



2016-2017 Parent Leader Nomination Form

Nominated Parent Name (may be self): _____

Phone Number: _____

Email address (if available): _____

Child Name/ Age/ School: _____

Does the nominated parent speak any other languages? If yes, which ones: _____

Describe your reasons for nomination in greater detail; detailing your perspective of the parent's particular strengths, any possible areas of "expertise," any known obstacles they have overcome or personal goals they may have shared...

Referral Source name and contact info: _____

Nominations can be submitted to Elizabeth.ferriero@bmc.org or 617-414-3698 (phone)/617-414-3661 (fax)

Nominated parents will be contacted by BMC Autism Program staff, who will review the program in detail and requirements of parent leaders. All new parent leaders must attend a two-part fall training and an annual spring refresher class. PLAN facilitators host monthly meetings, where attendance is optional.

Families DO NOT need to receive medical care at Boston Medical Center in order to participate in this community program. PLAN is a volunteer program and parent leaders are not paid, though expenses such as parking, meals and training fees are all covered. All parent leaders are subject to a CORI background check.