> Within 1 week | <input type="checkbox"/> I have to ask for it |
| <input type="checkbox"/> Within 2 weeks | <input type="checkbox"/> I have never gotten information |
| <input type="checkbox"/> Within 1 month | <input type="checkbox"/> N/A |

22. How is the Individual Education Program shared?

- Through the school's electronic system (ie: Powerschool, schoolmaster, docusped, goalview, etc.).
- A paper copy of the IEP is shared (includes IEP at-a-glance).
- The special educator verbally shares the information in the IEP with staff.
- The IEP is not shared with me unless I specifically ask for it.
- I have never seen the IEP.
- N/A

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23. The special education supports, services, and programs for students are appropriate.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not Applicable |

24. During IEP meetings the following topics are discussed:

	Always	Sometimes	Never	Not Applicable
Least Restrictive Environment				
Extended School Year (Summer Services)				
Statewide Assessments				
Post-Secondary Transition Plans & Services				
Proficiency-Based Graduation Requirements (PBGRs)				
Personalized Learning Plans (PLPs)				
Behavior Plans (if needed)				
Accommodations & Modifications				
Reintegration Goals & Timelines (Residential only)				
Access to Assistive Technology (Accessible Instructional materials – AIM); supplementary aids and services				

Other (please specify): _____

25. Please add any other comments below that you think are pertinent to the special education process at your school.

Questions?

Feel free to contact Tonya Rutkowski, Special Education Monitoring Program Manager, at (802) 828-5386 or via email at tonya.rutkowski@vermont.gov