

N[★]CASES

National Commission *for the Accreditation of* Special Education Services

Parent/Guardian Interview Form

Program:

Date:

Student Name:

Student age/grade:

Name of interviewee:

Relationship to student:

How long has the student/client been enrolled in the program?

Describe your involvement in the development of the student/client's Individual (Educational/Service) Plan?

Does the students/client's current program meet the needs of the individual (please describe)?

In the reports, updates and communication you have received, has the student/client made adequate progress?
(please describe the nature of the information and the progress described.)

Describe your interactions with staff that work with the student/client.

Describe the facilities in which your student/client receives services.

Describe how the program responds to your questions, concerns and/or thoughts.

Is there anything about the program you would like to see changed?

Is there anything else you would like to discuss?



Referral Source Interview Form

Program:

Date:

Name of Interviewee:

Representative of (circle one): LEA State Agency

How many students are enrolled in the program?

How many years have you been involved with the program?

Please describe the facilities that you have visited. Do the facilities meet the needs of the clients/students?

Please describe interactions with staff during your visits to the program.

Has the program been responsive to you and to your input? Please sight an example.

Do you have any additional feedback you would like to note?



Staff Interview Form

Program:

Date:

Subject/Grade/Area:

Name of interviewee:

Describe the position you hold in the program.

Are you clear on your role in the program at large and the description of the job you perform on a daily basis?

Describe your relationship with your supervisor. Do you have confidence in the leadership of the organization?

Do you receive adequate support and training to do your job? Describe opportunities for professional growth.

What is the process for performance reviews?

Do you have access to sufficient materials and supplies?

Does the program implement technology? Are you trained in how to use the technology? Do you have access to curriculum and curriculum materials?

How is information disseminated to staff?

Describe how staff and leadership collaborate.

Are operational and human resource policies and procedures accessible?

Does the program have training and policy on safety and emergency preparedness?

Staff Interview Form (continued)

Do you feel you are respected and appreciated?

Describe the morale within the program.

Do you have suggestions for improvement?

Are there any additional items you wish to share?



Student Interview Form

Program:

Date:

First Name of Student:

Age:

Name of interviewee:

Accompanied by:

Title:

Are you getting the help you need in this program?

What do you like best about your program?

If you could make some changes in your program, what would they be?

What are your favorite things about the program?

What are your least favorite things about the program?

Is there anything else you would like to tell us about your work or this program?

Human Resources Records Review

Refers to Personnel Standards

Reviewers' Name: _____ **Applicant Agency:** _____

Employee Initials	Copy of P&P Receipt	Criminal Background Check	Annual Evaluation	Application/Terms of Employment	Job Description	Verification of Education	Emergency Contact	Certification/Licensure	Training Documentation*	Health Certificate (if required)	Reference Check	Salary history

* When applicable, topics will cover data collection, use of restraint/seclusion, emergency procedures, orientation

Notes:

Student Record Review*

Reviewer's Name _____

Applicant Agency: _____

										Students Initials
										Record Access (sign)
										Intake/Admission Records
										IEP required components*
										Current/Past Assessment/Reevaluation
										Treatment and Progress Reports
										Release/Consent Forms
										Behavioral Plan (if appropriate)
										Restraint Record (if appropriate)
										Progress Notes from Related Services
										Discharge Plan, if appropriate
										Demographic Data
										Transition Plan
										Correspondence

* See Standard 39