



**SUPPORT GROUP FOR DS PLUS FAMILIES**  
**MEET AND GREET**  
**SEPTEMBER 13, 2009**

PARENT'S NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

ZIPCODE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

SIBLINGS/AGES \_\_\_\_\_

\_\_\_\_\_

YOUR FAMILIES INTERESTS/HOBBIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE THE BEST THINGS ABOUT YOUR CHILD?

WHAT ARE THE HARDEST PARTS OF PARENTING A CHILD WHO HAS A DUAL DIAGNOSIS?

WHAT SERVICES DO YOU NEED FROM THIS GROUP?

WHAT TOPICS ARE YOU INTERESTED IN LEARNING MORE ABOUT?

WHAT ARE YOUR TWO BEST TIPS/RESOURCES THAT YOU'D SHARE WITH ANOTHER FAMILY?

ARE YOU/HAVE YOU BEEN INVOLVED WITH THE DSAGC? WHY OR WHY NOT?

DO YOU KNOW ANYONE WHO MIGHT LIKE TO JOIN THIS GROUP?

HOW OFTEN WOULD YOU LIKE THIS GROUP TO MEET?

WHAT ARE SOME IDEAS ABOUT THE NEXT EVENT/ACTIVITY?

DO YOU GIVE YOUR PERMISSION TO HAVE THIS INFORMATION DISTRIBUTED TO THIS GROUP IN A DIRECTORY? YES / NO

WOULD YOU LIKE TO RECEIVE THE DS PRESS, IF YOU DON'T ALREADY? YES / NO

WOULD YOU LIKE TO BE ADDED TO OUR E NEWSLETTER TO GET INFORMATION ABOUT LOCAL AND DSAGC EVENTS AND OTHER INFORMATION? YES / NO  
IF SO, PLEASE CIRCLE THE E-NEWSLETTER YOU WOULD LIKE TO RECIEVE: SCHOOL AGE MATTERS OR ADULT MATTERS (18+)

**THANKS FOR COMING!!**