

LEND FAMILY SHADOWING PROGRAM
FEEDBACK FORM

Family Name: _____

Date: _____

1. Do you feel that the graduate fellow gained an understanding of family issues and typical life experiences for a family of a child with special needs?

Yes _____ No _____

Comments: _____

2. Do you have any suggestions for improving this family mentoring experience?

3. Would you be willing to participate in this program again during the next academic year?

Yes _____ No _____

If yes, is there anything you would like us to do to better support your participation in hosting a LEND fellow:

Thank you for your assistance!