



School Age 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 district/charter school) 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 complete survey go to <https://arksped.k12.ar.us/Applications/Surveys/FamilySurveyLogin.aspx>

- 1) Sign in by entering the:
 - a. User ID: _____
 - b. Password: _____
 - c. Click on: Sign In

User ID:
 Password:

- 2) Click on the survey needed:
 - a. School Age Family Outcomes Survey (English)
 - b. School Age Family Outcomes Survey (Spanish)

The survey will open on the screen. Please enter your child’s demographic information. If the information is not available (like building code), it can be left blank. A screen shot is provided.

- 4) Enter the 3 digit Building Code: _____ Building Code
- 5) Disability: Click arrow, choose **ONLY** students primary disability
- 6) Race/Ethnicity: Please select all that apply
 Race/Ethnicity Hispanic/Latino American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White

Disability

 Autism
 Deaf-Blindness
 Emotional Disturbance
 Hearing Impairments
 Intellectual Disability
 Multiple Disabilities
 Orthopedic Impairments
 Other Health Impairments
 Specific Learning Disabilities
 Speech/Language Impairments
 Traumatic Brain Injury
 Visual Impairments

- 7) For each statement, please select one of the choices. If an item does not apply to your child, please select 'Not Applicable'. For example, Question 6 applies to students age 16 and older; therefore, if your child is not 16 or older 'Not Applicable' would be the correct answer.

	1 Very Strongly Disagree	2 Strongly Disagree	3 Disagree	4 Agree	5 Strongly Agree	6 Very Strongly Agree	7 Not applicable
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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.