

CHILD STUDY TEAM
RIVER EDGE ELEMENTARY SCHOOLS
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September

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 _____

