



Parent Support Group - Intake Form

The Parent Support Groups are held on the 1st and 4th, Thursday of each month via zoom at 6:00 p.m.

Parents Name:

Name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Race/Nationality: _____

Has child been diagnosed with Autism Spectrum Disorder? Yes or No

Has child been diagnosed with ADHD? Yes or No

REASON FOR ENROLLING IN THE PARENT SUPPORT GROUP AND EDUCATIONAL WORKSHOPS:

What brings you here? Please briefly describe your reasons for wanting to attend Bryce's Journey's Parent Support Group.

SOCIAL SUPPORT: Do you have any support from family members or friends? Yes or No **GOALS, INTENTIONS AND EXPECTATIONS**

Please summarize your specific goals and expectations from attending this support group.