



Group Interest Survey

I'm so excited to create a group with you that is fun, safe, and meaningful for everyone. Here are a few questions that might help us to do that. Please feel free to leave any questions blank and share whatever feels right to you. (This survey may be completed by the student or caregiver. Personal information shared here will not be shared with the group, please know that this and all responses are confidential.)

If you would prefer to answer these questions in a different format such as over the phone or in person, have questions, or would like to request any accommodations/modifications to make this form more accessible feel free to reach out to me at (978)-319-9226 or sbarrow@everybodysacademics.com.

Thank you for taking the time to share this info and your ideas! I look forward to seeing you in group!

- *Sam*

1. Today's Date

2. Name of the person filling out this form

3. Relationship to group member

- Myself
- Mother
- Father
- Legal Guardian
- Teacher
- Case Worker
- Other:

4. (Group member) Please tell us your name, age, and birthdate.

(Ex: John Sterling, 14 years old, 01/14/2010)

5. Are you currently enrolled in public school, private school, homeschool, or other educational programs? What school and grade level?

(Ex. Public School - Chelmsford High - 9th grade)

6. What ways do you communicate?

Please check all that apply.

- Oral Speech
- Scripting
- Sign Language
- AAC Device
- Gestures
- Other (Please feel free to share any other information you would like us to know about your communication)

7. What type of activities would you enjoy in a group?

Please check all that apply.

- Free time to choose from a selection of activities
- More structured teacher lead group activities
- Board Games
- Trivia
- Arts & Crafts
- Physical Activities
- Sharing things you are interested in or passionate about
- Reading/book club activities
- Movies
- Music
- Computers / Video Games
- Escape Rooms
- Obstacle courses
- Science Experiments
- Tech & Gadgets (3d printing, Drones, etc.)

- Sports
- Fine & Visual Art - Painting, Photography, etc.
- Swimming
- Cooking
- Educational Activities or Support
- Other Ideas, Interests, or details

8. How can we help to make this group & space safe and comfortable for you?

9. What are some of your reasons for joining this group, what do you hope to gain from it?

10. What are some of your strengths, interests, and/or talents that you would like to bring to the group?

11. Are there any struggles, challenges, disabilities, and/or medical diagnoses that you would like to share with me?

12. How can we best support you to make this group fun, safe, and accessible for you?

13. Are you on any specialized/restricted diets and/or have any known allergies that you would like us to be aware of?

(Please list any food restrictions and any known allergies, etc..)

14. **Let's make a plan** - If you are struggling, feel uncomfortable, or would like additional support in group, what way would feel most safe to communicate that?

15. Are there any documents or materials you wish to share with me?

Please email documents to: sbarrow@everybodysacademics.com

Check all that apply.

- IEP/504 Plans

- Report Cards / Progress Reports
- Test Scores
- Work Samples
- Formal Evaluations / Assessments / Reports
- Medical Records
- Case Plans / Custody Agreements / Legal Documentation
- Other:

16. What are other things you would like us to know?

(Ex. Sensory sensitivities, sensory needs, preferences, favorite stims, coping mechanisms, fears, dislikes, likes, preferred pronouns, extracurricular activities, religious beliefs or practices, passions, hobbies, etc.)

GROUP DETAILS

17. What questions do you have that we can answer for you regarding the group, myself, or Everybody's Academics?

18. Contact information of the person filling out this form and any adult(s) who will be providing transportation to/from group sessions. Name, Relation, Address, Phone, & Email.

(Please indicate your preferred means of contact including the best time to contact you.)

19. Preferred days and times of group

Please list any scheduling restrictions or additional preferences under other

(Ex: Fridays after 4 pm)

Check all that apply.

- 1 x per week
- 2 x per week

- 1-hour group
- 2-hour group

- Mornings
- Afternoons

- Evenings

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Saturdays
- Sundays
- Flexible
- Other:

20. Available / Preferred Start Date:
(Ex: Monday, Sept. 23rd 2024)

📅 Date