**Peer to Peer Support Program**

**Parent of a Peer Support Student 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, including friends with autism.
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|  |  |  | 1. My child participates in social media with friends from school, including friends with autism (for example Instagram, Snapchat, Facebook, texting).
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|  |  |  | 1. My child attends activities after school with friends with autism (for example sporting events, dances, clubs).
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|  |  |  | 1. My child attends non-school activities with friends with autism (parties, movies, sleepovers).
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|  |  |  | 1. My child likes going to school.
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|  |  |  | 1. My child tells me about what is going on at school.
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|  |  |  | 1. My child shows skills like responsibility, problem solving, patience, and flexibility.
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|  |  |  | 1. My child has a sense of belonging in his/her school community.
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|  |  |  | 1. My child is sensitive to the needs of others inside and outside of the school environment.
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Comments: