

**SEPTA Executive Board
 2011-2012**

Does your child receive special services through the district?

**If so – we encourage you to join SEPTA –
 The Special Education PTA of Eastchester**

Co-presidents
 Eleanor Evangelista
 (914) 548-4881
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 (914) 263-2592

**Vice President
 Programming**
 Teresa Hrivnak

**Vice President
 Membership**
 Sharon Shearon

Recording Secretary
 Theresa Baker

Corresponding Secretary
 Angela Asher

Treasurer
 Paul Kim

**Data Communications
 Officer**
 Doreen Napolitano

What is SEPTA?

The Eastchester Special Education PTA (SEPTA) is an organization where parents of children receiving special services through the district, as well as special education faculty/administration join together to help all our children reach their fullest potential. Special services range from resource room, classroom aides, occupational/speech therapy, special education classes in district and outside the district. Any parent of a child who receives special services should join SEPTA!

SEPTA's Goals

Inform and educate parents

- SEPTA meetings cover topics of interest to parents and special education faculty/administration often including guest speakers with particular expertise.
- Website provides vast amounts of information, including resource list.

Support special education/special services faculty and programs

- Grants are available to faculty members who are active members of SEPTA.
- Sponsor the School to Work program and other programs benefiting children receiving special services
- Award scholarships to select graduating seniors whose parents have been SEPTA members for all 4 years of HS and are active within SEPTA.

Help create a community of sharing, with open dialogue between parents of children receiving special services and the faculty and administration providing special services.

Be sure to visit our website at www.eastchestersepta.org

Please submit your membership form and dues of \$10, payable to Eastchester SEPTA, through your child's backpack to SEPTA mailbox, attn: Sharon Shearon (or via USPS to 130 Woodruff Avenue, Scarsdale, 10583)

Name: _____ Phone #: _____ E-mail: _____

Address: _____

Child: _____ Grade: ____ School/Teacher: _____

Child: _____ Grade: ____ School/Teacher: _____

Would you like to be contacted to volunteer at one of our events? _____

Please check if you are also a staff member _____ In What Capacity? _____