



# Parent to Parent

## Peer Mentoring Program

We've seen the value of parents learning from other parents who are going through the same experiences with their children. If you would like the opportunity to speak with another parent who has a child with vision and hearing losses, please complete the form below and return it to the Ohio Center for Deafblind Education. You will be matched with another parent, who will contact you by phone or email.

Yes, I would like to participate in the Parent-to-Parent Peer Mentor program!

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you prefer phone or email contact? \_\_\_\_\_

Best time to call: \_\_\_\_\_