



# Duxbury Special Education Parent Advisory Council

## Parent Needs Assessment 2009 - 2010

The Parent Advisory Council is asking for your help by participating in our annual parent survey. The information you provide will be used to plan future programs and to help us better represent you on Special Education matters. Please complete one survey for each child in your care that is on an IEP or a 504 plan.

Please return this survey before March 31, 2010 to:

Duxbury Special Education Parent Advisory Committee  
C/O Special Education Office  
75 Alden Street  
Duxbury, MA 02332

Which school and grade does your child attend?

Chandler  Alden  DMS

Grade? \_\_\_\_\_  DHS  Other: \_\_\_\_\_

Is your child on an IEP or 504 plan?

IEP  504

How long has he/she been on the plan? \_\_\_\_\_

How would you rate your overall satisfaction with special education in the Duxbury Public Schools?

Favorable  Unfavorable  Other: (Please Specify) \_\_\_\_\_

My child's IEP or 504 modifications and accommodations have been effectively communicated and implemented between regular education and special education staff.

Agree  Disagree  Not sure  Other: (Please Specify) \_\_\_\_\_

As my child moved from grade to grade and school to school, effective and timely communication of my child's education/accommodation plan has taken place so that all staff (including specialists) are aware of my child's needs.

Agree  Disagree  Not sure  Other: (Please Specify) \_\_\_\_\_

I am satisfied with the quality of Special Education testing performed by school district personnel.

Agree  Disagree  Not sure  Comments: \_\_\_\_\_

I feel the issues or concerns discussed at my team meeting have been addressed in an effective and timely manner.

Agree  Disagree  Not sure  Comments: \_\_\_\_\_

I feel like a valued member of my child's special education team.

Agree  Disagree  Not sure  Comments: \_\_\_\_\_





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I feel I am aware of all the services and programs available to my child throughout the district.

Agree       Disagree       Not sure       Comments: \_\_\_\_\_

Do you consider yourself to be a member of the Duxbury Parent Advisory Council at this time?       Yes       No

If no, are you interested in becoming a member?       Yes       No

Please provide the following information if you would like workshop information:

Name \_\_\_\_\_ Address \_\_\_\_\_

School \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Volunteers are needed on the following committees. Please check any that interest you:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Web site                 | <input type="checkbox"/> Disability Awareness       | <input type="checkbox"/> Annual Review/3-Year Plan |
| <input type="checkbox"/> Speakers/Workshops       | <input type="checkbox"/> Mentoring Program          | <input type="checkbox"/> Library Project           |
| <input type="checkbox"/> Elections/Membership     | <input type="checkbox"/> Support Group/Database     | <input type="checkbox"/> Inclusion                 |
| <input type="checkbox"/> Scholarships/Awards      | <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> PAC to PAC Liaison        |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Newsletter                 | <input type="checkbox"/> Childcare                 |
| <input type="checkbox"/> School Committee Liaison | <input type="checkbox"/> By-Laws                    | <input type="checkbox"/> Refreshments/Hosting      |
| <input type="checkbox"/> Board Member             | <input type="checkbox"/> Other _____                |  |

If you have not attended SEPAC meetings/workshops, what were the obstacles?

- Inconvenient day/time       Inconvenient location       Lack of transportation       Lack of childcare  
 Lack of time       Not Interested       Other \_\_\_\_\_

What topics are areas of interest to you and would motivate you to attend?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Identifying Special Needs         | <input type="checkbox"/> Basic Rights and The Laws | <input type="checkbox"/> Early Intervention             |
| <input type="checkbox"/> Testing                           | <input type="checkbox"/> IEP's                     | <input type="checkbox"/> Behavior Issues                |
| <input type="checkbox"/> Financial/Insurance               | <input type="checkbox"/> Environmental Adaptations | <input type="checkbox"/> Sensory Processing/Integration |
| <input type="checkbox"/> Communication Strategies          | <input type="checkbox"/> Speech and Language       | <input type="checkbox"/> Reading and Writing            |
| <input type="checkbox"/> Inclusion                         | <input type="checkbox"/> Bullying and Teasing      | <input type="checkbox"/> Mediation/Hearings             |
| <input type="checkbox"/> Extracurricular/Summer Activities | <input type="checkbox"/> Homework                  | <input type="checkbox"/> Family Issues                  |
| <input type="checkbox"/> Other _____                       |  |   |

**Thank you for taking the time to complete this survey.**