

# PARENT FEEDBACK FORM

Dear parents,

Thank you for taking the time to provide us with your valuable feedback. Your input helps us provide services to better serve you.

Please fill-out and send back by August 22,2025

	In Person	Zoom /Virtual	Not interested	Weekday	Weekend
I am interested in learning about Special Needs Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in learning about Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to learn about Ables United Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to learn about Medwavier/APD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other parent resource Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like more autism-specific resources or support from the PTO?

yes ☐

no ☐

How would you like to receive PTO communication about upcoming events?

Email: \_\_\_\_\_ or Text: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Any question pls email us at: [tlcpto@thelearningcenter.org](mailto:tlcpto@thelearningcenter.org)