**Fight 4 Autism Family Questionnaire**

**Date:**

**Name:**

**Address:**

**Contact Information:**

**Email address:**

**Phone number:**

**Describe how autism affects your family** (please provide specific examples & details, i.e. age and name of child/children affected by autism in your family, when they were diagnosed, how old are they now, what school do they attend & in what school district, where is the child on the autism spectrum & any other pertinent information how autism affects your family that you would like to share with us-please be as detailed as possible):