Referred Parent Feedback

Dear _____,

Thank you for requesting a parent-to-parent match. We hope that your contact with your supporting parent was helpful. We are anxious to have your feedback, so please take a moment to answer these questions and return this form at your earliest convenience.

After talking with your supporting parent did you feel: (check all that apply)
___ less alone
___ more hopeful
___ more informed about my child's diagnosis
___ more informed about resources
___ no different
___ other_____

Were your questions answered?

Yes Somewhat Not very well Not at all

How long did it take for you to hear from your supporting parent?

1 week 2 weeks 3 weeks longer than 3 weeks

Do you feel it would be helpful to talk to your supporting parent again?

Yes No

Are there other issues that you would like to speak with a different parent about?

Yes No
(If yes, please explain)
_____
_____
_____

Thank you!

Please return this form to your Parent-to-Parent Coordinator!