**Interest and Information**

Name:

Address:

Email:

Telephone number:

How do you prefer to be contacted: e-mail / mail / telephone

If telephone, when are you most commonly available?

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Does your son or daughter on the autism spectrum live at home? Yes / No

Is your son or daughter on the autism spectrum over 16?

Yes / No

Do you have a computer at home? Yes / No

Is your computer or tablet equipped with a web camera? Yes / No

Have you participated in parent support groups before? Yes / No

Have you had any experience with mindfulness? Yes / No

**Thank you very much for your interest!**