

**1920-E.1**

**RELATIONS WITH PARENTS WITH DISABILITIES EXHIBIT**

*Parental Disability(ies) Needs Assessment Form*

The Board of Education recognizes that those district parents with disabilities which would preclude them from taking part in the development of their children=s educational program must be afforded an opportunity equal to that afforded other parents to participate in school-initiated activities which are designed for parental involvement and are directly related to their child's academic and/or disciplinary progress (e.g., parent-teacher conferences, and/or meetings with other district personnel).

The purpose of this form is to provide an opportunity for such parents to identify the special accommodation they desire. Parents are under no obligation to complete this form.

TO: Superintendent of Schools  
Yorktown Central School District

FROM: \_\_\_\_\_  
Name

Address

The following list indicates the disabled person(s) in parental relation to a district student, as well as the desired special services (e.g., sign language interpreter; Braille documents) to be provided by the district during academic-related functions (e.g., parent-teacher conferences):

<i>NAME</i>	<i>DISABILITY</i>	<i>REQUEST FOR DISTRICT SERVICE</i>

Please consider this request for accommodation and respond in writing to the above address. I/We understand that this self-assessment of needs and preferred special services will be taken into consideration prior to the district=s response, but the completion of this form does not constitute an immediate approval of such services. I/We also understand that the district grants the right to appeal any decision reached on this matter by the Superintendent of Schools and/or Board of Education.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Adoption date: December 1, 1995