

FOR REFERENCE ONLY



Hawai'i State Department of Education Parent Involvement Survey – Special Education School Year 2025 -2026

This survey is for parents of students receiving special education and related services. Your responses will help guide the Department's efforts to improve services and results for children and families. The survey should take less than 10 minutes to complete. In responding to each statement, think about your experience and your child's experience with special education over the past year. Your responses cannot be linked to your child. We appreciate your time and insight.

You may indicate not applicable (N/A) if it does not apply to you or your child.

If you prefer to complete the survey online, please visit www.hiparentsurvey.com. You may also scan the QR code to access the survey using a mobile device.



		Use pencil only	Fill in circle completely: Incorrect:	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	
PARENT RIGHTS/ PROCEDURAL SAFEGUARDS	1. My child's school ensures that I understand special education procedural safeguards (the rules that protect the rights of parents).			<input type="radio"/>					
	2. IEP meetings are held at a mutually agreeable time.			<input type="radio"/>					
PARENT INVOLVEMENT AND PARTICIPATION	3. I am treated as an equal partner by my child's teachers and other professionals in planning their special education program.			<input type="radio"/>					
	4. My child's teachers and other professionals encourage me to participate in developing my child's IEP.			<input type="radio"/>					
	5. My ideas and suggestions are considered at my child's IEP meetings.			<input type="radio"/>					
	6. My child's school asks for my opinion about how well my child is doing with their special education services.			<input type="radio"/>					
	TRAINING AND INFORMATION	7. My child's school offers information, support, training, and resources that will help me participate fully in my child's IEP meetings.			<input type="radio"/>				
		8. School staff clearly explain when and where my child will receive special education services and support.			<input type="radio"/>				
COMMUNICATION	9. School staff explain the options I have if I disagree with a decision of the IEP team (e.g., talk with the District Educational Specialist, seek mediation, etc.).			<input type="radio"/>					
	10. My child's school communicates regularly with me about my child's progress on their annual IEP goals.			<input type="radio"/>					
	SATISFACTION	11. Overall, my child is learning and progressing in their education.			<input type="radio"/>				



The following questions are required by the US Department of Education to collect and report.

12. Are you Hispanic (e.g., Cuban, Mexican, Puerto Rican, Spanish, Other Hispanic)? Yes No

13. Race Information Select ALL that apply.

<input type="radio"/> A - American Indian or Alaska Native	<input type="radio"/> K - Samoan
<input type="radio"/> B - Black	<input type="radio"/> L - White
<input type="radio"/> C - Chinese	<input type="radio"/> N - Indo-Chinese (e.g., Cambodian, Laotian, Vietnamese)
<input type="radio"/> D - Filipino	<input type="radio"/> O - Micronesian (e.g., Chuukese, Marshallese, Pohnpeian)
<input type="radio"/> E - Native Hawaiian	<input type="radio"/> P - Tongan
<input type="radio"/> G - Japanese	<input type="radio"/> Q - Guamanian/Chamorro
<input type="radio"/> H - Korean	<input type="radio"/> R - Other Asian
<input type="radio"/> I - Portuguese	<input type="radio"/> S - Other Pacific Islander

14. Does the child have a primary race? Yes No

⇒ If you selected more than one choice for question 13 above, please enter the letter of the child's primary race in the box. (A - S)

15. What is the child's disability?

<input type="radio"/> Autism Spectrum Disorder	<input type="radio"/> Hard of Hearing	<input type="radio"/> Specific Learning Disability
<input type="radio"/> Deaf	<input type="radio"/> Intellectual Disability	<input type="radio"/> Speech or Language Disability
<input type="radio"/> Deaf-Blindness	<input type="radio"/> Multiple Disabilities	<input type="radio"/> Traumatic Brain Injury
<input type="radio"/> Developmental Delay	<input type="radio"/> Orthopedic Disability	<input type="radio"/> Visual Disability including Blindness
<input type="radio"/> Emotional Disability	<input type="radio"/> Other Health Disability	

16. Child's Grade

17. Child's Age in Years

18. School Name:

e.g., Pa`ia Elem, Kalakaua Middle, or Honoka`a High

19. What district is the school located in?
(If known)

<input type="radio"/> Central	<input type="radio"/> Leeward
<input type="radio"/> Hawai`i	<input type="radio"/> Maui
<input type="radio"/> Honolulu	<input type="radio"/> Windward
<input type="radio"/> Kauai	

20. Do you speak English at home?

Yes No

21. Upon request, does the school provide a language interpreter for the child's IEP meeting?

Yes No N/A

Thank you for your participation.

