**\_\_\_\_\_\_\_\_ SEPAG Survey**

1. **Please share your contact information to be kept up to date with SEPAG communication.**

Name:

Email Address:

Phone number:

1. **What is your relationship to special education?**

* Parent of classified student
* Teacher
* Administrator
* Other (please specify)

1. **How would you like to participate in the Special Education Parent Advisory Group (SEPAG)?**

* Receive information
* Attend meetings
* Attend parent informational workshops
* Attend parent leadership activities
* Assume role of parent leader of the SEPAG

**4. What would help you to attend the meetings and/or workshops?**

* Meetings between 11 AM – 1 PM
* Meetings between 6 PM – 8 PM
* Different Location
* Child Care
* Other (please specify)

**5. How can the SEPAG help you and your family?**

* Meeting other parents
* Learn more about the special education process
* Improve communication with parents and Child Study Team (CST) members
* Being involved in providing input toward district programs and service
* Being involved in providing input toward community supports
* Other (please specify)

**6. What workshop topics would you like to see presented?**

* Disability awareness: ADD/ADHD, ASD, Down Syndrome, Physical Disability, Developmental Disability, Learning Disability
* Information on IEPs and 504s
* Related services: speech, occupational therapy, social skills, etc.
* Other (please specify)

**7. Do you have any goals in mind for the SEPAG?**

* Improving disability awareness and acceptance
* Improving communication with parents, teachers, and school staff
* Being part of the decision-making in the school district
* Increasing parent and staff involvement
* Other (please specify)

**8. What new programs would you like to see implemented in the district?**

* Social skills group
* Multi-sensory classroom/room
* Maximizing technology
* Other (please specify)

**9. How do you think special education could be improved?**

* IEP/504 to be provided prior to meetings
* Improving data reporting regarding academic achievement
* Other (please specify)

**10. What is the best way to reach you?**

* E-mail
* Phone
* Text
* Facebook