

TAP INTEREST SURVERY FOR PARENTS-TEACHERS-OTHER

Your name: _____

Phone: _____

Email: _____

Person you're seeking services for: _____

Town: _____

Are you a parent, school staff, organization staff member, or other: _____

Please check the programs which the individual you know would benefit from:

___ Independent Living Skills (i.e. transportation, money, time management, home tasks, health)

___ Employment/internship readiness

___ College transitioning

___ Goal setting

___ IEPs, Special Education law

___ Disability awareness and identity

___ Self-advocacy and disability rights

___ Social skills (i.e. building/maintaining friendships, communication skills)

___ Emotions (i.e. identifying, appropriately communicating)

___ Volunteer opportunities

___ Assistive Technology information

___ Other: _____

Are you or the individual you know mostly interested in:

___ 1:1 Sessions ___ Groups/workshops ___ Mix of 1:1 & groups ___ Events/Presentations