

***Swedesboro - Woolwich School District Professional  
Development Needs Assessment***

**Name (Optional)** \_\_\_\_\_

**Child's Grade Level** \_\_\_\_\_

**Years living in Swedesboro-Woolwich** \_\_\_\_\_

Please rank three areas that apply to you as a Partner in Learning. Please place a (1) next to your first choice, a (2) next to your second choice, and a (3) next to your final choice. In the space provided feel free to include information regarding your choices. If there are any other areas that you would like to see addressed, please feel free to write in additional information on the back of this form. **This form needs to be sent to Rachel Iaconelli c/o Margaret Clifford School: 601 Auburn Ave. Swedesboro, NJ 08085 by Monday, January 5, 2009.**

**A. \_\_\_\_\_ Assessment (MAP/NJASK):** \_\_\_\_\_

\_\_\_\_\_

**B. \_\_\_\_\_ Technology (On-line Materials/School Wires):**

\_\_\_\_\_

\_\_\_\_\_

**C. \_\_\_\_\_ How to help your Child with Homework**

\_\_\_\_\_

\_\_\_\_\_

**D. \_\_\_\_\_ Supporting Special Programs at Home (ACES/ELL/etc.)**

\_\_\_\_\_

\_\_\_\_\_

**E. \_\_\_\_\_ Supporting School Initiatives (Character Education/Differentiated Instruction)** \_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to complete this survey!*