



Dear Parent or Guardian,

Thank you for your interest in Autism York's BUDDY PROJECT. This is the first year of the project and we are excited to start a new program that helps to support families with children on the autism spectrum. The information below will help you get started.

Complete the Parent Request & Buddy Application. Have your child complete the Interest Inventory. Both forms are included in this packet of materials. The information collected from both of these forms will help us make the best match for your child.

After a match is made, you will be contacted to schedule an initial visit. This visit should take place in a familiar setting, where introductions can be made and goals discussed. Following the meeting, it is the responsibility of the MENTOR and the BUDDY and his or her family to set up a regular schedule of activities and contact times. Monthly activities can include trips to the mall, movies, restaurant or just a casual meeting at a home. Weekly contacts can be made using the phone, email, facebook, or face to face. If at any time during the program you have a concern about anything, do not hesitate to email me at breed@autismyork.org.

Thank you again for your interest in our project. Please mail the Parent Request & Buddy Application and Interest Inventory as soon as they are completed. All forms should be sent to Autism York, PO Box 7322, York, PA 17404. I will then contact you about a MENTOR as soon as a match is made.

Thank you and best wishes,

Barbara Reed

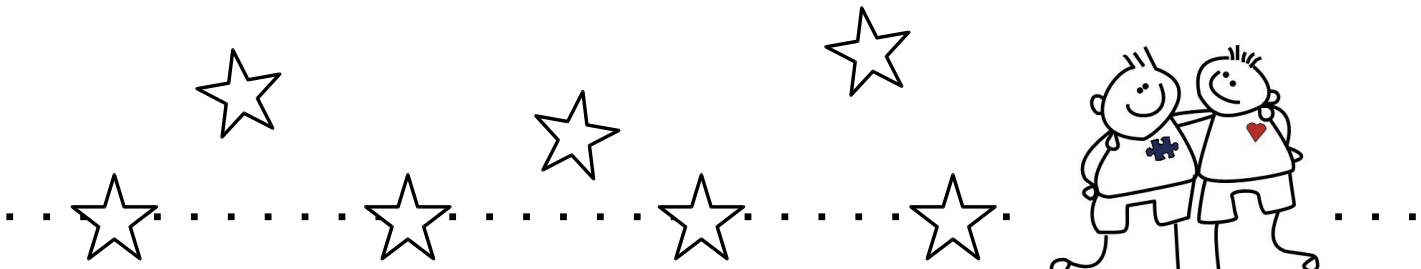
Barbara Reed

Program Facilitator
THE BUDDY PROJECT

Enclosures

Autism York is a charitable 501(c)(3) organization as provided by Internal Revenue Service requirements.

PO Box 7322 * York, PA 17404 * 717.801.1272 * info@autismyork.org



AUTISM YORK BUDDY PROJECT
Parent Request & Buddy Application

Name: _____

Address: _____

Phone: _____ Email Address: _____

School: _____ Grade: _____

My t-shirt size: X-Small Small Medium Large X-Large XX-Large XXX-Large

As a buddy participating in the BUDDY PROJECT, he/she will be responsible for:

1. Participating in an initial meeting at an agreed upon location to meet and get to know your MENTOR and parents.
2. Participating in at least one activity per month with your MENTOR. (Activities can range from playing video games at home to going bowling to attending school functions together.)
3. Communicating with your MENTOR at least once a week using the phone, email, text, facebook, face to face, etc.
4. Communicating with the program facilitator at least once a month or more if there are new concerns.

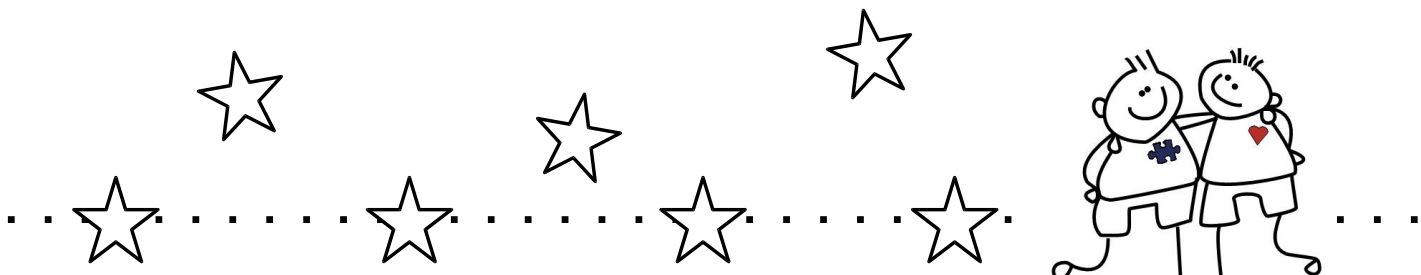
I understand these responsibilities and agree to participate as a BUDDY in THE BUDDY PROJECT.

