Parent Survey

Name(s) of Parent(s)/Guardian(s):_____

Name(s) and Ages(s) of Child(ren):_____

Name(s) of Teacher(s):_____

Name(s) of School(s):_____

Modes of Communication: Please circle the mode of communication being used by your child(ren):

At Home:	ASL	Total Communication (TC)	Oral	Other
At School:	ASL	Total Communication (TC)	Oral	

Your responses to the following questions will ensure that the parent meetings will meet your needs. We appreciate your time and your input.

1. How many meetings would you like to have each year? (Please circle)

   2 (1 per semester) 4 (2 per semester) 6 (1 every 6 weeks)

2. Which do you prefer? (Please check)

   _____ One meeting for all parents/families

   _____ Separate meeting for different ages/grade levels

3. What days and times would you be able to attend a parent enrichment seminar? Circle the times that you would be able to attend:

   Weekdays: Monday Tuesday Wednesday Thursday Friday

   Weeknights: Monday Tuesday Wednesday Thursday

   Weekend: Saturday morning Saturday afternoon

4. Indicate the five topics that interest you most from 1 to 5.

   ____Grief Process
   ____ARD Process
   ____Behavior
   ____Legal Issues
   ____Modifications
   ____Testing/Assessment
   ____An Overview of Parent-Infant Services
   ____VAC (Vocational Adjustment Classes for high school students)
   ____An explanation of various communication modalities
   ____Transitioning students to different grade levels
   ____Types of Amplification (hearing aids & assistive listening devices)
   ____Development of Listening Skills
   ____Development of Speech Skills
   ____Development of Language Skills
   ____ _____ (Other Topics)

5. Would you require babysitting? Yes No
   If so, please list the ages of the children this would involve_____

6. Would you require a sign language interpreter? Yes No

7. Would you require a Spanish Interpreter? Yes No

8. Please provide additional comments if needed.