

Parent to Parent Resource Contact Information 2010

To better serve our families we ask that parents share information with other parents. Please fill out this survey with the names, addresses, phone numbers and other information about professionals your child sees that could be of help to our families. Please distinguish if services are provided to children or adults or both. Mail it back to Nancy Borr, Family Autism Center at South Norfolk County Arc, 789 Clapboardtree Street, Westwood, MA 02090, or email the information to nborr@sncarc.org. We will then add your information to our list of parent-to-parent resources.

If you are interested in obtaining a copy of the list, please contact Nancy Borr at the above email.

1. Pediatrician or Doctor: _____

2. Neurologist / Neuropsychologist: _____

3. Evaluators (Independent Education, Language & Speech, etc): _____

4. Therapist (Speech, OT, PT, ABA, etc.): _____

5. Advocate or Attorney: _____

6. Psychiatry: _____

7. Dentist / Orthodontist: _____

8. Activities (Sports, Swimming, Art, Music Program, Etc.): _____

9. Other (Nutritionist, Hair Styles, Audiologist, Etc.): _____

10. Useful websites or books: _____

11. Would you allow us to contact you if another parent wanted to talk to you for information?
____ Yes or ____ No

If yes: Name: _____
Phone: _____
Address: _____
Email: _____