





# STAFF INPUT SURVEY

The Staff Input Survey was developed to obtain voluntary feedback from District personnel concerning the Individualized Education Program (IEP) meetings and process. We appreciate you taking the time to complete the survey. Your input is very important. The information you provide is confidential and will not be sent to your school without your permission.

**Thank you in advance for your time and interest in this process.**

**DIRECTIONS:** After each statement, please use a number two pencil and fill in the circle that describes your experience with the IEP meeting.

Correct Mark  Incorrect Marks    

	Yes	No	Does Not Apply
1. The IEP meeting was conducted in a professional manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The IEP accurately reflects the IEP team's decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I received notice of the IEP meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The IEP meeting was held in an appropriate setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The administrator held the IEP meeting at a reasonable time for me (or provided time for me to attend the IEP).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The IEP team worked collaboratively and cooperatively to address the needs of the student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The participants at the IEP meeting were prepared and informed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Appropriate placement options for the student were discussed and decided upon, including the consideration of the general education classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Related services were discussed and decided upon, if relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. At the end of the meeting the IEP team decisions were summarized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If the student is 14 years old or older, an Individualized Transition Plan (ITP) was developed with the student's and the parent's concerns in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Written translation services of the IEP were offered, if appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My role in this IEP was as a (please indicate special education teacher, general education teacher, school psychologist, administrator/designee, DIS provider, etc.) \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
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If you would like us to provide the results of this survey to your school, please indicate the name of your school here. \_\_\_\_\_

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Please fold along dotted lines, seal, and send through school mail. Again, Thank You!

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**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Division of Special Education**  
**Beaudry Building, 17th Floor**

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**STAFF INPUT SURVEY**  
Commodity Code: 966 12 27900

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