Washington State Parent to Parent

Dear parent/caregiver,
We appreciate your involvement with Parent to Parent! Please take this short, anonymous survey to tell us and our funders how we're doing. Thank you!

Washington State Parent to Parent
The Arc of Washington State

1. What County in Washington State do you live in?

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2. What is your ethnicity? *(Check all that apply)*

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Caucasian/White
- ☐ Hispanic/Latino/Spanish
- ☐ Multi-Racial
- ☐ Native American/Pacific Islander
- ☐ Other, (*Please specify*)_____

3. What is your primary language? *(select one)*

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Vietnamese
- ☐ Russian
- ☐ Other, (*Please specify*)_____

4. How old is your child(ren) with developmental disabilities and/or special health care needs? *(Check all that apply)*

- ☐ 0-5 years
- ☐ 6-13 years
- ☐ 14-21 years
- ☐ 22 years and older

5. Please tell us about your experience with Parent to Parent: When thinking about your connection with the Parent to Parent program please mark how much you agree with each statement. *(Select one in each row)*

A. I know more about resources for my child and family.

O *Strongly Agree* O *Agree* O *Neutral* O *Disagree* O *Strongly Disagree*

B. It has been helpful for me to connect with other parents and families through the Parent to Parent program.

O *Strongly Agree* O *Agree* O *Neutral* O *Disagree* O *Strongly Disagree*

C. I am satisfied with the Parent to Parent Program.

O *Strongly Agree* O *Agree* O *Neutral* O *Disagree* O *Strongly Disagree*

6. Please provide any comments or suggestions that you have about your local Parent to Parent program in the box below.

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