

Pre-School - Special Needs Survey

School: _____

Person completing form: _____ Position: _____

School enrollment:

Birth to 4: _____ Kindergarten: _____

Number of classes: _____ Number of teachers: _____

Our school has students identified with the following special needs:

- | | |
|---|--|
| <input type="checkbox"/> physical disabilities | <input type="checkbox"/> behavioral disorders |
| <input type="checkbox"/> mild developmental dis. | <input type="checkbox"/> severe health problem |
| <input type="checkbox"/> moderate developmental dis. | <input type="checkbox"/> attention deficit disorder |
| <input type="checkbox"/> mild learning disabilities | <input type="checkbox"/> autism/PDD |
| <input type="checkbox"/> moderate to severe learning dis. | <input type="checkbox"/> auditory deficits |
| <input type="checkbox"/> visual deficits | <input type="checkbox"/> impairment |
| <input type="checkbox"/> impairment | <input type="checkbox"/> processing |
| <input type="checkbox"/> processing | <input type="checkbox"/> expressive/receptive language delay |
| <input type="checkbox"/> sensory integration disorder | <input type="checkbox"/> other _____ |

Special learning opportunities my school offers for these students (check):

(In each category please indicate if therapist is provided by school or is an outside therapist)

- Inclusion with professional outside monitoring (school _____ outside _____)
 paid by school paid by parent provided by school district or BCW
- On-site speech therapist (school _____ outside _____)
 paid by school paid by parent provided by school district or BCW
- On-site occupational therapist (school _____ outside _____)
 paid by school paid by parent provided by school district or BCW
- On-site physical therapist (school _____ outside _____)
 paid by school paid by parent provided by school district or BCW
- Special classroom aide/facilitator (school _____ outside _____)
 paid by school paid by parent provided by school district or BCW
- other _____

*BCW - Babies Can't Wait

The number of students, you are aware of, that currently receive therapy either during the school day or outside of school, regardless of who pays.

Type of Therapy	Number of Students
Speech Therapy	
Occupational Therapy	
Physical Therapy	
Social Skills Therapy	
Behavior/Emotional Counseling	
Facilitation	

The number of students over the last 5 years, that you are aware of, who have been referred to therapy but have declined due to lack of financial support. _____

The number of students you have requested facilitation for, over the past 5 years, who have not received the service due to the financial burden to the family. _____

Due to the inability to find an appropriate facilitator? _____

How many of these children have remained in the school without support? _____

How many of these children have had to leave the school due to financial burden? _____

Due to inability to find appropriate person? _____

How many of your students have left your school to attend a clinical school which meets the child's special needs? _____ (Please include all students you can remember for the past several years.)

Does every child that applies to your school get accepted? _____ If no, why? _____

How many children have you not accepted in the last 5 years due to the child's special needs? _____

What were the special needs? _____

My school has a staff member with special education training. ___No. ___Yes.

This staff member is: ___full-time. ___part-time.

Please use the space below to share additional thoughts. (i.e. What other needs do you see in your school? What other services do you wish you could offer on-site? What else, other than money would be needed to serve a wider range of children in your school? Etc....)

Thank you for your cooperation.

Please return to: Linda Zimmerman, Amit
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