



Early Childhood Family Outcomes Survey - Online Instructions

In accordance with IDEA, as part of The Special Education Annual Performance Report, each local education agencies (i.e. school districts) is required to survey families on how they have facilitated family involvement in their child’s education. Annually, usually around annual review time, we provide parents the opportunity to participate in the survey. To meet our required family involvement data collection, under our current circumstances, we are providing families the opportunity to complete the survey online. This guide will assist you with completing the family survey on line. If you need assistance in completing the online survey please contact _____ at _____ or IDEA Data & Research at 501-683-7219.

Surveys are confidential. Once you complete the survey and click submit it, your answers are in the State’s database and cannot be accessed by the local education agency. Please answer honestly. Your answers help guide program improvement activities.

To use the online survey go to <https://arksped.k12.ar.us/Applications/Surveys/FamilySurveyLogin.aspx>

1) Sign in with:

a. User ID: _____

b. Password: _____

c. Click on: Sign In

User ID:
Password:

Form with two input fields for User ID and Password, and two buttons labeled "Sign In" and "Exit".

2) Click on the survey needed:

a. Early Childhood Family Outcomes Survey (English)

b. Early Childhood Family Outcomes Survey (Spanish)

The survey will open on the screen. Please enter your child’s demographic information. If the information is not available, it can be left blank. Screen shots are provided to enhance understanding of the process

4) Resident LEA:

a. Click on the arrow and select the school district in which you reside. They are listed in alphabetical order.

Resident LEA(District) ARKADELPHIA SCHOOL DISTRICT (v)

5) Race/Ethnicity: Please select all that apply

Race/Ethnicity Hispanic/Latino American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White

6) Disability: Click arrow, choose **ONLY** students primary disability

Disability dropdown menu with options: -- Select --, -- Select --, Autism, Deaf-Blindness, Hearing Impairments, Multiple Disabilities, Orthopedic Impairments, Other Health Impairments, Preschool Disabled (Non-categorical), Speech/Language Impairments, Traumatic Brain Injury.

7) For each statement, please select the best response. Your knowledge may be between the descriptions provided; if so, you would select answers 2, 4, or 6.

1. Your child is growing and learning. How well do you understand your child's development?

1	2	3	4	5	6	7
We are just beginning to understand our child's development.		We have a basic understanding of our child's development, but we still have a lot to learn.		We have a pretty good understanding of our child's development.		We understand our child's development very well.

8) Click "Submit" to complete your survey

9) If you get a popup message,

a. Please check the indicated question to see if your selection is marked.

b. Click "Submit" again

Thank you for taking the time to complete the survey.