

**CCDDBP LEND Program
Family Mentoring Experience (FME)
Pre-Match Trainee Survey
2005-2006**

Name: _____ Discipline: _____

Do you or have you had a family member or friend with a disability?

- a. If yes, please describe the nature of the relationship, the individual's age, disability, etc.

- b. What did you learn from this relationship that you bring to the FME?

What age group of people with disabilities and what type of disabilities do you typically encounter in your work or coursework?

Have you had other opportunities to work, formally or informally, with persons with disabilities and their families? Describe.

Based on your professional goals, do you have a strong preference to be matched with a family of a child in a particular age group or with a certain type of disability? If yes, explain.

Is there anything excessively limiting about your schedule or access to transportation that we need to know before matching you with a mentoring family? (For example, work evenings, out of town every weekend, no car, etc.)

What neighborhood do you live in? (We may be able to match you with a family who lives in close proximity to you.)

Are there any other factors we need to take into account when matching you with a family?