



Jewish Federation of Greater Houston

Bureau of Jewish Education

Bureau of Jewish Education Special Needs Survey

1

Do you have a child in your family with special needs and/or learning differences?

YES

NO

2

What is the age of your child with special needs and/or learning differences?

Infant to 4 years old

5 to 8

9 to 12

13 to 17

18 to 24

25 to 34

35+

3

What is the gender of your child with special needs and/or learning differences?

Male

Female

4

What school does your child currently attend?

5

Is your child enrolled in any special program within that school?

If yes, please describe.

6

Does your child currently attend any religious school program?

If yes, please describe.

7

If not, would your child attend a religious school program if special provisions were offered?

If yes, please describe.

8

Are you aware that the Bureau of Jewish Education sponsors a weekly, community-wide religious school class for children with special needs?

9

Does your child currently participate in any extra-curricular activities?

If yes, please describe.

10

If not, would you like your child to participate in extra-curricular activities if some were made available?

YES NO

If yes, please describe.

11

Does your child's school offer extra-curricular activities appropriate for your child?

YES NO

If yes, please describe.

12

What types of activities would your child be interested in if appropriate modifications could be made to address your child's special needs?

- Sports
- Dance
- Music
- Drama
- Art/Crafts
- Youth group
- Scouts
- Volunteer work
- Summer day camp
- Summer residential camp

Other, please describe.



13

When would your child prefer to participate in extra-curricular activities?
(Please check all that apply.)

- Weekday afternoons after school
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings
- Other, please describe.



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Please describe the types of support services and/or modifications
needed in order for an extra-curricular activity to be appropriate for your
child.

- Small group
- Parent stays
- Additional aide
- Shadow
- Girls-only
- Boys-only
- Other, please describe.



15

Is your child able to be integrated into an existing extra-curricular program--with some modifications?

YES NO

If yes, please describe.

16

How much would each of the following factors influence your decision when choosing an extra-curricular activity for your child?

	5 Very influential	4 Somewhat influential	3 Not sure/Depends	2 Not very influential	1 Not influential at all
Cost	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Location	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Time of day	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Day of week	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Sponsored by a Jewish agency/organization	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Program has Jewish content	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
For special needs children only	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Mainstream program with special modifications	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

17

Does your child participate in any organized social activities?

YES NO

If yes, please describe.

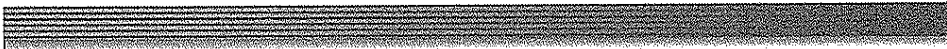


18

If not, would your child be interested in participating in any organized social activities?

YES NO

If yes, please describe.



19

What types of organized social activities would your child be interested in? (Please check all that apply.)

- Sponsored by a Jewish agency/organization
- Sponsored by a secular agency/organization
- Programs with Jewish content
- Programs for special needs children only
- Mainstream program with special modifications
- Other, please describe.



20

Please describe the types of support services and/or modifications needed in order for social activity to be appropriate for your child.

- Small group
- Parent stays
- Additional Aide

- Shadow
- Girls-only
- Boys-only
- Other, please describe.

21

When would your child prefer to participate in organized social activities? (Please check all that apply.)

- Weekday afternoons after school
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings
- Other, please describe.

22

Are you interested in helping your adult child with special needs transition to independent living?

YES NO

23

Will your adult child need special resources to help him/her live independently?

YES NO

If yes, please describe.

24

Do you need information/resources about colleges or other post-high school programs designed to meet the needs of young adults with special needs and/or learning differences?

 YES NO

If yes, please describe.

25

Could your adult child with special needs benefit from assistance with vocational training, employment counseling, and/or job placement? (Please check all that apply.)

 Vocational Training Employment Counseling Job Placement Other, please describe.

26

Would you be interested in participating in a focus group to discuss specific concerns you might have for your child?

 YES NO

If yes, please provide contact information below.

27

Please provide any additional suggestions, comments, or questions you may have.

28 Would you like to be contacted for more information?

If yes, please provide contact information below.



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