

Autism Spectrum Special Education Legal Support Center Parent Survey

Massachusetts Advocates for Children (formerly Massachusetts Advocacy Center) is conducting this survey in an effort to identify major barriers faced by parents of children within the Autism Spectrum to obtain necessary services for their children. Information obtained from this survey will be used to assist families and improve special education programs. Thank you.

1. Where on the autism spectrum does your child fall? Asperger's Syndrome PDD/NOS
 Autism Other _____

2. Year your child was born _____ Gender: Male Female

3. Town/School district _____

4. Service Options	Does your child need this service?	Service needed, but district is not providing	Service is written into the IEP, but some or all are not being provided
Applied Behavioral Analysis (ABA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative communication (facilitated communication, picture communication, technology)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Classroom aide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Floor time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Home services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Independent living skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Daily living skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
MCAS accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy (OT)/sensory integration (SI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Parent Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Reading/literacy services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Social pragmatics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Social supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Speech & language therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Summer services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Consultation from specialists	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Separate classroom time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative/private school	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there services/placements that are **NOT** provided or written in IEP's due to administrative reasons?

Yes (please check all that apply) **No**

Caseload limits, waiting lists, or schedule difficulties of service providers

Opening/availability of classrooms, resource rooms or programs

Administrative convenience

Cost of special education program or services

School district policies or practices (check all that apply):

Limit number of hours for a specific service

Limit number of weeks for summer programs

Won't provide specific types of service

Won't provide home programs

Other policy or practice you are aware of _____

6. Does the Team consider the full range of support services and accommodations that may be needed for your child to participate in regular education classes and activities?

Yes **No (if no, indicate below which are not considered)**

Classroom aide

Assistive technology

Special ed/regular ed team teaching

Friendship building strategies

Home programs

ABA in regular class

Literacy

Individualized applied behavioral analysis

Specialists working in the regular education classroom

Modified curriculum/testing/grading/schedule/homework

Supports and services needed to address behavioral issues/difficulties

Other _____

7. For parents with limited English proficiency, are team meetings and written materials provided in your native language? Yes No

8. For children with IEP's and behavioral issues, does the school provide the full range of supports needed to assist teachers in the classroom (including behavioral assessments and/or plans)? Yes No

9. For children with IEP's and behavioral issues, have you been asked to pick up your child or to keep your child at home because of their behavior? Yes No, if yes, how many times within a school year?

10. Does your child have access to the same opportunities as non-disabled children to participate in all the academic and non-academic activities offered by the school? Yes No

11. Do you have concerns about whether your child is receiving the support services necessary to reach their full potential? Yes No (If yes, please explain on the back)

OPTIONAL & CONFIDENTIAL

Name: _____

Address: _____

Telephone: _____

MAIL TO:

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