

Parent Support Program SST Region 9  
Stark State Advanced Technology Center  
6057 Strip Ave  
North Canton, OH 44720

# PARENT SUPPORT PROGRAM



## **PARENT SUPPORT**

The Parent Support Program is a network for parents of children with disabilities within the geographic area of Holmes, Stark and Wayne Counties.

The Parent Support Coordinator is a parent of a child with disabilities who has had the experience of interacting effectively with schools and others to obtain appropriate services for children. The coordinator understands the district and the community and is familiar with how services are provided.

The Parent Support Coordinator knows the procedures and strives to assist those involved in the process to develop an effective partnership with the schools.

### **INFORMATION**

Parents often are in need of assistance with concerns and questions regarding:

- Evaluation & Assessment Processes
- IEP Processes
- Rights and Responsibilities
- Services for Children with Special Needs

The Parent Support Program will provide support, information and reassurance to parents.

The Parent Support Coordinator will include:

- Explaining the parents' role in the identification and evaluation process; and the development of the IEP;
- Providing support;
- Sharing information;
- Referring to other sources of support;
- Organizing and/or conducting workshops for parents;
- Assisting support groups within the region.

Deb Bates, Parent Support Coordinator  
SST Region 9  
Stark State Advanced Technology Center  
6057 Strip Ave  
North Canton, OH 44720

Email: [debbie.bates@email.sparcc.org](mailto:debbie.bates@email.sparcc.org)

For further information regarding  
The Parent Support Program...

CALL

330-492-8136 ~ 1-800-773-7732 ext. 1552

WEBSITE

[www.sst9.org](http://www.sst9.org)

\*\*\*\*\*

Please contact Holly Kemp at (330) 492-8136, ext. 1314 or [holly.kemp@email.sparcc.org](mailto:holly.kemp@email.sparcc.org) and ask to be placed on our mailing list.

### **PARENT SUPPORT PROGRAM**

**I would like a Parent Support Coordinator to contact me:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: (optional) \_\_\_\_\_

School District: \_\_\_\_\_

Email: \_\_\_\_\_

**Send to: Parent Support Program - SST Region 9**  
**Stark State Advanced Technology Center**  
**6057 Strip Ave**  
**North Canton, OH 44720**