Date:

Name and Contact Information (district administrator and parent leader)

Dear Parents/Guardians;

My Name is \_\_\_\_\_\_\_\_\_, Director of Special Education and Student Services for the \_\_\_\_\_\_ School District. \_\_\_\_\_\_\_ would like to start a SEPAG, Special Education Parent Advisory Group, in our school district. This is a volunteer group which is open to parents, teachers, Child Study Team members, administrators, members of the Board of Education and interested community members. The purpose of this group is to provide an opportunity for parents to give input to the school district regarding students with disabilities.

***“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.” (Subchapter 6A:14-1.2, paragraph (h))***

The purpose of this letter is to ask for your help and consideration in joining the SEPAG and examining topics, concerns, and successes involving our special education programs and services.

Please fill out the attached survey to let us know your interest and availability in joining the SEPAG and what you would like to see be part of our SEPAG. Please return the completed survey to \_\_\_\_\_\_\_\_\_\_

If you have any question, please reach out to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for your input!

Name and Signature

Phone number

Email address

**Initial Interest Survey**

The goal of this survey is to find out the interest and availability of parents/caregivers of children with special needs to become involved in the Special Education Parent Advisory Group (SEPAG) in the \_\_\_\_\_\_\_\_ School District.

This group is open to anyone interested in learning more about special education, understanding parental rights in special education, improving special education programs and services, sharing resources, and meeting other parents of children with special needs.

If you are interested in getting involved in the SEPAG in the \_\_\_\_\_\_\_\_\_\_ School District, please complete a brief survey below.

**Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred method of contact (please check all that apply)**

* Phone - Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* email - Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* text message - Phone number, if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your child’s special education needs are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How old is your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What grade is he/she in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What school does your child attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have an Individualized Educational Program (IEP) in school? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you interested in attending the special education parent group meetings? \_\_\_\_\_\_\_\_\_\_\_**

**Best time(s) for meetings? (check all that apply)**

* Mornings, please indicate specific time and preferred day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Afternoons, please indicate specific time and preferred day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Evenings, please indicate specific time and preferred day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best location for meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you need any supports to participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for taking the time to complete this survey!