

**FAMILY MENTORING EXPERIENCE**

**2005-2006**

**Family Information**

Family contact: \_\_\_\_\_

LEND fellow: \_\_\_\_\_

Family's address: \_\_\_\_\_  
\_\_\_\_\_

Family's telephone: \_\_\_\_\_

Family's e-mail: \_\_\_\_\_

Name and age of child/children with special needs:

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Disabilities or special needs:

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Additional information:

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