



Bogota Public Schools Department of Special Services

September 1, 2014

Dear Parents of Special Education Student(s):

Bogota Special Education Parent Advisory Council (SEPAC) is a volunteer group of parents and guardians that provides input to the district as well as support and information to parents and caregivers of children with special needs.

Each district board of education is charged under the New Jersey Special Education Code to ensure that a special education parent advisory group is in place to provide input to the district on issues concerning students with disabilities (Subchapter 6A:14-1.2, paragraph (h)).

The purpose of this letter is to ask for your help and consideration in joining members of our school staff and community to examine the issues, concerns and successes involving our special education programs and students. This *Special Education Parent Advisory Group* would meet four times throughout the school year and would provide a forum where we could discuss our existing programs and services as well as plans for improvement. It is also the perfect forum to provide parental insight into various methodologies used with our students.

At these SEPAC meetings the advisory group will:

1. Identify systematic concerns that affect special education students as a whole
 2. Develop and prioritize 1 -3 concerns for this school year
 4. Gather e-mail contacts
 5. Post Minutes on SEPAC website to be as transparent and inclusive as possible;
- Share Minutes with Superintendent and BOE

If you are interested in becoming part of this committee, please fill out the form below and return it to the school office, no later than Friday, September 18th. We will be in contact with all interested parties shortly after the due date to arrange for our first meeting. I look forward to having the opportunity to meet with you in person, in the near future.

Sincerely,

Rosaura Bagolie, Ed.D.
Director of Special Services

I would like to be on the Special Education Parent Advisory Group.

Parent Guardian Name: _____ Grade: _____ School: _____

Current Student's Name: _____

Address: _____ Phone: _____

I would like to be considered for (please check all that apply):

- Coordinator of the group Co-Chairperson Co-Chairperson Secretary
- I would also like to be considered as a surrogate parent pursuant to NJAC 6A:14-1.3

(If you have any questions please contact Dr. Bagolie at rbagolie@Bogotaboe.com)

BOGOTA SPECIAL EDUCATION PARENT ADVISORY GROUP (SEPAG)
PARENT SURVEY FOR 2014-2015

Mission: To create a communication system that identifies the needs and interest of parents of students receiving special education services.

Please check all that apply

1. **Does Bogota need a SEPAG?** Yes NO

2. **What grade-level is of concern to you?** Preschool Elementary Jr./Sr. High School

3. **What is your relationship to Special Education?**

- Parent of classified student
- Teacher
- Administrator
- Other _____

4. **What topics would you like to be discussed?**

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> <input type="checkbox"/> PDD/Autism/Asperger Syndrome | <input type="checkbox"/> <input type="checkbox"/> Dyslexia (reading and writing) |
| <input type="checkbox"/> <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> <input type="checkbox"/> Bullying and Teasing |
| <input type="checkbox"/> <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> <input type="checkbox"/> Resources | <input type="checkbox"/> <input type="checkbox"/> Speech & Lang/Auditory Processing |
| <input type="checkbox"/> <input type="checkbox"/> IEP/504 | <input type="checkbox"/> <input type="checkbox"/> Sensory Processing |
| <input type="checkbox"/> <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> <input type="checkbox"/> Transition to adulthood | <input type="checkbox"/> <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> <input type="checkbox"/> Special Ed. Rights | |
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5. **What would help you to attend the meetings/workshops?**

- Meetings between 11-1pm
- Meetings between 6-8pm
- Different location
- Childcare at all meetings
- More advance notice
- Other (please specify)