

Family Mentorship Experience
Va-LEND Program
2006-2007

Parent Name(s) _____

Address _____

City _____ ZIP _____ School District _____

Home Phone _____ Work Phone _____ Cell Phone _____

Pager _____ Email Address _____

Which way(s) do you prefer to be contacted? _____

Children's Names	Age	Date of Birth	Live in the home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there other persons also living in your home? If so, please give name and relationship:

Do you have pets? If so, please check: ___dog(s) ___cat(s) ___other:_____

Please indicate which child(ren) have special needs and the nature of those special needs, including any medical fragility, use of assistive technology devices, and other important information:

The following 5 questions are optional (they help to insure a mix of family experiences for our trainees):

Race(s) of family members _____

Mother: Occupation _____ Employer _____

Father: Occupation _____ Employer _____

Religious preference(s) if any _____

Is family involved in disability groups/issues/advocacy? If so, in what ways? _____

If you've had a chance to think about it: what are you hoping your family will get out of the Family Mentorship Experience?

VA-LEND sends occasional resource emails to our mentoring families. They might include:

- Information on resources/trainings/conferences on topics of common interest
- Information on resources/trainings/conferences related to specific disabilities
- Updates/action alerts on disability-related legislation

NOTE: For the above emails, your email address will be in the "TO" line along with email addresses of our other families.

Would you like to be on the email list to receive these occasional emailings? Yes____ No____

Signature

Date

* * * * *

THANK YOU FOR AGREEING TO MENTOR ONE OF OUR TRAINEES FOR THE
UPCOMING ACADEMIC YEAR!