

Support Group Survey

1.) *Would you be interested in participating in a Support Group?*

a.) *Parents of special needs children* *Adults with special needs*

b.) *on base* *off base* *not at all*

2.) *What are some topics/resources that you would like to discuss in a support group?*

Exceptional Family Member Program *Respite Care* *Tricare*

Housing *Special Needs Trust* *Accessing Services*

Specialized Training of Military Parents *Parenting*

Individual Education Plans/ Early Development Intervention Service

Other _____

3.) *What times are convenient for you and your family?*

AM (9:30-10:30) *PM (6:30-7:30)* *Other* _____

4.) *Will you need childcare?* *Yes* *No*

Contact Information—(**optional*)

Full Name: _____

Phone: _____ *Cell:* _____

Email: _____

5.) FOR MORE INFORMATION: PLEASE CALL (843) 228-3849 or (843) 228-3188