

Parent Information Form

Parent/Guardian Information

Parent/Guardian Name

Address

City

Zip Code

County

Telephone

Email

Child/Youth Information

Child/Youth Name
(please fill one form per child)

Year of Birth If child is deceased please indicate year

School District

Classroom Setting
General Ed All Some None Don't Know
Resource Room All Some None Don't Know
Self Contained All Some None Don't Know

Graduation Year Age at graduation?

Diagnosis

(check all that apply)

- | | | |
|-------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Genetic Syndrome | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Aspergers | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech/Language Disability |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> Spinda Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Metabolic Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Disability (no primary) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Neurological Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Williams Syndrome |
| <input type="checkbox"/> Fetal Alcohol Syndrome | | |

Other:

Post High School

- Education 2yr College 4yr College Technical
 N/A Other
- Employment Community Job Community Job w/supports
 Enclave Workshelter
- Living Arrangement Family Home Group Home
 Supervised Apartment Lives Independently
- Community Activities Recreation/Sports Social Group Volunteers

Special Info

Would you like to help organize the following in your area?

- Recreation/Sports Social Group Parent Support Group

Other:

Parent/Guardian Knowledge

Willing to share knowledge with others (check all that apply)

- | | | |
|----------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Inclusion - Community | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Inclusion - Faith Based | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Inclusion - School | <input type="checkbox"/> Section 504 |
| <input type="checkbox"/> Complex Medical Needs | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Sibling Relationships |
| <input type="checkbox"/> Daily Living Activities | <input type="checkbox"/> Insurance/Medicaid | <input type="checkbox"/> Single Parenting |
| <input type="checkbox"/> Early Access (Birth-3yrs) | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Special Education/IEP |
| <input type="checkbox"/> Educational (3-21yrs) | <input type="checkbox"/> NICU/PICU (Neo-nate & pediatric) | <input type="checkbox"/> Stress - Coping |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Paraprofessionals/Associates | <input type="checkbox"/> Stress - Financial |
| <input type="checkbox"/> Feeding Issues | <input type="checkbox"/> Parent Leadership | <input type="checkbox"/> Stress - Health |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Private Schools | <input type="checkbox"/> Stress - Marital |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Public Speaking - Advocacy | <input type="checkbox"/> Stress - Siblings |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Public Speaking - Meditation Training | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Public Speaking - Other | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Home Schooling | <input type="checkbox"/> Public Speaking - Parents as Presenters | <input type="checkbox"/> Transition (14+yrs) |
| <input type="checkbox"/> IFSPs | <input type="checkbox"/> Recreational/Leisure Activities | <input type="checkbox"/> Youth Leadership |

Other:

Additional Comments

ASK Family Resource Center

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