

Support Group Survey

1.) *Would you be interested in participating in a Support Group?*

- a.) *Parents of special needs children* *Adults with special needs*
b.) *on base* *off base* *not at all*

2.) *What are some topics/resources that you would like to discuss in a support group?*

- Exceptional Family Member Program* *Respite Care* *Tricare*
Housing *Special Needs Trust* *Accessing Services*
Specialized Training of Military Parents *Parenting*
Individual Education Plans/ Early Development Intervention Service
Other _____

3.) *What times are convenient for you and your family?*

- AM (9:30-10:30)* *PM (6:30-7:30)* *Other* _____

4.) *Will you need childcare?* *Yes* *No*

Contact Information—(*optional)

Full Name: _____

Phone: _____ *Cell:* _____

Email: _____