

August 2010 - Alexander Institute Sibling Group Program Survey

The Alexander Institute is interested in determining the level of interest in programming for siblings of children with special needs.

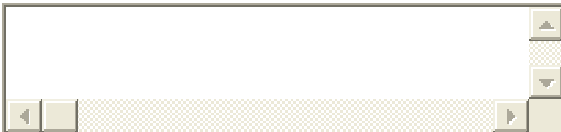
**1. Do you have a child with special needs?**

- Do you have a child with special needs? yes
- no

**2. If you responded yes to question #1, does your child with special needs have siblings?**

- If you responded yes to question #1, does your child with special needs have siblings? yes
- no

**3. If you responded yes to question #2, please list the sex and age(s) of the siblings.**



If you responded yes to question #2, please list the sex and age(s) of the siblings.

**4. Would you be interested in a sibling support group?**

- Would you be interested in a sibling support group? yes
- no

**5. I would prefer:**

- I would prefer: Group recreational activities for siblings
- A therapeutic support group for siblings

**6. How often would you like to meet?**

- How often would you like to meet? Weekly
- Biweekly
- Monthly

**7. I would be able to attend:**

- I would be able to attend: Afternoons between 4:00 and 6:00
- Weekday evenings between 6:00 and 8:00
- Sunday

**8. I would be interested in individual counseling for a sibling.**

- I would be interested in individual counseling for a sibling. yes
- no

\*

**9. I can be contacted:**

**I can be contacted:**

**Name:**

**Address:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**