

**OTZAR
Jewish Day School
Special Needs Survey
CONFIDENTIAL**

1) Identifying Information:

Date: _____

School: _____

Principal: _____

Person completing form: _____

Position: _____

2) Enrollment Information:

Preschool: 2 yr. _____ 3 yr. _____ 4 yr: _____ # Teachers: _____ Aides: _____

Kindergarten: _____ students in _____ classes # Teachers: _____ Aides: _____

First – Fifth Grades: _____ students in _____ classes # Teachers: _____ Aides: _____

Sixth – Eighth Grades: _____ students in _____ classes # Teachers: _____ Aides: _____

Average Class Size: Preschool _____ Kindergarten _____ 1-5 _____ 6-8 _____

3) How are children with special needs identified at your school? Check all that apply:

Parent Information District Evaluation In-House Evaluation

Teacher Observation Private Evaluation Administrator Observation

Other (Explain) _____

4) Special Needs:

Our School has students identified with the following special needs (Please include number of students).

Mild learning disabilities

Mild weaknesses in reading, decoding and comprehension, oral language, - writing, social skills (Requires modification of curriculum, some assistance).

Moderate/severe learning disabilities

More serious weaknesses in reading, decoding and comprehension, oral language, writing, social skills (Requires modification of curriculum, individualized instruction).

Mild developmental delay

mild cognitive impairment (mental retardation) delayed language, delayed motor skills)

- Moderate/severe developmental delay**
More severe cognitive impairment (mental retardation), delayed language, delayed motor skills
- Speech/language delayed**
- Regulatory**
Over/under sensitive to ordinary environmental stimuli; difficulty with transitions, easily over/understimulated
- Hearing impaired /deaf**
- Vision impaired / blind**
- Physical disabilities**
Non-ambulatory or partially ambulatory; requires wheelchair, uses crutches, requires assistive devices, wheelchair accessible facilities
- Attention Deficit Disorder- with or without hyperactivity**
- Behavior disorders**
non-complaint behavior, anti-social behavior, withdrawn, depression, acting out behavior, aggressiveness, excessive anxiety
- Significant health problem or medical needs**
Chronic illness, significant health concerns, severe allergies
- Autistic spectrum disorders**
Autism, Aspergers Syndrome, Pervasive Developmental Disorders
- Gifted**
IQ w/in the superior range, creative, talented, superior academic skills

5) Available Services and Programs:

Special learning opportunities my school offers for these students (Check all that apply).

- Self contained class for full school schedule
- Self contained class/program for _____ hours
- Judaic Studies resource program pull-out push-in
- General Studies resource program pull-out push-in
- Tutoring in lieu of Judaic Studies (Specify which subjects and whether tutoring is provided by the school or privately)
- Tutoring in lieu of General Studies (Specify which subjects and whether tutoring is provided by the school or privately)
- Hebrew ability grouping in regular class
- Hebrew ability grouping in separate classes (Specify grades)

- General Studies ability grouping (Specify grades/subjects)
- Differentiated Instruction
- Curriculum modification and accommodations
- Peer tutoring
- Schedule modification (partial program)
- Integration with public school programs/services
- Inclusion opportunities with professional oversight
- Teacher assistants Shadows
- Access to and use of assistive technology
- Social work/counseling in-house district private
- Health/nurse in-house district private
- OT/PT/Speech Language in-house district private
- School psychologist in-house district private
- Other (specify) _____

6) Early Intervention:

What type of preadmission screening procedures do you use? (check all that apply)

- observation developmental testing previous school reports
- interview multidisciplinary team review

Do you offer early intervention services for students at risk for academic problems?

- Kindergarten First Grade Second Grade

Do you offer early intervention services for students at risk for behavioral problems? _____

Do you offer early intervention services for students at risk for social problems? _____

Describe the types of services available for early intervention:

Describe the criteria for receiving services:

7) To what degree are you satisfied with your current program(s) for students with special needs?

1	2	3	4	5	NA
Least Satisfied		Average		Most Satisfied	No programs

8) Faculty

My school has ___ teachers with State teacher certification.

My school has ___ teachers with special education certification.

My school has ___ teachers with foreign teaching credentials.

My school has _____ staff members without special education training working with students who have special needs.

_____ number of full-time, certified teachers

_____ number of part-time, certified teachers

_____ number of full-time, non-certified teachers

_____ number of part-time, non-certified teachers

_____ number of full-time, teachers with foreign credentials

9) What type of training has your staff received in the area of special education? (Check all that apply)

graduate classes

school inservices

professional seminars

ATT/ BJE/CFJE seminars

mentoring

consultation with _____

other: _____

10) Tuition

Is there is a tuition surcharge for these special learning services or classes?

_____ Yes _____ No Surcharge: \$_____

Does the school receive outside funding for special programming/services? _____

_____ Federal (Title) funds _____ State funds _____ Grants _____ Private donations

11) Special needs population

Does every child that applies to your school get accepted? _____

If not, why? _____

Approximately how many children with special needs have left the school in the past five years? 0-5 _____ 5-10 _____ 10-15 _____ 15-20 _____ >20

12) Retention/repeating grades/skipping grades

Does the school have a policy for retaining students in a grade? _____

On average, how many students repeat grades each year? _____

Which grades? _____

For what reason: ___ learning ___ behavior ___ maturation

Does the school have a policy for skipping students in a grade? _____

On average, how many students skip grades each year? _____

13) What type of support would you need to accommodate students with special needs? (Check all that apply.)

- ___ trained/certified special education teachers
- ___ in service training for ___ staff ___ students ___ parents
- ___ ongoing professional development series
- ___ special education co-coordinator
- ___ consultant services (specify)
- ___ assistance in identifying students with learning problems
- ___ classroom observation and consultation by specialist ___ hrs per week/month
- ___ liaison with public schools
- ___ assistance in developing specialized
 - ___ teaching strategies
 - ___ teaching materials
 - ___ classroom management strategies
- ___ model diagnostic /prescriptive Hebrew pedagogy
- ___ model diagnostic /prescriptive General Studies pedagogy
- ___ Availability of private practitioners/services
- ___ Disability awareness education
 - ___ for staff
 - ___ for students
 - ___ for parents
 - ___ for community
- ___ Other (specify)

14) Is your building wheelchair/disabilities accessible? ___ No ___ Yes

- Check all that apply: ___ Ramps
- ___ Elevator
 - ___ Chair lift
 - ___ Assistive listening technology
 - ___ Accommodations for visual impairments
 - ___ Washrooms

15) How often do you receive phone calls from parents whose children are not enrolled in your school regarding special needs concerns?

Never Rarely Occasionally Frequently

16) What are some of the common concerns your teachers share with you regarding working with students who have special needs: (Check all that apply)

- medication related issues
- behavior management
- academic difficulties
- difficulties with Hebrew/Judaic content
- fine-motor difficulties
- social issues
- differentiation and adapting curricula for students with special needs
- attention issues
- emotional issues
- other (specify) _____

17) Does your registration form request information about a student's special learning needs?

yes no **If yes, please attach a copy of the form.**

18) How many families that have students with special needs share this information on the form or with teachers:

Most Several Few None

19) Does your school have a written policy regarding students with special needs?

yes no **If yes, please attach a copy.**

20) What are the biggest barriers to the participation of students with special needs in your school?

21) Additional Comments:

For Otzar Use Only:

School: _____

Principal: _____

Additional Staff Present: _____

Surveyed by: _____

Date: _____

Notes: