

WI MCH ID LEND PROGRAM
Student Information for Family Mentor Program
2005 – 2006

Dear Trainee,

Please fill out the questionnaire below. This information will be used to match you with a family based upon your schedule and what you most hope to learn in your family mentor experiences.

Name
& Discipline: _____

Address: _____

Telephone: _____ Cell phone: _____

Email: _____

Do you have transportation (own or have access to a vehicle), or will you bus/bike/walk to your family mentor interactions?

When is the best time for someone to reach you? _____

According to your schedule this semester, what are your “best” times for getting together with your family, (your free blocks of time during the days and evenings Monday through Friday, and open time on week-ends?

Do you have any previous experience with a family/child with special health care needs/developmental disabilities? [] None [] A little [] A lot

Please describe:

Do you have any allergies to pets or to irritants in environments that would need serious consideration?

Match Survey for LEND Mentors

As you work with your trainee to develop Goals for the Family Mentor experience, you may use this survey as a guide. Level of Interest can be rated as “high”, “medium”, or “low”. This information, along with any additional explanations, may help in making a match to a family that offers some of the elements of learning the trainee is seeking.

1. Disability “type” Level of interest _____

Autism spectrum, MR, Down syndrome, Cerebral Palsy, children with chronic special health needs, “no diagnosis”, etc. Is there a particular disability area which you wish to pursue or where you have little or no experience and would welcome an opportunity to learn the issues involved in raising a child or being an adult with this diagnosis?

2. Ethnic, religious, gender diversity Level of interest _____

Knowledge of and experience in how families from other cultures, faiths, and gender configurations experience developmental disabilities are essential for leadership. Please let us know if you also speak a language other than English. _____

3. Geographical proximity to you Level of interest _____

How far are you able to travel to spend time with a family over the course of your Family Mentor experience?

4. Age Group Level of interest _____

Is your passion Early Intervention, school-age children, adolescents, individuals with disabilities in transition (18-22), young or older adults living independently or in group homes, perhaps an older adult who used to live in an institution but who now is in the community? After some reflection, you may decide you want an age group you know nothing about. An understanding of lifespan issues is essential to leadership in this field.

5. Legislative, Policy issues Level of interest _____

If you have an idea you are interested about in this category, we may be able to match you with a family who has experience or involvement in this area.

6. Choosing your own family Level of interest _____

Are you thinking of a family you have heard about but do not know professionally? If you would like to consider this family for your family mentor experience, answer the above questions, and write me describing this family stating why this family would be a good match for you. Include their phone number or email so I can contact them to determine a) if they are interested in participating as a LEND Mentor Family, and b) if they will be able to follow our guidelines for participation in the program.

Adapted from The Shriver University Center for Excellence in Developmental Disabilities (UCEDD) Family/Consumer Experience: 2003-4, Interest Inventory for Fellow/Family/Consumer Matching.