



Skagit P2P
Helping Parent
Questionnaire

Information remains confidential

Date: _____

Parent Name: _____

Address: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Best time to call: _____

Tell us about yourself and family (you are welcome to use the back of the page as well.)

What is the name, date of birth and diagnosis of your child/children with special needs?

Name _____ Date of Birth _____ Diagnosis _____

Name _____ Date of Birth _____ Diagnosis _____

Do they have any siblings? Yes No What are their ages? _____

Would you like to be contacted for Parent Matches? Yes No

Area of expertise (diagnosis, specific disability, medical, technology):
