

High Point Regional High School's
SPECIAL EDUCATION PARENT ADVISORY GROUP
(SEPAG)

MEMBER INFORMATION

The SEPAG asks that you complete the following information for participation in the group. The information provided will be used to send correspondence or notifications as well as be utilized to set up workshops and other information for the group to better serve our school families.

Member Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Do you have a family member with special needs at High Point? _____

What special needs does your student(s) have?

What type of classroom is your student(s) in?

Resource Center Program (POR) ____

In Class Support (ICS) ____

Learning and/or Language Disabled (LLD) ____

Cognitively Disabled Program (MCI) ____

Multiply Disabled Program (MD) _____

What topics, resources, workshops/trainings would you like to see presented?

What issues or goals would you like to see this group work on?

Would you be willing to assist with fundraising for the group? _____

Do you have any fundraising ideas or experiences to share?
