Family Biographical Form
Parent Consultant Directory

Please write legibly and return to the address listed below.

Parent Name(s): __________________________________________________________

Children/Youth Names:     Year of Birth:
_______________________________________      ___________________
_______________________________________  ___________________
_______________________________________  ___________________
_______________________________________  ___________________

CHILD(REN) WITH SPECIAL NEEDS INFORMATION: (Please do not use abbreviations unless you explain them).
1. Child(ren)’s Name(s): ____________________________________________________
________________________________________________________________________

2. Tell us about your child(ren)’s circumstances (consider condition(s)/special needs, strengths/challenges, special equipment, etc.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. School, Early Intervention Program or Community-based Program your child(ren) currently attends (if applicable):
________________________________________________________________________
________________________________________________________________________

PARENT INFORMATION:
1. If just one parent is interested in being a consultant, which parent?
________________________________________________________________________

2. Are you interested in including your child with special needs in your presentation?
   _____ Yes       _____ No

3. Are you interested in including a sibling in your presentation?
   _____ Yes       _____ No

4. Days of the week/times that you are most available to speak:
________________________________________________________________________

5. Best time of day/day of week to contact you?
________________________________________________________________________
6. What is your preferred method of communication? (check all that apply):
   _____ home phone _____ cell phone _____ e-mail _____ mail

7. Do you need an interpreter for your presentation? If yes, please specify:
________________________________________________________________________

8. Have you as a parent participated in any parent leadership or training programs? (e.g.
   PALs, PIP, DAWN, FACETS, People Can’t Wait, community support groups, etc.):
________________________________________________________________________
________________________________________________________________________

9. What types of presentations are you interested in (check one or both)?:
   _____ pre-professional training
       (univ./college classrooms)
   _____ professional development
       (community settings)

10. What formats are you interested in (check all that apply)?:
    _____ large group lecture (more than 25) _____ panels
    _____ small group lecture (less than 25) _____ mentoring (working one-on-one)

11. Are you interested in being involved in other service activities?:
    _____ committees _____ advisory boards

12. Indicate which topics you would be interested in presenting on:
    _____ Your Family Story _____ Birth to 3
    _____ Community Resources _____ Therapy
    _____ Transition (at 3yrs.) _____ Transition (at 18 yrs.)
    _____ Health Care _____ Advocacy
    _____ IEP/IFSP/Education _____ Inclusion
    _____ Legislation _____ Stress
    _____ Peer Relationships _____ Family Supports
    _____ Augmentative Communication/Adaptive Equipment
    _____ Other: _____________________________________________

Please take a moment to reflect on the following question:

Give an example of a message or idea you would like people to gain from your
presentation.

Please return this form to:

Waisman Center c/o Mary Shaw
RoomS101
1500 Highland Avenue
Madison, WI 53705-2280
or fax it to us at: 608-265-3441 attention: Mary Shaw