



## 2008 Needs Survey

Please complete and return to ASCF by February 14, 2008  
Thank you for your input. It helps us to create services you need.

Mail to: ASCF, PO Box 494, Hewitt, NJ 07421 or Fax to: 973-728-5919 Questions? Call Angela 973-728-8744

**Demographics.** Information on person filling out this form:

What is your Zip Code \_\_\_\_\_. This is my: HOME WORK (circle one)

Your relationship to child/young adult with disabilities (please check all that apply):

\_\_\_\_ Self \_\_\_\_ Parent or Guardian \_\_\_\_ Family member. I am a \_\_\_\_\_.  
 \_\_\_\_ Employee of a school district (Teacher, Aide, CST, Therapist, Administrator, other)  
 \_\_\_\_ Professional in related field: \_\_\_\_\_, \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Information on the child(ren) or young adult(s) with disabilities you are providing information on:

(Home) Town Name(s): \_\_\_\_\_ or Zip Code(s): \_\_\_\_\_

School District(s): \_\_\_\_\_

Age and Gender of Child(ren) and/or Young Adult(s) with Disabilities:

Age(s): 0-3 \_\_\_\_, 4-5 \_\_\_\_, 6-12 \_\_\_\_, 13-18 \_\_\_\_, 19-21 \_\_\_\_, adult \_\_\_\_\_. Gender(s): M \_\_\_\_ F \_\_\_\_

Race of Child(ren) and/or young Adult(s) with Disabilities:

Caucasian \_\_\_\_ African American \_\_\_\_ Native American \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Other \_\_\_\_\_

Disability(ies) that apply to Child(ren) and/or Young Adult(s) : \_\_\_\_\_

Please rate each of the following needs as: (1) Very Important, (2) Important, (3) Not important, (4) Not Applicable

| Need / Services                             | 1 2 3 4 | Comments:                                       |
|---|---------|---|
| Respite Care for Special Children           | 1 2 3 4 | Circle: In-Home Center-Based                    |
| Mentor for Special Children                 | 1 2 3 4 |   |
| Parenting Skills Training                   | 1 2 3 4 | Circle: Birth Foster Adopted Children           |
| Parent Support Groups                       | 1 2 3 4 | Disability: Age:                                |
| Parent to Parent Support                    | 1 2 3 4 |   |
| Helpline for Advocacy / Resources           | 1 2 3 4 |   |
| Special Education Advocacy Training         | 1 2 3 4 |   |
| Education Advocate at your Meeting          | 1 2 3 4 |   |
| Behavior Strategies Training                | 1 2 3 4 |   |
| Disability Awareness Training               | 1 2 3 4 |   |
| Language / Social Groups for Special Babies | 1 2 3 4 |   |
| Help with Transition                        | 1 2 3 4 | Circle: Pre-school High School Adulthood        |
| Social Skills Training for Special Children | 1 2 3 4 | Disability:                                     |
| Recreation Activities for Special Children  | 1 2 3 4 | Circle: Music Dance Sports Science Stamps Other |
| Family Support Sessions                     | 1 2 3 4 | Circle Group: Dads Siblings Grandparents        |
| Cultural Diversity Training                 | 1 2 3 4 |   |
| Assistance in Locating Services             | 1 2 3 4 |   |

Please include your Name and Phone Number or Email if you wish to be contacted about a new Program.