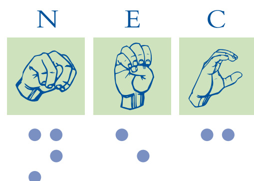

PARENT SURVEY 2010

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… **(CHECK THREE FROM THE FIRST COLUMN)**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
Opportunities to network with other families who have a child with both vision and hearing loss or similar issues.					
Consultation to my child's program or classroom.					
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:			
Guardian Name		**Teacher Name**	
Street Address		**Title**	
City, State, Zip		**School Name**	
E-mail		**Street Address**	
Phone (Home)		**City, State, Zip**	
Phone (Cell)		**E-mail**	
Child Name		**Phone (Work)**	