



Southern Westchester BOCES SEPTA Membership Survey

To help us make informed programming choices, please provide the following information:

I would like to attend programs with topics such as:

_____ Learning Disabilities

_____ Anxiety

_____ Social Skills/Social Emotional Learning

_____ ADD/ADHD

_____ Speech, Language/OT-PT

_____ Autism Spectrum Disorders

_____ Transition Planning/Eligibility/OPWDD/Self-Direction

_____ Guardianship/Special Needs Estate Planning

_____ Behaviorial Management

_____ Other _____

Do you have a child/grandchild attending one of SWBOCES programs?

Yes_____ No_____ If yes, which program/location? _____

Age(s) _____

Your preference for workshops is:

Day_____ Night

Please tell us what your expectations are and what you would like your SEPTA to focus on:

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