



Board of Education
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Kenneth C. Dickson
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Patrick Kelley
Superintendent

Our Mission

*"To inspire
every student
to Think, to Learn,
to Achieve, to Care"*

SPECIAL EDUCATION SELF REVIEW INVITATION

EVENT: MVUSD invites you to a meeting for parents and guardians of special education students. This will be a chance for you to tell us about the special education services your child has had and your overall experience with the school district programs. We would like to hear about what you think works and what areas could be made better.

The parent or guardian meeting is an important part of the California Department of Education's Special Education Self Review process for school districts. It is one way that school districts can examine their compliance with the law as stated in the Individuals with Disabilities Education Act (IDEA). This meeting is designed to gain as much information as possible from parents and guardians about key areas in the district's implementation of IDEA.

WHERE: The Parent or Guardian Input Meeting will take place at:

BUCHANAN ELEMENTARY SCHOOL (Multi-Purpose Room)

40121 Torrey Pines Road

Murrieta, CA. 92563

WHEN: October 21, 2013

TIME: From: 6:00 p.m. to 7:30 p.m.

SPECIAL REQUESTS

The meeting site is physically accessible to individuals with disabilities. If you are in need of further accommodations in order to participate (for example: assistive listening devices, materials in an alternate format, or translation if English is not your primary language) please contact Melanee Forney at 951-696-1600 ext. 1061 before October 15th, 2013. We will make every attempt to provide accommodations, but cannot guarantee that we will be successful.

PARENT SURVEY/WRITTEN COMMENTS

If you are unable to attend we would like to have you fill out the attached survey. Please answer any of the questions on the enclosed survey that apply to your child and tell us about your experiences with the District's special education programs; or provide us with any comments you may have about your district's special education programs and services.

Please mail your survey/written comments **by October 15, 2013**

A self-addressed stamped envelope is enclosed for your convenience.

District Support Center
41870 McAlby Court
Murrieta, CA 92562
(951) 696-1600
Fax (951) 304-1536
www.murrieta.k12.ca.us

QUESTIONS?

If you have any questions please contact:

Name: Zhanna Preston

Phone Number: (951) 696-1600 ext. 1042

We genuinely look forward to meeting with you and listening to your comments about the special education programs and services provided by your school district.

SPECIAL EDUCATION SELF REVIEW PARENT SURVEY

District: _____

School Site: _____

The California Department of Education Special Education Division (CDE/SED) requires all school districts to complete a Special Education Self-Review (SESR) once every four years. One essential component of the SESR is gathering parent input regarding district services and programs provided to students with disabilities. As part of the district's effort to gather parent input, please complete this survey and return the form as your school district directs.

PLEASE ANSWER ONLY THOSE QUESTIONS THAT APPLY TO YOU AND YOUR CHILD

Child's Primary Exceptionality / Disability (Mark only one)

Child's Age: _____

- | | | | |
|--|--|--|---|
| <input type="radio"/> Autism | <input type="radio"/> Deaf-Blindness | <input type="radio"/> Deafness | <input type="radio"/> Emotional Disturbance |
| <input type="radio"/> Established Medical Disability | <input type="radio"/> Hard of Hearing | <input type="radio"/> Intellectual Disability/
Mental Retardation | <input type="radio"/> Multiple Disabilities |
| <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Other Health Impaired | <input type="radio"/> Visual Impairment
including Blindness | <input type="radio"/> Specific Learning
Disability |
| <input type="radio"/> Speech or Language
Impairment | <input type="radio"/> Traumatic Brain Injury | | |

Part A: Child's Ethnicity- Is this student Hispanic or Latino? (Select only one)

- No, not Hispanic or Latino Yes, Hispanic or Latino Intentionally left blank

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

Part B: Child's Race- What is this student's race? (select one or more)

- | | | |
|--|---|--|
| <input type="radio"/> American Indian or Alaska Native | Asian | Native Hawaiian or Other Pacific Islander |
| | <input type="radio"/> Asian Indian <input type="radio"/> Japanese | <input type="radio"/> Hawaiian <input type="radio"/> Tahitian |
| <input type="radio"/> Black or African American | <input type="radio"/> Cambodian <input type="radio"/> Korean | <input type="radio"/> Guamanian <input type="radio"/> Other Pacific Islander |
| | <input type="radio"/> Chinese <input type="radio"/> Laotian | <input type="radio"/> Samoan |
| <input type="radio"/> White | <input type="radio"/> Filipino <input type="radio"/> Other Asian | |
| | <input type="radio"/> Hmong <input type="radio"/> Vietnamese | |

Questions 1 – 5 apply to all parents

		<i>Don't</i> Yes	No	Know
1.	Does the district make a good faith effort to assist your child with achieving the goals and objectives or benchmarks listed in his/her Individualized Education Program (IEP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Do you receive progress reports on how your child is meeting his/her Individualized Education Program/ Individualized Family Service Plan (IEP/IFSP) goals/ outcomes at least as often as the regular report card schedule?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Are the services your child is receiving in accordance with his/her IEP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Do you receive a copy of your parental rights (procedural safeguards) at least one time per year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Did the school district facilitate parent involvement as a means of improving services and results for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 6 – 7 are for parents of Infants/Toddlers only

6.	If your child is under three (3)-years of age, is his/her Individualized Family Service Plan (IFSP) reviewed with you at least every six (6) months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Were the transition services for your child from infant to preschool programs planned and implemented as written?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Questions 8 – 21 are for parents of School Age children
(Preschool through 12th grade)**

Don't
Yes No Know

8.	Do you understand the reasons why your child was referred for Special Education services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Were your child's strengths considered during the IEP Meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Were the results of your child's assessment used to plan IEP goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Is your child re-evaluated for Special Education every three (3) years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Does the district have an IEP meeting for your child at least once a year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Does a regular education teacher attend your child's IEP meeting, unless you and the district agree, under specified circumstances, to excuse him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Were information and any concerns you had about your child considered when planning and writing his/her IEP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	At your child's IEP meeting, did the team discuss your child's program in terms of the least restrictive environment (e.g., general education classroom, resource, special day class, etc.) for him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Are teachers and service providers informed of specific responsibilities related to implementing your child's IEP, and the specific accommodations, program modifications and support for school personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Did you discuss a variety of program options for your child at the IEP meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Are IEP goals and objectives reviewed and revised at the IEP meeting, based on both progress and lack of progress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Does your child have the opportunity to participate in school and extra curricular activities (such as, assemblies, field trips and after school activities)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Did the IEP team discuss how your child would participate in State and district testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	If your child will turn 16 years of age before his/her next IEP meeting, did the IEP team discuss transition services (e.g., career interests, employment, high school classes) at the most recent meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Questions 22 – 26 are for parents who don't speak English at home
or for parents of students who are learning English at school**

Don't
Yes No Know

22.	Does your child's IEP indicate that he/she is an English Learner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	As an English Learner, does your child receive services to assist with progress in English language development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	As an English learner, does your child receive the language support in Special Education classes necessary to learn subjects other than English, such as math or science?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	If you speak a language other than English, upon request, do you receive information from the school in your native language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Upon request, does the district provide a language interpreter for your child's IEP meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 27 applies to all parents

27.	Do you have any other concerns or information about you or your child's Special Education experience that you would like to tell us? Please attach your comments to this form.
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The information below is optional; however, it would be helpful in case we need to follow-up on any of the issues or questions that you may have.

Parent or Guardian Name:
Home Address:

Child's Name:
Phone Number: