SAMPLE SOCIAL Survey (California State University – Fullerton)

Please complete this survey about the SOCIAL. Your responses will be helpful in planning for future events and the information is confidential to the extent required by law. Thank you!

1.	Mother Father Sibling Other:	er role:	
2.	Please indicate the gender, age and ability level of the person you accompanied today.		
	Male Fe	male	Age
	Mild (high functioning) Moderate Severe Other (please describe):		
3.	8. What supports does your guorespond NA.	est with autism n	eed? If none, please
4.	 Please indicate the activities none, please respond NA.) 	s your guest most	enjoyed at the SOCIAL. (If
5.	5. Do you feel your guest benefi	itted from attend	ing the SOCIAL?
_	Yes Somewhat No		

	6. What supports do you need as a caregiver? (If none, please respond NA.)
	7. Please indicate what activities you enjoyed most at the SOCIAL. (If none, please respond NA.)
	8. Would you attend another SOCIAL with your guest?
0	Yes Maybe
0	No
	9. I would recommend the Socials to others.
0	Strongly agree
0	Agree Disagree

o Strongly disagree
*10. Please share any suggestions you have for future SOCIALS. (If none, please respond NA.)
Additional Comments:
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Thank you for your participation in this survey.