



DSA | Los Angeles

Down Syndrome Association of Los Angeles, Inc.

support | awareness | connections

Date _____

New Parent Support Peer Mentor Trainee Information

Parent of a child with DS Professional

If professional, name of agency _____, (some items may not apply)

Name _____ Age at child's birth _____

Spouse _____ Age at child's birth _____

Name of child _____ Boy Girl Date of child's birth _____

Address _____ Phone(s) _____

E-mail address: _____

Siblings & birth dates: _____

Languages spoken: _____

Hospital baby was born _____ New Parent Packet received? _____

Who was your first contact from the DS community? _____

Support was provided via Telephone Personal visit

Prenatal diagnosis: Yes No

Medical conditions _____

Other information that might help with matching a new parent (such as single parent, twins, C-section, feeding issues,

etc.): _____

I'm interested in additional training to become a spokesperson on DS issues: Yes No