

# SEPTA NEWS



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## PRESIDENT'S MESSAGE

**Nicole Horowitz**

**Jane Hellberg**

Communication is SEPTA's main goal. Through talking, reading, e-mailing, watching a video, or meeting other parents; the exchange of information is powerful. At present, SEPTA offers communication through:

- ✓ Newsletters - SEPTA News contains information on a variety of topics about things that are happening in the world of special education. Information is gathered from many sources and put together into one convenient place
- ✓ Emails - sent to parents, at their request, containing information about speakers, meetings, workshops, and news regarding special education topics
- ✓ Resource List - a list of re-

sources such as doctors, social workers, tutors, books, videos, and web sites which have used by Somers parents and have been found to be helpful and worthwhile

- ✓ Meetings - held several times during the school year, offer parents in the community the opportunity to explore topics of interest with a guest speaker, or to connect with teachers and administrators about the goings on within the district.
- ✓ Web site - somersptacouncil.org - a place for SEPTA information to be readily available to parents. Information about meetings, as well as copies of the newsletters and resource list are all available on

the web.

SEPTA is beginning to plan for the 2006-07 school year and the continuation of these wonderful resources for parents in our community can only continue with the help of people willing to volunteer their time to these efforts.

The PTA offers opportunities to become an editor, secretary, or president right from the comfort of your own home! Please look over the form at the end of this newsletter and think about how you might be able to contribute. Your commitment could be as simple as bringing cookies to a meeting or offering to be a resource for other parents on a particular aspect of special education. Whatever you can do, your help is needed and appreciated.

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## MESSAGE FROM SPECIAL SERVICES

Shelley Fleischmann, Director

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### What Parents Can Do to Prepare for Annual Reviews

The annual review is a formal meeting at which parents and staff discuss your child's progress over the past school year. Parents are very important members of the Committee on Special Education and are there to learn about their child's educational growth. Invitations to your child's annual review will be sent home in the mail. If you are unable to attend, you may participate by phone as new dates for rescheduling will not be available until May or June.

It is important to review your child's current IEP and the IEP

progress reports that were sent home during the year. As you do this, formulate questions you would like to address at the meeting.

If your child's special education teacher has not already contacted you, please call him or her so that you can share your questions or concerns. This will help us to focus the meeting on the issues that are most important to you. If you have had any test administered by someone outside the school, please share it with your child's special education teacher prior to the meeting. This allows everyone the opportunity to read and digest what is in the

report so that it can be discussed in a meaningful manner at the annual review meeting.

After discussion of the current school year, the recommended program and services for the following year will be discussed. Again, prior to the meeting, you should discuss your thoughts with your child's special education teacher. This may relieve the anxiety some parents feel when they come to the meeting.

Finally, keep in mind that everyone at the CSE meeting has the best interest of your child in mind. Although there may be

*(Continued on page 2)*

### MEETING DATES

All meetings are at 7:30pm in the SIS Library

① April TBA

① May TBA

(Continued from page 1)

a difference of opinion on occasion with regard to certain issues or recommendations, by working cooperatively, they should be able to be resolved. Our goal is to reach consensus at every meeting and by working together there is an excellent chance that we will do so.

#### Updates to NYS Special Education Regulations

1. A summary of performance is now required for any student upon graduation or aging out. The district must provide the student with a summary of his or her academic achievement and functional performance including recommendations on how to assist the student in meeting post-secondary goals.
2. The Individualized Education Program (IEP) must describe how progress toward the annual goal will be measured. Each annual goal must identify the evaluative criteria, evaluation procedures and schedules to be used to measure progress toward meeting the annual goal during the period beginning with placement and ending with the next scheduled review by the committee. The IEP must include short-term objectives and benchmarks for all students who would meet the eligibility criteria to take the New York State Alternate Assessment (NYSAA) and all preschool students.



