

# Auerbach Central Agency for Jewish Education Supplementary Schools Special Needs Survey 2005 - 2006

School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Person completing form: \_\_\_\_\_

Movement: \_\_\_\_\_  
 Position: \_\_\_\_\_

Number of special needs classes: \_\_\_\_\_  
 Number of special needs teachers: \_\_\_\_\_

1. Our school has students with the following special needs (Please include number of students ):

- \_\_\_\_\_ auditory deficits
  - \_\_\_\_\_ visual deficits
  - \_\_\_\_\_ physical disabilities
  - \_\_\_\_\_ mild developmental disabilities
  - \_\_\_\_\_ moderate to severe disabilities
  - \_\_\_\_\_ attention deficit disorder/ inattentive (ADD)
  - \_\_\_\_\_ attention deficit disorder with hyperactivity (ADHD)
  - \_\_\_\_\_ learning disabilities
  - \_\_\_\_\_ social and emotional disorders
  - \_\_\_\_\_ severe health problems
  - \_\_\_\_\_ autistic spectrum disorders (PDD, Aspergers; please explain) \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

2. Special learning opportunities my school offers for special needs children (please check all that apply):

- \_\_\_\_\_ self contained class for full school schedule
- \_\_\_\_\_ self-contained class/program for \_\_\_\_\_ hours
- \_\_\_\_\_ Hebrew resource program
- \_\_\_\_\_ Judaic resource program
- \_\_\_\_\_ Hebrew ability grouping in regular class
- \_\_\_\_\_ peer tutoring
- \_\_\_\_\_ adult tutoring \_\_\_\_\_ in classroom \_\_\_\_\_ out of classroom
- \_\_\_\_\_ teen tutoring \_\_\_\_\_ in classroom \_\_\_\_\_ out of classroom
- \_\_\_\_\_ TAP teen
- \_\_\_\_\_ tutoring in lieu of Hebrew class by \_\_\_ teen \_\_\_ professional (check which apply)
- \_\_\_\_\_ curriculum modification
- \_\_\_\_\_ schedule modification (partial program)
- \_\_\_\_\_ Mainstreaming with professional outside monitoring
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

3. My school does/does not have any special education teachers. If yes: The special education teachers:

Names	Email address	Special Ed degree (BS, MA, Phd.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. I would hire a learning specialist.  No  Yes  
 full time  part time  only if outside funds were available
5. There is a tuition surcharge for these special learning services or classes.  No  Yes  
 If yes, what is the surcharge? \_\_\_\_\_
6. Is your special needs class room(s) open to non-members?  Yes  No  
 If yes, what is the tuition? \_\_\_\_\_
7. Describe your special needs programs for adolescents. \_\_\_\_\_  
 \_\_\_\_\_
8. What parts of your building are wheel chair accessible? \_\_\_\_\_  
 \_\_\_\_\_
9. Does your synagogue provide sign language interpreting?  
 In school? \_\_\_\_\_ In services? \_\_\_\_\_  
 If yes, who pays for this service? \_\_\_\_\_
10. Does every child with special needs who applies to your school get accepted? If not, why? \_\_\_\_\_  
 \_\_\_\_\_
11. Would you accept children who (please check):  
 have visual deficits  
 some vision  
 no vision  
 have auditory deficits  
 mild to moderate deficit  
 severe to profound deficit  
 use crutches  
 use a wheelchair  
 are non-verbal  
 have poor fine motor skills  
 have poor gross motor skills  
 have mild cognitive delays  
 have mild sensory delays  
 have moderate sensory delays  
 have mild developmental disabilities  
 have moderate developmental disabilities  
 are on the Autistic Spectrum PDD/Asperger's Syndrome
12. The following options are available for Bar/Bat Mitzvah preparation of a child with special needs:  
 earlier entry into regular preparation program  
 private preparation at parent's expense  
 private preparation at congregation's expense  
 other \_\_\_\_\_
13. Does your synagogue offer an informal (youth group) special needs program?  Yes  No  
 If yes, please describe program. What age levels? \_\_\_\_\_  
 \_\_\_\_\_

14. Does your synagogue offer support services for families of special needs children? \_\_\_\_Yes \_\_\_\_No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

15. The following special needs services would be helpful (please check):

- \_\_\_\_ assistance in identifying students with learning problems
- \_\_\_\_ staff in-service for entire staff
- \_\_\_\_ classroom observation
- \_\_\_\_ help with being a liaison with secular schools
- \_\_\_\_ assistance in developing specialized:
  - \_\_\_ teaching strategies \_\_\_ teaching material \_\_\_ classroom management strategies
- \_\_\_\_ model diagnostic/prescriptive Hebrew programs
- \_\_\_\_ training of special classroom aides and Bar/Bat Mitzvah tutors
- \_\_\_\_ referral of special Bar/Bat Mitzvah tutors
- \_\_\_\_ liaison with synagogue staff for special Bar/Bat Mitzvah training and service modification
- \_\_\_\_ when appropriate, referral to and the Orot (special Needs Day School program) program
- \_\_\_\_ sensitization program:
  - \_\_\_\_ for staff                      \_\_\_\_ for students                      \_\_\_\_ for congregation

16. Would you like information about post b'nai mitzvah programs? Yes \_\_\_\_ No \_\_\_\_\_

17. I would refer students with more extensive needs than I can currently accommodate to a regional consortium program.

\_\_\_\_ Yes, I need appropriate placement for youngsters with \_\_\_\_\_

\_\_\_\_ No, because \_\_\_\_\_

18. Would your school like to offer a class for a particular type of disability and become a regional special needs classroom? \_\_\_\_\_

19. How do you gather information from parents about their children's special needs? Do you find this to be successful? If you have a form, would you share it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Have you tried to gather information about your special needs students from parents, but find it difficult to receive the necessary information? Please explain. \_\_\_\_\_

\_\_\_\_\_

21. How do you publicize your special needs services? \_\_\_\_\_

\_\_\_\_\_

**Please return to:**

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