

**Parent Network of the Capital Region-PNCR
Advocate/Professional Survey**

Population(s) You Work With -circle all that apply:

- | | | |
|------------------------|-----------------------|-----------------------------|
| ADD or ADHD | Down Syndrome | Sensory Processing Disorder |
| Autism/Asperger's | Learning Disability | Auditory Processing |
| Brain Injury | Visual Impairment | Physical Impairment |
| Cognitive Disability | Hearing Impairment | Medically fragile |
| Mental/Emotional _____ | Other (specify) _____ | |

Specify

Would you be likely to attend a training that focused on this specific disability? Yes No

How would you describe your interaction with the Committee on Special Ed (CSE)? Circle one:

- | | | | |
|--|-------|-----------|--------|
| I attend CSE or 504 plan meetings. | Never | Sometimes | Always |
| My input is taken seriously at CSE meetings. | Never | Sometimes | Always |
| I feel well prepared when I go to CSE/504 meetings. | Never | Sometimes | Always |
| I am anxious about attending CSE/504 meetings. | Never | Sometimes | Always |
| I believe my child is receiving appropriate services. | Never | Sometimes | Always |
| I agree with my child's IEP or 504 plan. | Never | Sometimes | Always |
| I know what to do if a parent disagrees with the IEP or 504 plan | Never | Sometimes | Always |

Please check the trainings you would be likely to attend:

- | | |
|--|---|
| <input type="checkbox"/> Understanding Special Education | <input type="checkbox"/> Understanding Evaluations |
| <input type="checkbox"/> CSE Process & Meetings | <input type="checkbox"/> Reading Programs |
| <input type="checkbox"/> IEPs & 504 Plans | <input type="checkbox"/> Services, Aids & Accommodations |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition to Adulthood | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> School Discipline | <input type="checkbox"/> Executive Function |
| <input type="checkbox"/> Mediation & Due Process | <input type="checkbox"/> Disability-Specific Best Practices |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Other _____ |

When are you most likely able to attend trainings? Circle all that apply

Any time during the school day Morning Evening Saturdays

We would like to have you on our mailing list.

Name: _____ Email: _____

Organization: _____

Address: _____