

# P.I.S.D. SPECIAL NEEDS SUPPORT GROUP REQUEST APPLICATION

DATE: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

SUPPORT GROUP REQUEST IS FOR:

- Specific special need (please state): \_\_\_\_\_  
 General special needs  
 Talented and Gifted

## **Contact Information:**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Translation services required: (*please specify language*) \_\_\_\_\_ written \_\_\_\_\_ spoken

<b>Family information:</b>	Birth date	Current	School	Interests	Special	T&G
Child's name		Grade level	Campus		Needs	
_____						
_____						
_____						

## Support Group interests (please check all that apply):

- Networking  Informational topics  
 Share 'n Tell (doctors, therapies, activities)  Educational updates  
 Play groups/making new friends  Training opportunities  
 Other: \_\_\_\_\_

Day and/or time best for meetings: \_\_\_\_\_

Desired frequency of meetings: \_\_\_\_\_

Interested in being leader/contact for your group and be listed on the PISD Support Group website? \_\_\_\_\_

Interested in participating on a Parent Panel at professional training opportunities? \_\_\_\_\_