



Parent Survey: Student Strength and Interest Questionnaire

Student Name: _____

Parent completing the form: _____ Phone: _____

Parent email address: _____

Does the student have a personal email address? ____ Yes ____ No

If yes, student email address: _____

Please answer the following questions to the best of your ability. This information will be used to develop classroom and community experiences.

1. How often does your family go out into the community together?

Daily

Weekly

Monthly

Rarely

2. When you do go out into the community together, what are your primary purposes for going into the community? Choose all that apply.

____ Shopping

____ Eating out

____ Going to the movies

____ Going for a walk/being outside

____ Going to visit family

____ Other: _____

3. At what stores do you frequently go shopping?

4. At what restaurants does your family like to eat?

5. What does your child like to do for fun?

6. What are some current responsibilities your child has in the home?
7. What are some skills you wish your child could do independently in your home?
8. What do you feel are your child's biggest strengths?
9. Are there other interests that your child has that we should know about?
10. Where do you see your child as an adult?
11. Does your child have any restrictions that we need to know about when planning community or school experiences?