

Supplemental Material S3. Parent Post-Intervention Survey 2.

Child ID _____ Date: _____

Communication:

Have you noticed any changes in your child's communication skills since s/he was enrolled in this short-term intervention? ☐ Yes ☐ No

If Yes, please describe:

Behavior:

Have you noticed any changes in your child's behavior skills since s/he was enrolled in this short-term intervention? ☐ Yes ☐ No

If Yes, please describe: