Family, School, and Community Partnering (FSCP)

Planning Team Feedback

Our school is working on supporting teachers, families and community resources working together in coordinating student success. This survey was developed to gather staff, family and community feedback about partnering during individual student planning. The planning process may have been through telephone, text, email, postal service, face-to-face conversation, or meetings involving several people. Thank you for your time in letting us know about your experience. Please share any comments with us. NOTE: The words “our student” is used throughout this survey to describe the team partnership, focusing on the student’s success.

**NAME** (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_

**ROLE: Administrator\_\_\_\_\_ General Education Teacher\_\_\_\_ Special Education Teacher\_\_\_\_ Related Services Provider\_\_\_\_\_ Family Member\_\_\_\_\_ Community Resource/Provider\_\_\_\_\_ Student\_\_\_\_\_\_ Other (Please Identify)\_\_\_\_\_\_**

**Individualized Planning Process**

(Please Check One)

\_\_\_READ Plan

\_\_\_MTSS (Multi-Tiered System of Supports) (or RtI - Response to Intervention) Plan

\_\_\_ALP (Advanced Learning Plan)

\_\_\_IEP (Individualized Education Program)

\_\_\_Truancy Prevention Plan

\_\_\_504 Plan

\_\_\_Classroom – Home (Examples: School-Home-School Note; Behavior Contract)

\_\_\_FBA (Functional Behavioral Assessment)

\_\_\_BIP (Behavior Intervention – or Support- Plan)

\_\_\_Safety (Suicide or Threat) Intervention Plan

\_\_\_Other (Please Identify):

**Please Circle Number for Your Response to Each Statement.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 1. I was given information about the team’s purpose and membership in advance of the meeting.  | NA | 1 | 2 | 3 | 4 |
| 2. I was given information about my roles and responsibilities as a team member in advance of the meeting. | NA | 1 | 2 | 3 | 4 |
| 3. I was asked to provide input about the situation and/or our student before the meeting. | NA | 1 | 2 | 3 | 4 |
| 4. Student data from multiple sources (such as different classes, assessments, home, community) were shared at the meeting.  | NA | 1 | 2 | 3 | 4 |
| 5. I felt like a team member when we were discussing our student. | NA | 1 | 2 | 3 | 4 |
| 6. I shared my information (home, classroom, agency) in the discussion. | NA | 1 | 2 | 3 | 4 |
| 7. I was considered in the decision-making. | NA | 1 | 2 | 3 | 4 |
| 8. I know what goals we are working on together. | NA | 1 | 2 | 3 | 4 |
| 9. I know how we will decide if the plan is working.  | NA | 1 | 2 | 3 | 4 |
| 10. I know how I can support our student’s academic and/or behavioral learning in my situation (home, classroom, agency). | NA | 1 | 2 | 3 | 4 |
| 11 There is a two-way home-school communication plan in place.  | NA | 1 | 2 | 3 | 4 |
| 12. Resources - such as school contacts and community agencies - were provided.  | NA | 1 | 2 | 3 | 4 |
| 13. I know when we will follow-up to assess progress and make changes if needed. | NA | 1 | 2 | 3 | 4 |
| Please Share Other Feedback to Help Us Improve Our Teaming: |

**Adapted from National Center for Special Education Accountability Monitoring. *Parent Survey-Special Education. Version 2.0.*  Retrieved May 9, 2008 from** [**http://www.accountabilitydata.org/New%20DATA%20FEB%202006/2005NCSEAM\_PartB\_Watermarked\_(21244%20- %20Activ.pdf**](http://www.accountabilitydata.org/New%20DATA%20FEB%202006/2005NCSEAM_PartB_Watermarked_%2821244%20-%20Activ.pdf)