



PARENT SURVEY 2011

New England Consortium of Deafblind Projects
 175 North Beacon Street, Watertown, MA 02472
 617-972-7515 ▲ 617-972-7354
www.necdbp.org ▲ NEC@perkins.org



We are planning our grant activities for this year – and we need your input! To help us better serve you, please complete this survey and return it to us at your earliest convenience. Thank you!

Please **check your top three** choices by placing a check mark in the appropriate box:

Tell us what's Important...		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
(CHECK THREE FROM THE FIRST COLUMN)						
Opportunities to network with other families who have a child with both vision and hearing loss or similar issues.						
Consultation to my child's Educational Team.						
Training in Parent Leadership – what is it and how can I learn more?						
Information about how to connect to adult service agencies when my child leaves school.						
Information about my child's vision and hearing loss: Specify: _____						
Information about a specific condition or syndrome: Specify: _____						
Other Suggestions:						
Contact Information:						
Child Name		Teacher Name				
Guardian Name		Title				
Street Address		School Name				
City, State, Zip		Street Address				
E-mail		City, State, Zip				
Phone (Home)		E-mail				
Phone (Cell)		Phone (Work)				