West Windsor-Plainsboro Special Education PTSA (WWP SEPTSA)

<u>REASONS TO JOIN</u>

- Understanding/Support extending support sometimes beyond the classroom from families with similar experiences offering advice / resources
- Connections offering opportunities to network among parents, teachers and administration with meetings, speakers and activities
- Education responding to questions and arranging topical speakers about the often complicated special education system
- Scholarships offering scholarships for students transitioning from high school (through Mercer County SEPTSA and WWP SEPTSA)
- Student Programs arranging meetings connecting students with special needs to those with or without special needs
- Parent Programs arranging speakers on relevant topics and hosting parent socials
- PTA Benefits providing same membership benefits as school individual school PTAs
- **District-Wide Scope** representing students from all grades and schools in the District

CONTACT INFORMATION

Visit us at www.wwp-septsa.org or link through the District website under "Special Services" Questions? contact Kathleen at KKZ4@verizon.net

<u>MISSION</u>

A district-wide PTSA building strong partnerships among teachers, parents, students, administration, and the community so that students with special education services, Sec 504 accommodations, or in of need of support will be better understood, integrated and embraced by our school and community.

<u>MEMBERSHIP MEETINGS</u>

Non-members are welcome to attend our meetings.

Sept 8, 9:15pm (Central Off) **District Special Services Supervisors,** *Meet and Greet Special Services*

Nov 1, 9:30am (Central Off), **Speaker TBD**, *Addressing Bullying with Your Child*

Jan 31, 7pm (Central Off) Speaker TBD, IEP Goals and the IEP Facilitation Program

Apr 19, 7pm (Central Off) **Speaker TBD**, *Autism Topic TBD*



West Windsor – Plainsboro Special Education PTSA Membership Form 2017-2018

Parent / Guardian Information –				Jundsor - Plain
First Name:	Last Name: _			SEPTSA
First Name:	Last Name: _			E SELLING
Address:				25. Students-123
	Translation/Braille Needed?		eded?	• • • •
Student Information –				
First Name:	Last Name: _			Send form to
School (Team if applic)	Homeroom Teacher:			any school's front office
First Name:	Last Name: _			"Attn: WWP
School (Team if applic)	Homeroom Teacher:			SEPTSA"
Membership Dues -				
Adult (\$6)	(Adults @\$6 each) \$			
Student (\$6) middle/HS students only (_	Students	s @\$6 each) \$		
Donation to WWP SEPTSA	(optional	1)	\$	
Interested in volunteering for SF	:ρτςΔ?	Ves No		