**Peer to Peer Support Program**

**Parent of a Student with ASD Survey**

**Instructions:** We would like to know what you have observed about your child’s experience participating in a peer to peer support program. In this survey, you will be asked to reflect back on the semester before your child started the program, and then answer the same questions about your child since participating in the program for at least one semester.

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| --- | --- | --- |
| Parent Name: | Child’s Name: | Date: |
| School building: | School district: | Grade: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Before your child began participating the Peer to Peer Program** | | |  | **After participation in Peer to Peer Program** | | |
| Very true | Somewhat true | Not very true | Very true | Somewhat true | Not very true |
|  |  |  | 1. My child has friends with and without disabilities at school. |  |  |  |
|  |  |  | 1. My child participates in social media with friends from school (for example Instagram, Snapchat, Facebook, texting). |  |  |  |
|  |  |  | 1. My child attends school activities after school with friends (for example sporting events, dances, clubs). |  |  |  |
|  |  |  | 1. My child attends non-school activities with friends (for example parties, movies, sleepovers). |  |  |  |
|  |  |  | 1. My child likes going to school. |  |  |  |
|  |  |  | 1. My child participates in community activities with me or other family members (for example: local events, restaurants, faith-based activities) |  |  |  |
|  |  |  | 1. My child tells me about what is going on at school. |  |  |  |
|  |  |  | 1. My child is learning social and independence skills at school. |  |  |  |
|  |  |  | 1. I worry about my child being bullied at school. |  |  |  |
|  |  |  | 1. I feel supported by the teachers and staff at my child’s school |  |  |  |

Comments: