School to Prison Pipeline

Parent Survey

First five questions, 1 means “not at all” and 5 means “very much so”.

• On a scale of 1 – 5 do you feel your child is at higher risk for discipline/punishment/segregation from the classroom due to disability, race, and/or ethnicity? _____

• On a scale of 1—5 how familiar are you with laws concerning your child’s legal right to an education in the least restrictive environment? _____

• On a scale of 1—5 I feel I have a say/choice in decisions about my child’s IEP and/or behavioral treatment plan? _____

• On a scale of 1—5, I am concerned that if I advocate for my child by speaking up for my child with teachers and administrators, my child will experience a negative consequence (bullying, loss of privileges, etc). _____
• Has your child been suspended/separated from classroom instruction due to behavioral concerns? (Y/N) If yes, explain:

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• Have juvenile officers or the police had contact with your child related to an incident or incidents in school? (Y/N) If yes, explain:

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• Do you feel that severe disciplinary measures in the school should be reviewed/evaluated by an independent third party?
  _____ Yes
  _____ No
• Is there anything else you would like to share?

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• May we contact you for additional information?
  ____ Yes
  ____ No
If yes, please give us your name and telephone number.
Name: _________________________________________________________________
Telephone#: _______ - _______ - ________________________________