***Olympic Educational Service District 114***

105 National Avenue North, Bremerton, Washington 98312

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 **DISABILITIES PARENT QUESTIONNAIRE HEAD START/ECEAP**

*This questionnaire is for parents whose Head Start/ECEAP child is currently receiving services or in the process of being evaluated by the School District and not referred by Head Start/ECEAP.*

Child’s Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Area of Disability: Click or tap here to enter text.

Parent/Guardian Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Staff Name: Click or tap here to enter text.

I need more information about my child’s special need: Choose an item.

1. My child’s special need is: Click or tap here to enter text.
2. Specific information needed: Click or tap here to enter text.

I need more information about the school district’s process: Choose an item.

1. [ ]  Evaluation
2. [ ]  Individual Education Plan (IEP)
3. [ ]  Other: Click or tap here to enter text.

I need more information about:

1. [ ]  Supplemental Security Income (SSI)
2. [ ]  Division of Developmental Disabilities
3. [ ]  Health Information
4. Specific Need: Click or tap here to enter text.
5. [ ]  Support Groups for Parents

For children receiving school district special services:

1. I know the name of my child’s special education teacher and/or therapist: Choose an item.
2. I know how to get in touch with my child’s special education teacher and/or therapist Choose an item.

Other information needed: Click or tap here to enter text.