

Parent Contact Form

Date _____

AEA _____

If you are willing to participate as a parent contact please provide the following information to assist with family/parent networking. Send to: Deena Recker, Early Childhood, Transition and Family Services Consultant; 3501 Harry Langdon Blvd., Council Bluffs, IA 51503,

Mother

Name Address Home Phone /Work Phone

Interests/Hobbies: _____

e-mail address: _____

Father

Name Address Home Phone /Work Phone

Interests/Hobbies: _____

e-mail address: _____

Significant Other

Name Address Home Phone /Work Phone

Interests/Hobbies: _____

e-mail address: _____

Child with Vision Impairment Visual Diagnosis Age at Diagnosis

Does your child have other disabilities? Yes___ No___

Please list disabilities: _____

Siblings Birthdate M/F Interests

Are you interested in participating in an organization for families with visually impaired children?
Yes___ No___

What services, activities, resources would you like to have provided for families with children who have visual impairments?

Other information of interest about your family:
