

_____ What happens when my child leaves public school? How do the rules change?

_____ Transition planning for beyond high school

_____ Information on particular disabilities:

_____ Learning disabled

_____ Autism

_____ ADHD

_____ Mental Retardation/Down's Syndrome

_____ Dyslexia

_____ Cerebral Palsy

_____ Hearing Impaired

_____ Speech Impaired

_____ Traumatic Brain Injury

6. Other topics you would like to learn about:

7. What information would you like to see in a Special Education Welcome Packet?

8. What information would you like to learn about the school?

9. Would you like to see a Disability Awareness program offered at the school?
(Please Check)

_____ Yes _____ No

Comments:

For Teachers and School Personnel:

10. What would like to see accomplished in forming this SEPTA?

11. Please list programs and resources you would like discussed:

12. Any concerns you may have or difficulties you would like addressed:

13. Would you like to see a Disability Awareness program offered at the school?

(Please Check)

_____ Yes _____ No

14. Additional Comments:

Completed surveys can be mailed to: SEPTA-Survey PO Box 1571 Mattituck,
NY 11952 or sent to school main office addressed to: PTA/SEPTA -Survey

Thank you for completing this survey.
Mattituck / Cutchogue SEPTA