

## NCSEAM Parent/Family Survey: National Item Validation Study

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National Advisory Board Meeting  
New Orleans, LA October 6, 2004



## Who is participating?

- The following states are participating in the collection of over 4,800 **Part B** surveys:
  - New Mexico Parents Reaching Out (PTI)
  - New Jersey Statewide Parent Advocacy Network (PTI)
  - Florida Institute for Family Involvement (PTI)
  - Georgia Department of Education
  - ARC of Mississippi
  - New Hampshire Coalition for Citizens with Disabilities (PTI)



## Who is participating?

- The following states are participating in the collection of over 3,400 **Part C** surveys:
  - New Mexico Parents Reaching Out (PTI)
  - Iowa Department of Education
  - California Department of Education
  - Massachusetts Department of Health
  - Florida, Mailman Center for Child Development
  - Louisiana, Families Helping Families with the Department of Health and Hospitals



## Translations

- All of the Items are being translated into Spanish (for oral presentation to parents)
- 3 step process:
  - Miami translate Part C and New Mexico translate Part B into Spanish
  - Miami translate Part B Spanish items back into English and New Mexico vice versa
  - Compare the English translation with original English and translators resolve discrepancies
- This will produce the best possible translations of the items



- The surveys were printed by Scantron and shipped to each agency at the end of August
- The timeline for completion of data collection is January 1, 2005
- Each state has a unique sampling plan that will result in a total sample approximating the racial/ethnic demographics of the US Census



## Unique Plan: New Mexico? (Part B)

New Mexico	5	6 to 10	11 to 13	14 to 21	
Caucasian	15	50	50	50	
African-American					
Latino/Hispanic	25	100	100	100	
Native American	20	100	100	100	
Asian/Pacific Islander					
Other	0	0	0	0	
<b>Totals</b>	<b>60</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>810</b>



## How is data being collected?

- Individual face-to-face administration with facilitator
- Self-administration individually or in a group facilitated by leader
- Orally in another language
- By telephone

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## How are they getting Parents/Families Involved?

- Public Radio announcements
- Newspaper public announcements
- NM PED sent letter to all schools requesting they send flyer to all parents to contact PRO
- During workshops and conferences for parents/families
- During support groups for parents/families
- Cold calls
- Ice-cream socials
- Telephone trees
- Reservation/Tribal Governments
- Providers of services and local schools
- Foot-to-pavement efforts!
- Internet application

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## What did they do to prepare?

- Each agency was provided with:
  - Their unique sampling plan
  - A facilitator Q & A guide booklet
  - Spanish translations of the surveys
  - Definitions of terms used in the surveys
  - A site visit for training with materials OR materials to train their teams including ppt on history of survey, recommended agenda
  - Sharing among agencies of their logistics plan

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- Coordinators were designated in each agency. They guided the development of a logistics plan for their state.

- The logistics plans were sent to NCSEAM to record methodology.

- You can view all supporting documents at our website link by scrolling to the bottom of the page:  
<http://www.monitoringcenter.lsuhscc.edu/focususedmonitoringinformation.htm>

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NATIONAL CENTER FOR SPECIAL EDUCATION ACCOUNTABILITY MONITORING		
School-Age Parent/Family Participation Survey		
<b>SURVEY ADMINISTRATION</b>		
1. Select one of the following: <input type="radio"/> I completed the survey independently OR <input type="radio"/> I completed the survey as someone read the items to me		
2. I read or heard the items read in: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Another language		
<b>INFORMATION ABOUT MY CHILD</b>		
3. State of Residence <input type="text"/> <input type="text"/> <input type="text"/>		
4. Grade <input type="text"/> <input type="text"/>		
5. Age in Years <input type="text"/> <input type="text"/>		
6. Age Upon Referral to Early Intervention or Special Education: <input type="radio"/> Under 1 yr OR Age In Years <input type="text"/> <input type="text"/>		
<b>7. Primary Exceptionality / Disability</b>		
<input type="checkbox"/> Autism	<input type="checkbox"/> Orthopedic Impairment	
<input type="checkbox"/> Deaf - Blindness	<input type="checkbox"/> Other Health Impairment (OHI)	
<input type="checkbox"/> Deafness	<input type="checkbox"/> Specific Learning Disability (LD)	
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Speech or Language Impairment	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Mental Retardation (MR)	<input type="checkbox"/> Visual Impairment including Blindness	
<input type="checkbox"/> Multiple Disabilities		
<b>8. Race / Ethnicity</b>		
<input type="checkbox"/> White	<input type="checkbox"/> Black or African - American	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> American Indian or Alaskan Native		
<b>9. Please select all areas in which your child has goals on his or her Individualized Educational Program (IEP):</b>		
<input type="checkbox"/> Reading	<input type="checkbox"/> Language	<input type="checkbox"/> Physical/movement
<input type="checkbox"/> Writing	<input type="checkbox"/> Social skills	<input type="checkbox"/> Organizational and planning skills
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Emotions	<input type="checkbox"/> Health/medical
<input type="checkbox"/> Other academic area(s)	<input type="checkbox"/> Behavior	<input type="checkbox"/> Transition
<input type="checkbox"/> Speech	<input type="checkbox"/> Independent living/adaptive skills	

