

Parent Survey

Parent's Name: _____

Student's Name: _____

Program:

Foundations

CT/LS

Pathfinders

Transition

Please check all that apply.

I would be interested in the following topics:

- What is SCERTS ®?
- PAC- what is the PAC and how do I get involved?
- Parent/Guardian Networking Group (comprised of just Parents/Guardians)
- Sibling Group
- Sensory Diets: building sensory opportunities into your home routine
- How to help with activities of daily living
- How to create and use organizational tools in your home (scheduled, routines)
- Social Stories-Effective use of social stories, what they are and how to use them
- How to manage/include your child in community/family activities
- Structuring leisure time/ Activity suggestions
- How do I prepare my child for the holidays?
- How do I prepare my child for medical visits?
- Parent Support Group with a therapist
- How do I understand my child's IEP and evaluations? What are my rights?
- Behavior Management
- I would be interested in having the Team (SLP-OT-Clinician) come to my home and help to modify
- Other: _____