

West Contra Costa Unified School District  
*Office of the Superintendent*

**Friday Memo**  
**April 13, 2018**

**Upcoming Events – Matthew Duffy**

April 14: New Teacher Collaborative Retreat, Stege Elementary, 9:00 AM

April 16: Youth Commission, Helms, 6:30 PM

April 17: 53<sup>rd</sup> Annual Student Art Show Reception, Richmond Art Center, 5:00 PM

April 17: Special Ed Workshop: Transitioning from School District Services, PSC, 5:30 PM

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Families find that it is never too early to start planning for these next steps. They will have the opportunity to meet and network with other families while learning about our community's valuable resources. Music, fun activities and door prizes will round out the day.

**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
SPECIAL EDUCATION PARENT SURVEY 2017-2018**

NAME OF SCHOOL _____	PARENT/GUARDIAN NAME (OPTIONAL) _____
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**A space has been provided on the reverse side for any comments you may have.**  
**Please tell us about your child's education and services.**

<b>FREE, APPROPRIATE, PUBLIC EDUCATION</b>			
<b>ABOUT YOUR CHILD:</b>	<b>YES</b>	<b>NO</b>	<b>DON'TKNOW</b>
My child was assessed for services in a timely manner.			
My child's IEP/IFSP goals & objectives are appropriate.			
My child's goals and objectives are adjusted according to his/her needs & achievements.			
My child receives all the services necessary to help him/her learn at school.			
My child's teachers and service providers are qualified to educate him/her.			
My child's IEP is reviewed at least once a year.			
<b>ABOUT YOU (parent/guardian):</b>			
I am involved in the assessment of my child.			
I have enough information to make decisions regarding services for my child.			

**Please tell us about your child's learning activities as related to children without disabilities.**

<b>PARTICIPATION IN THE LEAST RESTRICTIVE ENVIRONMENT</b>			
<b>ABOUT YOUR CHILD</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
My child receives support & modifications to participate in general education.			
My child participates in statewide tests (e.g. STAR test).			

**DISTRITO ESCOLAR UNIFICADO DE WEST CONTRA COSTA**  
**ENCUESTA A LOS PADRES DE NIÑOS DE EDUCACIÓN ESPECIAL 2017-2018**

\_\_\_\_\_  
NOMBRE DE LA ESCUELA (OPCIONAL)

\_\_\_\_\_  
NOMBRE DEL PADRE/ MADRE/ ENCARGADO

*Al dorso de esta hoja se proveyó un espacio para cualquier comentario que usted quisiera hacer.*

**Por favor, díganos sobre la educación de su hijo/a y los servicios.**

**EDUCACIÓN PÚBLICA APROPIADA GRATUITA**

<b>SOBRE SU HIJO/A:</b>	<b>SÍ</b>	<b>NO</b>	<b>No sé</b>
Mi hijo/a fue evaluado/a para los servicios a tiempo.			
Las metas y los objetivos del IEP/IFSP de mi hijo/a son apropiados.			
Las metas y los objetivos de mi hijo/a son ajustados de acuerdo a sus necesidades y logros.			
Mi hijo/a recibe todos servicios necesarios para ayudarlo/a a aprender en la escuela.			
Los maestros de mi hijo/a y los proveedores de servicios están calificados para educarlo.			







**You're Invited To The:  
11th Annual  
West County  
Transition and  
Special Education**

*Enjoy Music and Other  
Free Entertainment!*

*Free  
Door Prizes*

*ables of*



**Ud. Está Invitado a la:**





**Public Records Request Log 2017 - 2018**  
**Week Ending April 12, 2018**

	<b>Date of Receipt</b>	<b>Requestor</b>	<b>Requested Records/Information</b>	<b>Current Status</b>
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40 1/2/18