

South Dakota Parent Connection

PARENT INFORMATION FORM

Parents Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail Address: _____

Child's Name: _____ DOB: _____ Son / Daughter

Child's Disability or Special Needs: _____

Child's Name: _____ DOB: _____ Son / Daughter

Child's Disability or Special Needs: _____

Siblings Names and DOB: _____

Would you like to receive our monthly newsletter "The Circuit"? ___ Yes ___ No

* I am interested in becoming a Parent Trainer to assist in putting on workshops from a "parent perspective". ___ Yes ___ No

* I am interested in becoming a trained Support Parent for other families. ___ Yes ___ No

* I would like to be "linked" with another family for support. ___ Yes ___ No

* I need more information on the following:

Parent Trainer

Support Parent

"Linked" Parent

What Medical Clinics or Doctors have you worked with as a result of your child's disability? _____

Where does your child receive his/her Education? _____

Have you been involved with any Support Groups or Agencies that have assisted you with your child's disability? (List contact person and phone number.)

Have you volunteered for any Fundraising Events or Organizations as a result of your child's disability? (Name Event or Organization). _____

Do you have any special skills, knowledge, or interests that you have acquired as a result of your child's special needs? _____

Do you have a related degree or have you had any additional training that has been beneficial in coping with your child's special needs? _____

Can you speak in any other language(s) besides English? _____


Who referred you to this P2P Linking Program? _____


Additional Comments or Noteworthy Information: _____


I hereby give permission to share my name as a resource for other parents in South Dakota who also have a child with a similar disability. Yes No

Signature: _____ Date: _____

Please Return This Completed Form To SDPC:

 **South Dakota Parent Connection**
3701 W. 49th St. Suite 102
Sioux Falls, SD 57106

 **605-361-2928**

For More Information:  **605-361-3171 or 1-800-640-4553** (in state only)