

Getting to Know You And Your Child

We just want to gather a little information to better support the individual needs of you and your child. These responses will not be shared; confidentiality will be respected.

* Required

1. 1. Mentees' Name and Age *

2. 2. Has the Mentee Been Formally Diagnosed With Autism? *

Mark only one oval.

Yes

No

3. 2a. If yes, at what did your child receive their formal Diagnosis?

4. 2b. If no, What Signs of Autism Does the Mentee Demonstrate

5. 3. Has the Mentee Been Diagnosed With Any Mental, Emotional, Learning, or Medical Disabilities *Besides* Autism? *

Mark only one oval.

Yes

No

6. 3a. If So, Which Mental, Emotional, Learning, or Medical Diagnoses Has the Mentee Been Diagnosed With?

7. 4. What Services Or Therapies (If Any) Has the Mentee Received Thus Far? *

8. 4a. Are There Any Services Or Therapies You Would like the Mentee to Receive?

9. 5. Has the Mentee Been On Any Medications? *

Mark only one oval.

Yes

No

10. 5a. Are They Currently On Medication? *

Mark only one oval.

Yes

No

11. 5b. If Yes, Which Medications Are They On and Why?

12. 6. What Has Helped You Best Deal With the Mentee's Autism? *

13. 6a. What Hasn't Helped You Deal With the Mentee's Autism? *

14. 7. What Would You or the Mentee Like To Gain From This Program? *

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