## COFFEE AND CONVERSATION

WEDNESDAY, APRIL 19

9:30-10:30

CONFERENCE ROOM AT BAILEY  
COURT

HOSTED BY SHELLEY FLEISCH-  
MANN AND  
ANNA MAGGIO

RSVP: ANITA BADER 277-3777

## PARENT & EDUCATOR WORKSHOPS

### The Autism Society of Connecticut Presents The 16th Annual State Conference on Autism

Navigating The Social Icebergs In School, At Home, In the Community

A full day presentation featuring:

Temple Grandin, PhD and Brenda Smith-Myles, PhD

Saturday, April 29

Connecticut Convention Center

Hartford, Ct

Registration Deadline: April 21

For more information: [www.autismsocietyofct.org](http://www.autismsocietyofct.org)

### **Transition Linkage Fair**

**Information and networking on the subject of transitioning into the adult world. Community agencies will provide information on many topics. High school professionals, students, and recent graduates with disabilities between 12-15 and their families or caregivers are invited to attend.**

**April 26, 6:30-8:30pm**

**White Plains High School Library**

**550 North St., White Plains, NY**

**Free Admission and Parking**

# Legislation

## State of the Union: More Teachers, Less Money

The National PTA *This Week In Washington*, February 6, 2006

On Tuesday, January 31, President George W. Bush delivered his sixth annual State of the Union address. The address gave Americans a preview of what they will see when the president submits his annual budget proposal to Congress. During his address, President Bush unveiled the American Competitiveness Initiative (ACI), a \$136 billion, 10-year plan to make American more competitive in the global economy. Contained within this initiative are plans to recruit and train 100,000 new math and science teachers, give early help to students who struggle with math, and devote more resources to encouraging young people to stay in school. According to a White House press release, the planned budget for ACI in fiscal year 2007 (FY07) is \$5.9 billion, with the US Department of Education receiving \$380 million, largely to kick off the search for new teachers.

Although the president will propose \$380 million in new education spending for ACI when he presents his FY07 budget, he is expected to cut overall education funding for the second year in a row. During the State of the Union address, Bush said his budget would "reduce or eliminate more than 140 programs that are performing poorly or not fulfilling essential priorities." In his fiscal year 2006 (FY06) budget proposal, Bush proposed eliminating or reducing more than 150 programs, including 48 from the Department of Education.

The president's FY06 budget proposal proposed the first cut in overall federal education spending in a decade; it would have reduced overall education spending from fiscal year 2005 levels by a half billion dollars, or 0.9 percent. There are indications that the president's FY07 budget proposal will propose cutting overall

non-defense, non-homeland security discretionary spending by as much as 5 percent.

[National PTA] commend[s] the president for his proposal to train more teachers in math and science instruction, to give early help to students who struggle with math, and devote more resources to encouraging young people to stay in school. However, National PTA believes we must do more if we are to keep America competitive. Every child must be provided a well-rounded, high-quality education, and schools must make student performance and achievement a priority. When it comes to preparing our nation's children for the competitive workforce, there is better investment than an investment in education.

## New National PTA Position: Opposition to the "65 Percent Solution"

The National PTA *This Week In Washington*, January 27, 2006

A new proposal to mandate that school districts spend at least 65 percent of their operational budgets on classroom instruction has been put forward in recent months. Many state legislatures are now considering legislation to make this proposal law. In addition, during the 2006 election cycle, voters in at least 5 states will be asked whether to enact this proposal in their state.

After researching the validity, viability, and potential ramifications of the proposal, National PTA has determined that the proposal is counter to National PTA positions on education funding and local control.

National PTA believes that it is critical for schools to direct every dollar possible to classroom instruction. National PTA also believe, however, that the "65 percent solution" is fatally flawed and will hinder, not help, schools' efforts to provide every child with a well-rounded, high-quality education. Adequate funding must be provided to schools, and schools must be held accountable for ensuring that all children succeed. The "65 percent solution" does not provide funding or require accountability: it only establishes restrictions.

