**PLAN** (Parent Leadership in Autism Network)

Nomination Form

Name of person referring:

Name of nominated parent:

Phone Number:

Email address (if applicable):

Child Name/Age/ School:

Will the nominated parent be available for a monthly meeting on the 3rd Wednesday of every month from 10-1? (Note: meeting attendance is not required)

Yes

No

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…

Thank you!

Nominations can be submitted to Liz Ferriero at Elizabeth.ferriero@bmc.org or by phone 617-414-3698