

## Introductory Email

Dear [Educator],

Your student, [Student], is participating in a program called TEAM, Teens Engaged as Mentors. TEAM is a program created by the Autism Program at Boston Medical Center. Through TEAM, teens with and without ASD work together as co-mentors to younger children with autism. TEAM participants engage in supervised monthly hangouts in the form of community service and social activities.

[Student]'s family identified you as the person best able to speak about [Student] and has given us consent to contact you. We hope that you will take our brief (5 minute) survey, which will allow us to improve TEAM so that [Student] and [his/her] peers can continue to have the most enriching experience possible.

You can access the survey here: [survey link](#)

If you have any questions, feel free to reach out to us. Thank you for your time!

Best,

[TEAM Coordinator]

## Survey Introduction

Thank you for agreeing to share your thoughts about TEAM (Teens Engaged as Mentors) with us.

TEAM is a program created by the Autism Program at Boston Medical Center. Through TEAM, teens with and without ASD work together as co-mentors to younger children with autism. TEAM participants engage in supervised monthly hangouts in the form of community service and social activities.

The purpose of this survey is to gain your insight on your student and understand the potential impact the program may have on him/her.

Feel free to share as much or as little as you would like.

All the information that you share with us is confidential. We will not share your name or attribute information directly to you. The findings from this survey will be used for the purposes of data analysis and quality improvement.

## Questions

1. Your First/Last Name:
2. What is your professional title/role?
3. Your Student's First/Last Name:
4. Has [Student] discussed TEAM with you?
5. If [Student] has talked about TEAM, what have they told you?
  
6. Please identify any challenges that [Student] struggles with.
7. What would you identify as [Student]'s greatest strengths?
8. What do you hope [Student] will gain from the TEAM program?
9. Is there anything else you want to share with us about [Student] or the TEAM program?



### Rating Scales

Please rate [Student]'s ability to interact socially with peers.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate [Student]'s ability to independently problem-solve.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate [Student]'s level of independence and autonomy.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate [Student]'s ability to be open-minded toward others.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate [Student]'s ability to be flexible.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate your perception of [Student]'s self-confidence.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

Please rate [Student]'s leadership skills.

0	1	2	3	4	5	6	7	8	9	10
Challenge					Neutral		Strength			

Comments (optional):

### Conclusion

Thank you for taking time to complete this survey. Your perspective is invaluable. We will be sending out another survey at the end of the school year. If you have any questions about TEAM or the BMC Autism Program, please contact [Name], TEAM Coordinator at [email] or [phone]. You can also visit our website or Facebook page for more information: [www.bmc.org/pediatrics-autism-program](http://www.bmc.org/pediatrics-autism-program)  
[www.Facebook.com/BMCAutismProgram](http://www.Facebook.com/BMCAutismProgram)