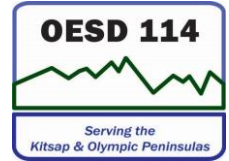




**Olympic Educational Service District 114**  
105 National Avenue North, Bremerton, Washington 98312  
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**Disabilities Parent Questionnaire Head Start/ECEAP**

**Questionnaire 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 \_\_\_\_\_ Date \_\_\_\_\_

Area of Disability \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Staff's Name \_\_\_\_\_

\_\_\_\_\_ I need more information about my child's special need  
My child's special need is \_\_\_\_\_  
Specific information needed: \_\_\_\_\_

\_\_\_\_\_ I need more information about the school districts process  
\_\_\_\_\_ Evaluation  
\_\_\_\_\_ Individual Education Plan  
\_\_\_\_\_ Other: \_\_\_\_\_

I need more information about:  
\_\_\_\_\_ Supplemental Security Income  
\_\_\_\_\_ Division of Developmental Disabilities  
\_\_\_\_\_ Health Information

Specific need: \_\_\_\_\_

\_\_\_\_\_ Support Groups for Parents

For children receiving school district special services:

\_\_\_\_\_ I know the name of my child's special education teacher and/or therapist

\_\_\_\_\_ I know how to get in touch with my child's special education teacher and/or therapists

Other information needed: \_\_\_\_\_