# Peer to Peer Support Program

# Peer 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: |
| Name of school building: |
| Name of school district: |
| 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. As a peer support, I provide support during class time. |  |  |  |
| 1. As a peer support, I provide support at lunch. |  |  |  |
| 1. As a peer support, I provide support during passing time or transitions. |  |  |  |
| 1. Since I started as a peer support at my school, I am more likely to participate in activities outside of school hours with friends with autism, such as sports, clubs, dances, or hanging out. |  |  |  |
| 1. Since I started as a peer support at my school, I am doing better in my classes. |  |  |  |
| 1. Since I started as a peer support at my school, I have learned useful life skills like responsibility, problem solving, patience, and flexibility. |  |  |  |
| 1. Since I started as a peer support at my school, I think it is even more important for me to be at school to help others. |  |  |  |
| 1. Since I started as a peer support at my school, I am more likely to advocate for people with disabilities. |  |  |  |
| 1. I talk to my family about my involvement in the peer support program. |  |  |  |
| 1. My school finds ways to help students with autism. |  |  |  |
| 1. The peer support program at my school reduces bullying. |  |  |  |
| 1. How has the peer support program at your school helped students with Autism Spectrum Disorder? | | | |
| 1. How has the peer support program at your school helped you? | | | |
| 1. Is there anything else you would like to share? | | | |