

PARTICIPATION SUPPORT SURVEY

We want to support your participation in every way we can. Please fill out this form, save it when you're done, and email it to our project secretary at collaboration@pressbc.com so we can better meet your needs. If you have any issues with the form, need help completing it, or just want more information, please text or call 604 223 0870.

1. DO YOU NEED **CHILDCARE** IN ORDER TO PARTICIPATE ?

Yes

No

If yes, which of the following would work best for you ?

Financial support to cover cost of babysitting

Childcare onsite (able to bring child to session)

Either option would work for me

2. WHAT **DAYS OF THE WEEK** WOULD GENERALLY WORK BEST FOR YOU?

Monday

Saturday

Tuesday

Sunday

Wednesday

Thursday

Friday

3. WHAT **TIMES OF DAY** WOULD GENERALLY WORK BEST FOR YOU?

ON WEEKDAYS

ON WEEKENDS

During school hours (between 9am and 2pm)

Morning

Evening

Evenings (7-9pm)

Afternoon

4. WHAT **LOCATIONS** WOULD WORK BEST FOR YOU?

Tla'amin Community

PRESS office (Marine Ave)

Public Library

My child's school (please identify)

Recreation Complex

Other location (please identify)

School Board Office

5. IS **TRANSPORTATION** AN ISSUE FOR YOU?

YES

NO

If **yes**, which of the following would work best for you?

Funding to cover cost of transportation

Other option (please explain)

6. DO YOU, YOUR CHILD, OR ANOTHER FAMILY MEMBER HAVE ANY **CULTURAL, PERSONAL SUPPORT, ACCESS OR OTHER NEEDS** THAT WE CAN ADDRESS TO SUPPORT YOUR PARTICIPATION? Please provide details to help us respond appropriately:

7. BASED ON THE INFORMATION PROVIDED ABOUT THESE SESSIONS, PLEASE SELECT **TOPICS OF INTEREST OR IMPORTANCE TO YOU:**

Early childhood supports

Family Supports

K-12 Education

Early / timely diagnosis

Healthcare

Community-based supports

Inclusive community recreational programs

Transition to Adult Services

OTHER TOPICS (please provide details)

Speech Therapy & Physio

8. ARE YOU INTERESTED IN ACTING AS THE FAMILY REPRESENTATIVE ON ONE OF THE WORKING COMMITTEES THAT WILL SUPPORT THE CONSULTATION? PLEASE CHECK ALL THAT INTEREST YOU.

Education Services

Healthcare Services

Community-Based Services

YOUR CONTACT INFORMATION**

NAME

PHONE

EMAIL

**This information is requested only so we can follow up with you directly about your participation support needs and areas of interest. It will not be shared with any other agency or individual.