# Peer to Peer Support Program

#  Student with ASD Survey – Middle or High School **\*Complete BEFORE entering Peer to Peer Program or at the Beginning of the School Year**

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| --- |
| Today’s date: |
| Name: |
| Grade: |
| School building: |
| School district: |
| I am in a peer to peer program: Yes No |
| Date you started in the peer to peer support program:  |

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| --- | --- | --- | --- |
| **Instructions:** Answer the questions by marking very true, sort of true, or not very true for each question.  | **Very true** | **Sort of true** | **Not very true** |
| 1. I talk to other people about autism.
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| 1. I like school.
 |  |  |  |
| 1. I participate in class.
 |  |  |  |
| 1. I have friends at school.
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| 1. I eat lunch with friends.
 |  |  |  |
| 1. I walk to class with friends.
 |  |  |  |
| 1. I go places with friends after school or on the weekend.
 |  |  |  |
| 1. Kids at school understand me.
 |  |  |  |
| 1. My teachers understand how to help me.
 |  |  |  |
| 1. I can ask for help from other kids.
 |  |  |  |
| 1. I talk to my family about what happens at school.
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