



Karina Association Inc.

11911 Jenifer Rd., Timonium, MD 21093

Biliana Borimetchkova, Executive Director, tel. # 443-928-0542

Email: biliana@karinaassociation.org, www.karina-association.org

Person Centered Planning Survey

Parent(s)/Guardian(s) name(s):

1. _____

2. _____

Your Child's Name: _____

Child's Age: _____

Graduation Date: _____

Place of Residence/Address: _____

City _____ Zip Code: _____

Parent's/Guardian Cell. #: _____ Cell. #: _____

Email: _____

1) Interests, strengths and preferred activities:



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2) Pre-Vocational experiences:

3) Community experiences:

4) Personal / Behavioral Supports required:



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5) Current medical and /or dietary needs:

6) Do you like to create any Art or Crafts, if YES explain, please.

7) Are you interested to learn Fabric and Fashion design?

_____ Do you have any experience:

8) Do you like to cook for yourself or others? Do you have any experience? If YES, tell us about:



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9) Do you have any allergies:

10) Do you like nature and some outdoors work? If YES, explain please:

11) Do you like to learn how to grow flowers? If YES, what is your favorite?

12) Do you like to touch and smell herbs? If YES, what is your favorite?

13) Are you interested to learn how to grow a veggie garden? If YES, what is your favorite one?



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14) Are you interested to learn how to be a Salesperson and sell your own products?

15) Are you interested to learn about Advertising and Marketing and develop your own brand of products? Do you have any experience with that?

16) Additional information to share:



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Please complete the following as a message to us from your child.

I am really looking forward to

.....

.....

.....

.....

As a parent, what are your desired outcomes for your child? _____

Thank you!

Parent Signature : _____ Date: _____

Name (Printed, please) : _____