In order to assist members in understanding the nuances of

this proposal, as well as why National PTA has decided to oppose it, National PTA's public policy staff has drafted an issue brief, which can be read in the "Issues and Action" section of the National PTA website ([www.pta.org](http://www.pta.org)). A set of printable talking points is also available. We encourage all PTA members to read the issue brief. If you have any questions, please contact Todd Haiken in the National PTA Programs and Public Policy Office.

## Medical and Therapy News

### Alternative Therapies for Autism Unproven - John W. Harrington, MD

Letter to the editor, *The Journal News* Feb. 18, 2006

*Editor's Note: The inclusion of this letter to the editor is not to suggest that all alternative therapies are a ruse or that they should be ignored. It's included as a reminder that no matter how much we hope, wish, or believe nothing is a panacea.*

Regarding the Feb. 10 Mind and Body article concerning the use of alternative therapies in children with autism, "Advancing Hope," I was dismayed by the somewhat unbalanced information concerning these treatments. Being a pediatrician, researcher and a father of a 10-year-old son with autism, I am stunned by the amount of unproven therapies marketed for children with autistic spectrum disorders. **While I routinely support**

**parental decisions to consider some of these therapies** (emphasis added), I believe that many parents are only afforded the opportunity to hear the positive testimonials (as was true in your article). These anecdotal statements always tout the unconventional element as the reason for cure and conveniently eliminate the fact that most of the children are also receiving research-proven intensive ABA (applied behavior analysis) therapy since their diagnosis.

Parents of children with autism are human, and we desperately want to find a treatment or medicine that will help our child get better. We are prime targets for alternative therapies because we are blinded by that hope. Unfortu-

nately, these therapies of hope do not come cheap. Money that might be utilized for college or for parental retirement is being poured into the coffers of "professionals" who provide these services. Interestingly, many of these "professionals" can only accept cash and cannot accept private insurance. When a parent willingly spends \$21,000 for unproven hyperbaric oxygen and \$500 a month for pills, it might be difficult for "science to catch up," because I'm sure the person who is selling these treatments would very much like science to stay far behind.

### Healing with Help From a Horse

by Andrew Weil, MD - *Self Help*, February 2006

It's called hippotherapy, and yet this treatment does not involve a huge African mammal. This hippo comes from the Greek word for horse. At some 700 riding centers in North America (see [www.narha.org](http://www.narha.org) for locations), therapy with horses offers a unique form of rehabilitation for conditions where conventional medicine doesn't always have much to offer. Children with a range of disabilities - from cerebral palsy (CP) and autism to neurological disorders and developmental delays - can benefit, as may adults recovering from stroke or with multiple sclerosis.

How can a horse help with treatment? Its gait provides a similar rhythmic and repetitive movement to the leg motions people use for walking. When a child with CP, for example, sits on a therapy horse, her hips and pelvis loosen up from the animal's movement and leg muscles stretch, strengthen, and are stimulated in ways not easily replicated by physical therapy equipment. Besides working

the lower body, the rider must control posture in the upper body to stay astride the horse. This helps retrain the brain and nervous system to improve balance and coordination. Equine-assisted therapy is fun for the participant, boosts self-confidence, and also encourages a connection with an animal.

I think many physicians don't realize this is a formal therapy with trained practitioners, who are often physical, occupational, or speech therapists. Therapists individualize treatment for the disability and set specific rehabilitative goals. During a typical hour-long session that costs \$50 to \$120 and may occur weekly, both horse and rider are guided through a series of exercises. The therapist leads the horse around an indoor ring with assistance from one or two sidewalkers, who support and supervise the rider. Instead of a leather saddle, a fleece pad or sheepskin bolster with gripping handles is

used. This ensures closer contact with the horse and helps the rider to feel the animal's motion, while warming muscles so they relax.

While studies showing hippotherapy's effectiveness have been limited in number, William Benda, MD, a Program in Integrative Medicine graduate Fellow who conducted one such trial, tells me that because the participants are highly motivated to cooperate with treatment, it often works as well as or better than conventional approaches.

## Intensive Care

By Fran Smith, *Edutopia*, December 2005

[Edited for space]

*School nurses, still alive and well, help their charges stay that way. But now they're also dealing with a bewildering array of chronic illnesses and counseling issues.*

Marie Pompeo-Maffia, the nurse at PS 8, in Jersey City, New Jersey, will minister to the bodies and souls of 40 children (and 2 staff members) on this autumn Monday. Most of her patients will require nothing more than a Band-Aid, a menstrual pad, or a "magic pretzel." But a growing number of children here and throughout the country have serious medical conditions that cannot be treated with a pretzel, however fanciful the name. The dramatic increase in chronic illnesses, behavior disorders, and learning disabilities has not only complicated the jobs of nurses in schools fortunate enough to have one, the deluge has also raised troubling questions about the care of students in schools -- and there are plenty -- with no health professional on site.

"The school nurse used to be all Band-Aids and iodine," says Michael Venutolo, supervisor of athletics and school nurses for the Jersey City School District. "Now, it's a multitask office. Every one of my nurses is like a mother, father, confessor -- and, in most instances, they're the primary health care provider for the students in our district."

### Chronic Conditions

About 15 percent of children suffer from at least one chronic illness, according to the National Institutes of Health. Asthma is the most common; about 13 percent of children -- nearly twice as many as in 1980 -- have been diagnosed with the ailment, according to the National Center for Health Statistics. The incidence of diabetes among children is climbing, too -- not only the insulin dependent Type 1 but also Type 2, or what used to be called "adult onset," which is associated with obesity. These trends translate into many students who need blasts from inhalers during the school day, as well as children who must check their blood-glucose levels, and kids for whom guidance on diet and exercise is literally a matter of life and death.

And that's just the beginning of what school nurses confront these days. Medical advances over the past twenty

years mean that more kids survive congenital conditions, such as cystic fibrosis and spina bifida, that used to kill children at the youngest ages. Now, however, laws require schools to place children with physical or mental disabilities in "the least restrictive environment" -- generally, the neighborhood school.

In the past, children with special educational needs or severe illnesses -- the mentally retarded, blind, and deaf, and children with cerebral palsy or cancer -- were shunted to institutions or home tutoring, if they received education at all. Today, those facing such challenges have a seat in the classroom, with their wheelchairs, respirators, feeding tubes, and medication pumps. And, for them, school nurses routinely perform tasks that once took place only in hospitals and nursing homes: changing urinary catheters and suctioning tubes, for example, and monitoring life-saving treatments such as chemotherapy. In addition, almost every school, everywhere, has a midday meds parade, as children march into the nurse's office (or the school secretary's, if there is no nurse) for a dose of prescription medication, often a psychoactive drug to control behavior or lift moods.

School nursing used to appeal to health professionals who liked working with a relatively healthy population. Now, Maffia says, "you see it all."

### Staffing Shortages

According to estimates based on a nursing survey by the federal Health Resources and Services Administration (part of the U.S. Department of Health and Human Services), 56,239 registered nurses worked in public schools in 2000 -- the most recent year for which data is available. In addition, private or parochial schools employed more than 5,000 nurses. The National Association of School Nurses, which conducts its own rough count, estimates that only 40,000 health professionals practice in the nation's schools. Either way, there are not enough nurses looking after the 54 million children in elementary, middle, and high schools.

The association has established a standard of a full-time nurse for every 750 students as the minimum needed to deliver thorough, effective care in a typical school. (The association recom-

mends a 1:225 ratio in mainstreamed special education populations and a 1:125 proportion among the severely ill or developmentally disabled.) The federal Healthy People 2010 initiative has adopted a ratio of 1:750 as a goal, but few states mandate staffing at that level, and only a handful require school districts to even hire nurses: A 1998 study of middle schools and high schools found that only 32 percent provided a nurse for every 750 students.

