

**Planning Meeting**  
**Childd.org**  
**Survey**

As we seek the vision to eventually be able to provide for the students with “special needs” through a “special needs” program at our school site. This first year, we feel it would be necessary to look at our school population to see how many students we presently have that would benefit from the service of a "Special Needs" Program.

This is a general but important survey. If you would help us by taking a few minutes of your time to complete this survey, the administrators at our school site and the School Board will be able to determine if a school site has a need for a “special needs” program of Special Education.

Please answer the following questions, we are expecting an assumed number and disability. We realize that knowing exact numbers and exact diagnoses would be very difficult. So at this time we would appreciate your generalized assumption.

1. Is there a need for the program at your school? If so, why do you feel this way?
2. How many students in your class, appear to have “special needs”? (please give us an approximate number)
3. If you notice that some students appear to have “special needs”, by what you see in the classroom or outside the classroom, which of the following types of disabilities do you see within the students you feel have “special needs”? Please place a check next to the suggested:

- \_\_\_ a. **Reading, (low reading ability, staggered reading fluency, comprehension problems)**
- \_\_\_ b. **Math (difficulty remembering facts, process and understanding of concepts)**
- \_\_\_ c. **Attention/distraction (unable to finish assignments, distracted easily, difficulty in focusing into lecture, or assignments)**
- \_\_\_ D. **Completing task, time management (unusually slow at task, or in writing, or in completing an assignment)**
- \_\_\_ E. **Impulsivity (anger control, verbal outbursts, inappropriate actions)**
- \_\_\_ F. **Fine-motor coordination (difficulty seen in the physical process and mechanics of writing, difficulty in using hands to coordinate desires)**
- \_\_\_ G. **Language processing/ comprehension (seems to not understand verbal language, speaks disjointed, no continuity in conversation)**
- \_\_\_ H. **Visual Perception (cannot copy accurately, frequent misreading of words, cannot seem to write out math problems accurately, when writing out math problems, has difficulty keeping columns straight and has difficulty in spacing problems.**
- \_\_\_ I. **Auditory Perception (has difficulty understanding a series of verbal directions, cannot seem to recall simple verbal commands, seems like he is not listening, confuses verbal instruction, does much better with written material and written directions)**
- \_\_\_ J. **Excessive Hyperactivity (jumps from one task to another, doesn't seem to be able to concentrate for a period of time like that of his peers, constantly in need of movement, the body seems to need to move, rock, tap, feet constantly moving, drops pencil often, need to get out of seat for any excuse such as restroom needs, drinking of water, feeling ill, etc....**

**When you have completed this survey, please give to your Principal. We thank you for taking personal time to help us determine the needs of our schools. We shall continue to seek God's will for our campus.**

