

Family Biographical Form Parent Consultant Directory

Please write legibly and return to the address listed below.

Parent Name(s): _____

Children/Youth Names:

Year of Birth:

CHILD(REN) WITH SPECIAL NEEDS INFORMATION: (Please do not use abbreviations unless you explain them).

1. Child(ren)'s Name(s): _____

2. Tell us about your child(ren)'s circumstances (consider condition(s)/special needs, strengths/challenges, special equipment, etc.):

3. School, Early Intervention Program or Community-based Program your child(ren) currently attends (if applicable):

PARENT INFORMATION:

1. If just one parent is interested in being a consultant, which parent?

2. Are you interested in including your child with special needs in your presentation?

_____ Yes _____ No

3. Are you interested in including a sibling in your presentation?

_____ Yes _____ No

4. Days of the week/times that you are most available to speak:

5. Best time of day/day of week to contact you?

6. What is your preferred method of communication? (check all that apply):
 home phone cell phone e-mail mail

7. Do you need an interpreter for your presentation? If yes, please specify:

8. Have you as a parent participated in any parent leadership or training programs? (e.g. PALs, PIP, DAWN, FACETS, People Can't Wait, community support groups, etc.):

9. What types of presentations are you interested in (check one or both)?:
 pre-professional training (univ./college classrooms) professional development (community settings)

10. What formats are you interested in (check all that apply)?:
 large group lecture (more than 25) panels
 small group lecture (less than 25) mentoring (working one-on-one)

11. Are you interested in being involved in other service activities?:
 committees advisory boards

12. Indicate which topics you would be interested in presenting on:

<input type="checkbox"/> Your Family Story	<input type="checkbox"/> Birth to 3
<input type="checkbox"/> Community Resources	<input type="checkbox"/> Therapy
<input type="checkbox"/> Transition (at 3yrs.)	<input type="checkbox"/> Transition (at 18 yrs.)
<input type="checkbox"/> Health Care	<input type="checkbox"/> Advocacy
<input type="checkbox"/> IEP/IFSP/Education	<input type="checkbox"/> Inclusion
<input type="checkbox"/> Legislation	<input type="checkbox"/> Stress
<input type="checkbox"/> Peer Relationships	<input type="checkbox"/> Family Supports
<input type="checkbox"/> Augmentative Communication/Adaptive Equipment	
<input type="checkbox"/> Other: _____	

Please take a moment to reflect on the following question:

Give an example of a message or idea you would like people to gain from your presentation.

Please return this form to:

Waisman Center c/o Mary Shaw
RoomS101
1500 Highland Avenue
Madison, WI 53705-2280
or fax it to us at: 608-265-3441 attention: Mary Shaw