The study, published in the *Journal of School Health* in January 2004, found that in schools with better nursing coverage, children received more counseling services for social and emotional difficulties such as depression and unintended pregnancy, more services following school injuries, and more follow-up when mandatory vision screening revealed problems. The researchers concluded, "School nurses do make a difference."

When nurses are stretched thin, dividing their time among several schools, illnesses and emergencies often fall into the laps of teachers, secretaries, or "health clerks" trained in first aid and cardiopulmonary resuscitation. This is an alarming arrangement, considering the number of students on prescription medicine. Errors such as missed doses, overdoses, or handing a child the wrong pill are three times more likely to occur when an unlicensed person dispenses drugs to students, according to a survey of 649 school nurses published in the *Journal of School Health* in November 2000. More than three-quarters of the nurses surveyed said they relied on secretaries, teachers, and sometimes even students to dole out medicine -- often in violation of state law.

In general, schools in the suburbs have better nursing coverage than in cities. Yet school nurses are not simply a luxury of affluence. New Jersey requires a certified nurse for every "complex," a vague term left to local interpretation: Is a complex a school building? A combination of buildings? An entire district? Camden, the

*(Continued on page 6)*

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state's poorest city, uses a stringent definition: The district maintains at least 1 full-time nurse on every campus, thanks to cash infusions from the state. (Camden has thirty-eight schools and 18,000 students, including 4,000 with chronic medical conditions.) For many children, the school nurse is a latter-day Dr. Welby, the closest they come to a health care provider they know and trust.

"Mondays, we get hit hard," says Regina Broadbelt, the district's supervisor of health services. "It's not like in the suburbs, where families call the pediatrician. When our kids get sick on the weekends, they go to the emergency room, or they wait. Monday morning, they are lined up, and they have to see the nurse."

#### Got the Fever

Like Camden, Jersey City has a nurse in every school -- and a post-weekend crunch. By 9:30 A.M. on a Monday in October, Marie Maffia, at PS 8, had sent three children home sick.

PS 8 has 1,040 students, nearly all of them eligible for free or reduced-priced lunch, in preschool through eighth grade. Maffia, a Jersey City native who has worked at the school for twenty years, knows almost every student by name. She also seems to know their siblings, cousins, and aunts -- and sometimes even their dogs. She knows whose mother works where. She knows whose parents are locked in bitter custody fights

and whose are seriously ill.

Maffia also knows her school's statistics: 2 children with spina bifida, 1 with cerebral palsy, 1 who's blind; there are 200 "special needs," 150 asthmatics, 30 with cardiac conditions, 4 with peanut allergies. She has 15 students receiving midday meds, but that number can fluctuate as much as 50 percent from week to week.

Besides the daily dramas in her office, Maffia oversees immunization records and mandated screening. ("Height, weight, vision, blood pressure in pre-K, K, two, four, six, eight, and hearing once a year K to four and six and eight.") She works with a foundation that tests students' vision and distributes free glasses.

Maffia teaches the occasional health class. She also serves as nurse coordinator for the district, so her phone rings constantly with questions about this new form or that screening requirement.

Like many school nurses, Maffia plays a role in disaster preparedness -- no idle drill in a building that offered a full view, at the start of a school day, of planes ramming the World Trade Center. A few years later, Maffia drove an effort to get PS 8 named as a Homeland Security Weather-Bug site. The designation stands as one of her proudest achievements: It put a very cool weather station on the roof, with a 360-degree camera that feeds data on wind and air movements to science classes. In the event of another terrorist strike, the military could commandeer the tracking system.

