

# Peer to Peer Support Program

#  Student with ASD Survey – Middle or High School

**\*Complete at the END of the school year after participating in a Peer to Peer Program**

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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:  |

**Instructions:** Check yes or no for each question.

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|  | **Yes** | **No** |
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