Signature: _____ Date: _____

As a parent or guardian of this BUDDY, I agree to these responsibilities and will support the efforts of my child while participating in THE BUDDY PROJECT.

Signature: _____ Date: _____

On the reverse side of this form, tell us why your child would like to participate in THE BUDDY PROJECT.



AUTISM YORK BUDDY PROJECT



Student Interest Survey

Please print as neatly as possible.

Name: _____ Birthday: _____

Adults who live with me

Name: _____

Name: _____

Brothers and sisters

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

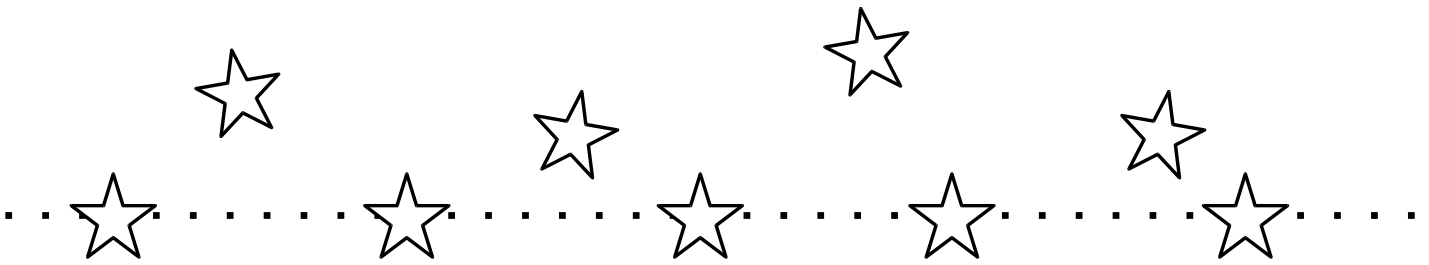
Name: _____ Age: _____

(If you have more than four, please list others on the back of this sheet.)

Special friends: _____

What I like to do most at home: _____

My favorite hobbies: _____



My favorite book(s) and magazine(s): _____

If I had one wish, it would be. . . _____

School would be better if. . . _____

If I had a million dollars, I would. . . _____

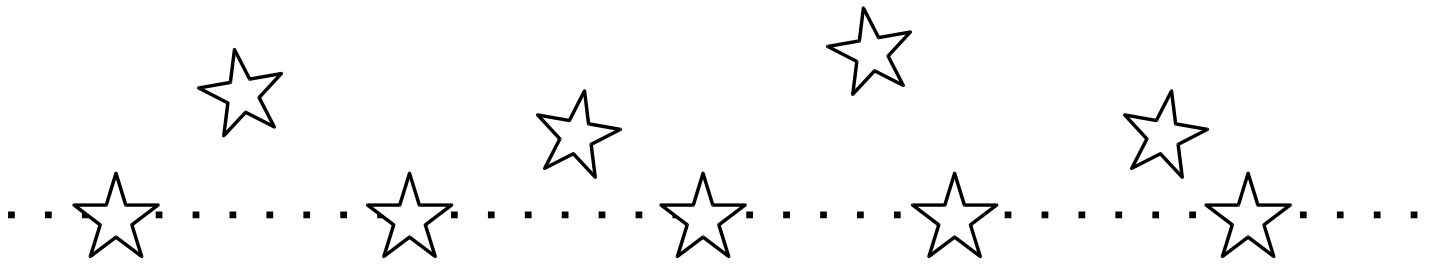
One thing that I am really good at is. . . _____

I do my best thinking when. . . _____

This is what one of my teachers did last year that I liked the most: _____

This is what one of my teachers did last year that I liked the least: _____





All-Time Favorites:

- ★ Candy: _____
- ★ Movie: _____
- ★ Song: _____
- ★ Musical Group: _____
- ★ Type of Pizza: _____
- ★ Color: _____
- ★ Car: _____
- ★ Professional Athletic Team: _____
- ★ Style of Clothing: _____
- ★ Vacation Place: _____
- ★ Board Game: _____
- ★ Radio Station: _____
- ★ TV Show: _____
- ★ Outdoor Activity: _____

After I graduate, I want to. . . _____

Something else that I want you to know about me is. . . _____