Closer to the ground, in Maffia's first-floor office across the hall from the principal, a boy shuffles in: "I feel dizzy." Maffia knows he almost never misses school or moans of vague aches and ailments. Out comes the thermometer.

Another boy hobbles in clutching his knee: "We were playing soccer, and someone kicked me in the leg." Out comes the ice pack. He's a regular in the office and, after a few minutes, Maffia dispatches him back to class. "Hey," she calls as he drags away. "You're limping on the wrong leg."

A teacher clutching his stomach slumps into a chair: "I can't hold anything down." "Thanks for sharing," Maffia responds. "Go home."

So things go all day: the cafeteria worker who skinned a finger while cutting chickens, the girl with a scratch on her hand, the boy with a scratch on his neck, the kids who swallow pills at lunchtime, and the kids who simply want to talk. About 40 kids, and 2 staff members, in six hours, thirty-five minutes -- a relatively slow day in this business of soothing bodies and souls. "In the winter, we're really rockin', with colds and flu and falls," Maffia says.

A special-needs student strides in, as he does every day: "I need a haircut."

"We do a lot of things in here, babe," Maffia says, "but not that."

"Oh," he says, grinning and reaching for a magic pretzel. "I can't be a day without seeing you."

## PTA E-MAIL IS NOW AVAILABLE

LAURA SWEIG, WEBSITE COMMITTEE

Subscribe now to receive PTA and SEPTA updates by e-mail!! To join, visit the Somers PTA Council website at [www.somersptacouncil.org](http://www.somersptacouncil.org) and click on the "Sign Up for E-Mail Updates" box on the left side of the screen.

You will be taken to a website where you will be asked to enter your e-mail address. Enter the e-mail address where you want updates to be sent. Click "Submit." You will be asked to retype your e-mail address. Below this there are two columns:

- I. On the left side, check all the boxes that apply to your household so that you can receive the correct e-mails. Don't forget pre-schoolers! And if you work in the district, there are categories for you there as well.
- II. On the right side, enter your first and last name and your children's names and grades. This is for PTA use only to ensure that you receive the correct e-mail updates. This information will not be made public.

Submit your form.

Shortly (minutes, if not seconds) after you submit the form, you will receive an e-mail requesting confirmation that you do indeed want to receive these e-mails. If you do not receive this e-mail, check your SPAM folder to see if it was delivered there. **You will need to click on the link in this mail to confirm your subscription.**

You've now been subscribed to our e-mail system! You should receive a welcome letter soon.

The Somers PTAs have the utmost respect for your privacy and we will use your e-mail address for PTA business only. Your information will not be shared with anyone. If you decide that you don't want to receive our e-mails anymore, you can unsubscribe at any time.

If you need help subscribing, please go the Somers PTA Council homepage and tell us by clicking on the "Ask the Elephant" icon.

We look forward to communicating with you in this new way!

**SOMERS SPECIAL EDUCATION PTA****OFFICERS**

**CO-PRESIDENTS** Nicole Horowitz and  
Jane Hellberg  
**VICE PRESIDENT** Katherine Realbuto  
**SECRETARY** Julie Woogen  
**TREASURER** Mary Ward

**Somers Central School District**

Special Services Shelley Fleischmann  
277-3777 Annamarie Maggio  
Superintendent of Schools Dr. Joanne Marien  
277-2400  
Asst. Superintendent Mrs. Kathy Mason  
277-2405

**New Location**

Bailey Court  
Building C

**New Mailing Address**

P.O. Box 620  
Lincolndale, NY 10540

*"Together We Can Make A Difference"*

**The Mission of the PTA**

- ☞ To support and speak on behalf of children and youth in the schools, in the community and before governmental bodies and other organizations that make decisions affecting children.
- ☞ To assist parents in developing the skills they need to raise and protect their children.
- ☞ To encourage parent and public involvement in the public schools of this nation.

