**Sample - SEPAG Survey of Participant Needs and Interests**

Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family member with special needs: In District; Out of District Year of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The New Jersey Administrative Code 6A:14-1.2(h) states that:**

***Each board of education shall ensure that a special education parent advisory group is in place in the district to provide input to the district on issues concerning students with disabilities.***

Some of the goals of a Special Education Parent Advisory Group (SEPAG) are:

* To provide direct input on the policies programs and practices that impact services and supports for children with special needs and their families.
* To increase the involvement of families of children with special needs in making recommendations on special education policy.
* To advise on matters that pertain to the education, health, and safety of children with special needs.
* To advise on unmet needs of children with special needs.

Do you have any other goals/ideas in mind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you expect to get from your participation in this group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What meeting schedule (time and day) is convenient for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often would you like to meet? Monthly Bi-Monthly Quarterly Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to donate books, videos, DVDs, and/or other materials for our parent group library? Yes No

Would you like to be part of the leadership of this group? Yes No

In what ways are you willing to support the group?

* Co-leader
* Note-taker/Secretary
* Outreach/Publicity Coordinator
* Newsletter Coordinator
* Social Media Coordinator
* Support Group Coordinator
* Other: \_\_\_\_\_\_\_\_\_\_

What workshop topics would you like to suggest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this survey! Please return it via email to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by mail to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you have any questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_