

**CHILD STUDY TEAM  
RIVER EDGE ELEMENTARY SCHOOLS  
101 GREENE AVENUE  
RIVER EDGE N.J. 07661  
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September 2015

**PARENT GROUP SURVEY**

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

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

Student attends     \_\_\_ NBC             \_\_\_ Cherry Hill     \_\_\_ Roosevelt     \_\_\_ Out Of District Placement

My child     \_\_\_ is in the process of being evaluated     \_\_\_ has an IEP     \_\_\_ has a 504 Plan     \_\_\_ has other special needs

Telephone Number we can reach you at: \_\_\_\_\_

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

**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.*

The group's mission is to facilitate communication between students, parents, staff, the Board of Education, and the community, with regard to issues surrounding the district's special education programs, for the purpose of advising the Board of Education and administration on matters pertaining to improving the quality of special education district-wide.

- Do you have any other goals in mind? \_\_\_\_\_
- What do you expect to get from your participation in this group?  
\_\_\_\_\_
- How often would like to meet:    Monthly \_\_\_    Bi Monthly \_\_\_    Quarterly: \_\_\_    Other: \_\_\_
- What workshop topics would you like to see addressed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_