

## Community Involvement Questionnaire

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Child/Children's name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Town you live in: \_\_\_\_\_

(Your family's personal information will be used for statistical data in order to identify areas in Michigan where families would like additional services and resources. Data will be compiled in order to demonstrate, to local area businesses, the need in the community to provide better services to families raising children with autism. At no time will your personal information be shared with a third party.)

1. Do you feel the local services you use have a good grasp on autism and/or the specific needs of your child/children?

- |                      |           |            |              |
|----------------------|-----------|------------|--------------|
| a. Doctor            | Yes or No | Who: _____ | Where: _____ |
| b. Dentist           | Yes or No | Who: _____ | Where: _____ |
| c. Optometrist       | Yes or No | Who: _____ | Where: _____ |
| d. Hospital(s)       | Yes or No | Who: _____ | Where: _____ |
| e. Grocery Stores    | Yes or No | Who: _____ | Where: _____ |
| f. Financial Advisor | Yes or No | Who: _____ | Where: _____ |
| g. Restaurants       | Yes or No | Who: _____ | Where: _____ |
| h. Toy Stores        | Yes or No | Who: _____ | Where: _____ |
| i. Bankers           | Yes or No | Who: _____ | Where: _____ |
| j. Realtors          | Yes or No | Who: _____ | Where: _____ |
| k. Auto Shops        | Yes or No | Who: _____ | Where: _____ |
| l. Lock Smiths       | Yes or No | Who: _____ | Where: _____ |
| m. Other:            |           | _____      | _____        |

2. In the past, how have you located **local area services for your child/children and family?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you like to know about **local area businesses** that are making conscious changes to learn about and improve business strategies so that your family would feel more welcome in your own community? (Please circle one)

Yes      or      No

4. Would you consider joining an online community to build support amongst families raising children/adults with ASD?

Yes      or      No

5. Would you consider coming to a meet-up group if there were trained **local area professionals** in attendance to speak directly to you about the services they could offer you?

Yes      or      No

(If you are interested in knowing more about the guiding principles of Essence of Behavior, LLC and how we can help improve your child's and family's quality of life, please feel free to take a peek at our website: [www.essenceofbehavior.com](http://www.essenceofbehavior.com) or email Nichole E. Martin, M.A. at [essenceofbehavior@yahoo.com](mailto:essenceofbehavior@yahoo.com))