

FEEDING AND SWALLOWING SERVICES QUESTIONNAIRE

District _____ Contact _____

Telephone _____ Email _____

How many children in your district have current IEPs that include feeding/swallowing goals/objectives?

Under what skill area(s) do goals for feeding/swallowing appear on the IEPs (page 4 of state form) of children receiving these services? Self Help Health Social/Behavioral
Communication Gross/Fine Motor Independent Living Other

Which district staff implement feeding/swallowing goals/objectives in a child's IEP?

- O.T. Special Education Teacher
- P.T. Regular Education Teacher
- SLP Special Education Aide/Para
- Nurse Regular Education Aide/Para
- Other (Please give position _____)

What determines who implements the feeding/swallowing goals/objectives in a child's IEP?

- Skill area on IEP
- Expertise of staff, regardless of skill area on IEP
- Other (Please explain _____)

What training have personnel who implement feeding/swallowing goals/objectives had?

What are your major concerns in the area of feeding/swallowing?