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**Parent Participation**

	Never	Rarely	Sometimes	Frequently	Always
149. I ask my child about his or her homework assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. I ask my child about what he or she is learning in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. I read material sent to me by the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. I meet with my child's teacher(s) to plan my child's program and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. I meet with my child's teacher(s) to discuss my child's needs or progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I get information from sources other than the school about available services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. I attend meetings of a school advisory committee on special education services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. I attend meetings of the school's Parent-Teacher Association (PTA) or Parent-Teacher Organization (PTO).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. I participate in activities sponsored by the PTA/PTO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. I attend meetings of an organization for parents of children with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. I attend meetings of a district-level committee on special education services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. I attend meetings of a state-level committee on special education services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

~Thank you for your participation.~

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**NATIONAL CENTER FOR SPECIAL EDUCATION ACCOUNTABILITY MONITORING**  
**School-Age Parent/Family Participation Survey**

Administración de encuesta 1. Seleccione una de las siguientes: 1 Yo completé esta encuesta por propia cuenta o 2 Yo completé la encuesta mientras otra persona me hacía las preguntas

2. Leí los siguientes puntos o me los leyeron en: 1 ( ) Inglés 2 ( ) Español 3 ( ) Otra Lengua

Datos sobre mi niño 3. Estado en dónde reside 4. Grado escolar 5. Edad en años

6. Edad al ser recomendado a servicios de Intervención Temprana o Educación Especial (1) Menor a 1 año 0 (2) edad en años

7. Excepcionalidad (discapacidad) primaria del niño  
 1 Audición 8 Impedimentos múltiples  
 2 Sordera-ceguera 9 Otros impedimentos de salud  
 3 Sordera 10 Deficiencia específica en el aprendizaje  
 4 Trastorno emocional 11 Impedimento del habla o del lenguaje  
 5 Impedimento auditivo 12 Lesión cerebral traumática  
 6 Retardación mental 13 Impedimento visual incluyendo ceguera  
 7 Impedimentos múltiples

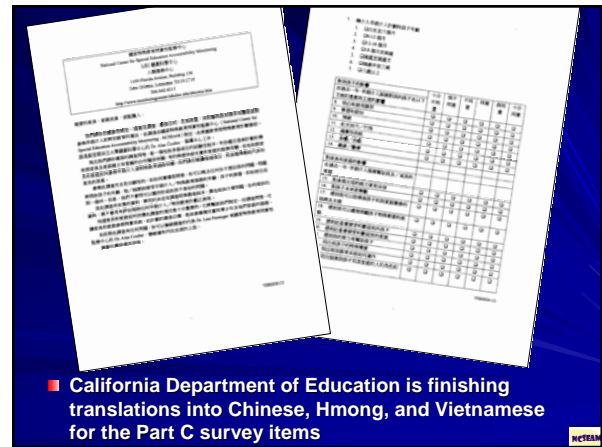
8. Raza / Etnicidad  
 1 Blanco  
 2 Negro o Africano-Americano  
 3 Latino o Hispano  
 4 Asiático o Isleño del Pacífico  
 5 Indio-Americano o Nativo de Alaska

9. Favor de marcar todas las categorías en las cuáles su niño tiene metas dentro de su Programa de Educación Individual (IEP):  
 1 Lengua 7 Habilidades sociales 8 Habilidades de organización y planificación  
 2 Capacidades para escribir 8 Desarrollo emocional 9 Cuidados de salud / médicos  
 3 Matemáticas 9 Comprometimiento 10 Transición  
 4 Otras áreas académicas 10 Habilidades para vivir independiente y autónoma  
 5 Lengua 11 Habilidades para vivir independiente y autónoma

**Participación de los padres**

Yo le pregunto a mi hijo (a) sobre sus tareas  
 Yo le pregunto a mi hijo (a) sobre lo que aprende en la escuela  
 Leo el material que me envía la escuela  
 Me reúno con los maestros de mi hijo (a) para planear los programas y servicios necesarios  
 Me reúno con los maestros de mi hijo (a) para hablar de sus necesidades o progreso  
 Recibo información de otras fuentes a parte de la escuela sobre servicios disponibles  
 Asisto a las reuniones del comité escolar para recomendaciones sobre los servicios de educación especial  
 Asisto a reuniones de la Asociación de Padres de Familia y Maestros (PTA) o la Organización de Padres / maestros (PTO)  
 Participo en actividades patrocinadas por la PTA / PTO  
 Asisto a reuniones de las organizaciones para padres de niños con discapacidades  
 Asisto a reuniones de algún comité de nivel de distrito sobre los servicios de educación especial  
 Asisto a reuniones de algún comité de nivel de Estado sobre los servicios de educación especial

Shungo  
 Gai Shungo  
 Fongshing  
 Pao-shing  
 Junnie



To view all of the documents related to the National Item Validation Study, please point your browser to:

[www.monitoringcenter.lsuhsu.edu](http://www.monitoringcenter.lsuhsu.edu)

Click on Focused Monitoring and scroll to the bottom of the page for access to the survey items, translations, guides, powerpoints, etc.