

What does your child need ?

A survey for parents of children on
the autism spectrum

By Emily Ross MA, MT-BC

My name is Emily Ross. I am a music therapist who specializes in working with folks on the autism spectrum. I am currently studying the feasibility of a nonprofit agency that would target many of the above areas of need through music therapy and equine-assisted therapies (horses). This inclusive program would be designed specifically for children and adults on the autism spectrum, their families, and their community.

If you are interested in staying informed as this project develops, please include your name and email address below.

name

email address

- I would like to be kept informed about this project
- I would like to help out in making this happen

**Please feel free to take extra surveys
and distribute them to families you know**

**Please return surveys to
KindTree
c/o Tim Mueller**

Or mail to:

**Emily Ross
8704 SW 9th Dr
Portland OR 97219**

Send questions to: emross@easystreet.net

SURVEY: For parents of children with autism

I. About Your Child:

(please circle the appropriate response)

Gender: M / F

Age: 0-5 6-12 13-18 19-30 31+

Diagnosis of Autism Y / N

Diagnosis of Asperger Syndrome Y / N

Diagnosis of other _____ Y / N

How recent was the diagnosis?

Less than a year 1-5 years ago more than 5 yrs

*if you have a second child with autism, please indicate here _____. Please make notes for each child below, or take a second survey.

How many siblings living at home (not with autism) _____

County of residence _____

II. Current Treatment:

Outside of school, or day program, which therapies does your child receive? – please indicate hours per week

- _____ ABA (Applied Behavioral Analysis)
- _____ Behavioral Therapy (not counting ABA)
- _____ Speech Therapy
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Art Therapy
- _____ Music Therapy
- _____ RDI (Relationship Development Intervention)
- _____ Hippotherapy (A form of physical therapy in which a horse is used as a treatment tool)
- _____ Other _____

Do you wish your child received more therapy, or different therapies? Indicate hours per week that would be ideal:

- _____ ABA (Applied Behavioral Analysis)
- _____ Behavioral Therapy (not counting ABA)
- _____ Speech Therapy
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Art Therapy
- _____ Music Therapy
- _____ RDI (Relationship Development Intervention)
- _____ Hippotherapy (A form of physical therapy in which a horse is used as a treatment tool)
- _____ Other _____

What barriers keep you from receiving ideal therapy services? (Check all that apply)

- _____ lack of time
- _____ lack of funds
- _____ lack of transportation
- _____ lack of availability of program in my area
- _____ lack of qualified therapist in my area
- _____ other _____

Comments:

III. Current use of "free time" or leisure time:

Outside of school, or day program, homework, and therapy, how does your child spend his/her leisure time? – please indicate hours per week

- _____ watching TV/videos
- _____ using computer
- _____ reading
- _____ listening to music
- _____ playing outside
- _____ playing alone
- _____ playing with siblings
- _____ playing with typically developing peers
- _____ playing with peers with ASD
- _____ horseback riding
- _____ organized clubs (such as Girl Scouts)
- _____ organized sports
- _____ organized music
- _____ other _____
- _____ other _____

Do you wish your child had more leisure time or spent it differently? *Indicate hours per week that would be ideal:*

- _____ watching TV/videos
- _____ using computer
- _____ reading
- _____ listening to music
- _____ playing outside
- _____ playing alone
- _____ playing with siblings
- _____ playing with typically developing peers
- _____ playing with peers with ASD
- _____ horseback riding
- _____ organized clubs (such as Girl Scouts)
- _____ organized sports
- _____ organized music
- _____ other _____
- _____ other _____

What barriers keep your child from participating in ideal leisure activities? *(check all that apply)*

- _____ lack of time
- _____ lack of funds
- _____ lack of transportation
- _____ lack of availability of program in my area
- _____ lack of interest/cooperation from my child
- _____ concern for my child's safety
- _____ lack of tolerance by adults in organized programs
- _____ lack of tolerance by my child's peers in organized programs
- _____ other _____
- _____ other _____
- _____

Comments:

IV: Areas of need:

What would you most like for your child?
From the list below, please rank 1-5 in order of greatest need. 1=most important:

- _____ More social interaction
- _____ More use of language
- _____ Fewer violent behaviors
- _____ More friends
- _____ More fresh air and exercise
- _____ More independence/"common sense"
- _____ More fun in my child's life

Taken as a whole, how great are the needs listed above for your child?

1=no need 10 = extreme need

1 .. 2 .. 3 .. 4 .. 5 .. 6 .. 7 .. 8 .. 9 .. 10

What other needs do you have for your child that are GREATER THAN those listed above?

Comments: