

**Alternative Delivery of Specialized Instructional Services**  
**[Name of District]**  
**[Name of School]**  
**[Title of ADSIS Program]**

**Parent/Guardian Satisfaction Survey**

You are receiving this survey because you are a parent/guardian of a student receiving [Name of Program] services. As you may know, this program was designed [reason for program]. The program goals include: {district may use these or add goals from application}

1. Increase student academic achievement and success in reading, mathematics and/or behavior.
2. Decrease the number of inappropriate referrals for special education and other services.
3. Improvements in social/emotional skills that will help student engage in learning and decrease office behavioral referrals for serious and minor behavioral issues.

Your responses to this survey will help us in our continuing efforts to implement services effectively. All responses will be reviewed and kept confidential.

If your child receives or did receive services in reading, complete sections A and D.  
If your child receives or did receive services in mathematics, complete sections B and D.  
If your child receives or did receive support for behavior, complete sections C and D.

**Directions for Each Section:**

Circle the one number in each row that best describes your level of agreement or disagreement with each item:

- 4= Strongly Agree
- 3 = Agree
- 2 = Disagree
- 1 = Strongly Disagree
- 0 = Don't Know

**Section A: Reading Services**

Does your child receive [Name of Program] reading services? Yes    No  
If yes, complete Section A. If No, go to Section B.

This program helps my child improve his/her basic reading skills. 4    3    2    1    0

This program helps my child gain confidence in reading. 4    3    2    1    0

The [Name of Program] reading teacher keeps me regularly informed of my child's progress. 4    3    2    1    0

The reading interventions or strategies delivered to my child through [Name of Program] are individualized and based on assessed areas of need. 4    3    2    1    0

Ambitious, yet realistic reading goals were set for my child in the [Name of Program]. 4    3    2    1    0

My child received [Name of Program] reading services in a timely manner.  
4 3 2 1 0

**Section B: Math Services**

Does your child receive [Name of Program] mathematics services? Yes No

If yes, complete Section B. If No, go to Section C.

This program helps my child improve his/her mathematics skills.  
4 3 2 1 0

This program helps my child gain confidence in mathematics.  
4 3 2 1 0

The [Name of Program] mathematics teacher keeps me regularly informed of my child's progress.  
4 3 2 1 0

The mathematics interventions or strategies delivered to my child through [Name of Program] are individualized and based upon assessed areas of need.  
4 3 2 1 0

Ambitious, yet realistic mathematics goals were set for my child in the [Name of Program].  
4 3 2 1 0

My child received [Name of Program] mathematics services in a timely manner.  
4 3 2 1 0

**Section C: Behavior Support Services**

Does your child receive [Name of Program] behavior support services? Yes No  
If yes, complete Section C. If No, please go to Section D.

My child's classroom behavior is improving as a result of receiving [Name of Program] services?  
4 3 2 1 0

My child's attitude toward school has improved since starting [Name of Program] services.  
4 3 2 1 0

My child's [Name of Program] behavior support teacher keeps me regularly informed of my child's progress.  
4 3 2 1 0

The behavior interventions or strategies delivered to my child through [Name of Program] are individualized and based upon assessed areas of need.  
4 3 2 1 0

Ambitious, yet realistic behavior goals were set for my child in the [Name of Program].  
4 3 2 1 0

My child's received [Name of Program] behavior support services in a timely manner.  
4 3 2 1 0

### **Section D. Overall Satisfaction**

Please rate your overall satisfaction with [Name of Program] and the additional reading, mathematics and/or behavior instruction provided to your child (check one).

\_\_\_\_\_ High

\_\_\_\_\_ Medium

\_\_\_\_\_ Low

Please comment below on any ideas or recommendations that would help [Name of Program] or any other comments you might have.

**Please return the survey to [contact name, phone number and email] by [date].**

**THANK YOU!**