

Sonya Ansari CENTER FOR AUTISM



Interest Survey for adults with Asperger's

Anticipated participants: Individuals with Asperger's Syndrome or HFA age 20 and older.

Name (optional): _____ Age: _____

Phone number (optional): _____ Gender: _____

Email address (optional): _____

Please circle (Y)es or (N)o or (U)ncertain

I would be interested in getting together regularly with a group of individuals in this age group with Asperger's	Y	N	
I would like the group to focus on issues that the members bring to the group meetings. (support group)	Y	N	U
I would like there to be some educational/informative speakers at the meetings. (educational group)	Y	N	U
I would like the group to be unstructured and group directed. (social group)	Y	N	U
I would like the group to meet weekly.	Y	N	U
I would like the group to meet monthly.	Y	N	U
The group should meet on a weekday evening.	Y	N	U
The group should meet on a weekday daytime.	Y	N	U
The group should meet on the weekend.	Y	N	U
I would like to be part of a hobby or interest group with others with Asperger's.	Y	N	U
My topic of interest or hobby is _____			
I currently attend group meetings for individuals with Asperger's.	Y*	N	

* If Yes, please identify the group you currently attend. _____

The best location (please circle) for a meeting for me would be:

Goshen Elkhart Niles Mishawaka South Bend Other _____

I would be interested in individual counseling or coaching.	Y	N	U
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Other comments: _____

The information provided will not be shared with anyone outside of the Autism Center without your permission. It will be used for planning purposes only. Contact Lynn Sayre at 289-4831 with questions.