**Children Who Miss Sleep Learn Less**

by Lauren Neergaard, *The Journal News*, November 11, 2005

Staying up an hour or two past bedtime makes it harder for kids to learn, say scientists who deprived youngsters of sleep and tested whether their teachers could tell the difference.

They could.

If parents want their children to thrive academically, "Getting them to sleep on time is as important as getting them to school on time," said psychologist Gahan Fallone, who conducted the research at Brown Medical School.

The study, unveiled [in November] at an American Medical Association science writers meeting, was conducted on healthy children who had no evidence of sleep- or learning-related disorders.

Difficulty paying attention was among the problems the sleepy youngsters faced - raising the question of whether sleep deprivation could prove even worse for people with attention deficit hyperactivity disorder, ADHD.

Fallone now is studying that ques-

tion, and suspects that sleep problems "could hit children with ADHD as a double whammy."

Sleep experts have long warned that Americans of all ages don't get enough shuteye. Sleep is important for health, bringing a range of benefits that, as Shakespeare put it, "knits up the raveled sleeve of care." Not getting enough is linked to a host of problems, from car crashes as drivers doze off to crippled memory and inhibited creativity.

But exactly how much sleep correlates with school performance is hard to prove.

So Brown researchers set out to test whether teachers could detect problems with attention and learning when children stayed up late - even if the teachers had no idea how sleep their students actually got.

They recruited 74 6- to 12-year-olds from Rhode Island and southern Massachusetts for the three week study.

The teachers reported significantly

more academic problems during the week of sleep deprivation, the study, which [was] published in the journal *Sleep* in December, concluded.

Students who got eight hours of sleep or less a night were more forgetful, had the most trouble learning new lessons, and had the most problems paying attention, reported Fallone, now at the Forest institute of Professional Psychology in Springfield, MO.

The study was funded by the National Institutes of Health.

# SEPTA NEEDS YOU!

It is time to plan for the 2006-2007 school year.

Please think about what you can do.

The more people involved, the more the work can be shared.

Together we can do great things for our children.

Please fill out the form below and return it to:

**SEPTA Mailbox c/o SIS**

Call or e-mail

Katherine Realbuto, Nominating Committee Chair,  
at 962-0903/kat2232@aol.com

with questions.

**Please return form by April 11, 2006.**

**THANK YOU!**

## **OFFICERS**

\_\_\_ President  
\_\_\_ Vice President  
\_\_\_ Treasurer  
\_\_\_ Recording Secretary

- Supports the president
- Keeps the books, writes checks, handles money
- Takes minutes at all meetings

## **COMMITTEES**

\_\_\_ Bylaws  
\_\_\_ Council Delegate  
\_\_\_ Holiday Plant Sale  
\_\_\_ Legislation  
\_\_\_ Hospitality  
\_\_\_ Membership  
\_\_\_ Mini Grants  
\_\_\_ Newsletter Editor  
\_\_\_ Newsletter Distribution  
\_\_\_ Spring T-shirt sale  
\_\_\_ Website liaison

- Responsible for updating bylaws (not this year)
- Represents SEPTA at the Somers PTA council meetings
- Orchestrates & handles details of fundraiser
- Keeps membership appraised of what is new in legislation
- Sets up refreshments for SEPTA meetings
- Encourages parents/faculty to join SEPTA
- Receives and evaluates teacher requests for mini grants
- Collects articles & creates newsletter
- Does copying and distribution of SEPTA newsletter
- Orchestrates & handles details of fundraiser
- Works with district wide web site team to keep SEPTA web site up-to-date

## **School PTA Representatives**

\_\_\_ Primrose  
\_\_\_ SIS  
\_\_\_ SMS  
\_\_\_ SHS

- SEPTA representative to the Primrose executive board
- SEPTA representative to the SIS executive board
- SEPTA representative to the SMS executive board
- SEPTA representative to the SHS Education Committee

Name \_\_\_\_\_ Phone# \_\_\_\_\_

School \_\_\_\_\_