

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?

Student Name: _____

Do you have a phone? ____ Yes ____ No

Phone: _____

Do you have a personal email address? ____ Yes ____ No

Email: _____

Please answer the following questions.

1. Where do you like to go shopping? Put an X by all the places you enjoy going shopping.

____ Grocery store	____ Mall
____ Hardware store	____ Sports store
____ Pet store	____ Clothing store
____ Other: _____	

2. What is your favorite store?

3. Where do you like to eat?

4. What do you like to do for fun? Put an X by all the things you enjoy.

____ Go outside	____ Hang out with friends
____ Watch movies	____ Clean my room
____ Play with my pets	____ Read books
____ Play video games	____ Listen to music
____ Create art	____ Play music
____ Play a sport	____ Help others
____ Be with my family	____ Go on vacations
____ Other: _____	

5. What is your dream job when you are an adult?

6. What is your best subject at school?

_____ Math

_____ Reading

_____ Writing

_____ Science

_____ History

_____ Art

_____ Social Studies

_____ P.E.

_____ Other: _____

7. What are you good at?

8. What do you NOT like to do at school or at home?

9. What jobs do you have at home?

_____ Washing dishes

_____ Making bed

_____ Washing clothes

_____ Sweeping floor

_____ Taking care of pets

_____ Vacuuming carpet

_____ Washing windows

_____ Setting table

_____ Taking out trash

_____ Cooking

_____ Putting away clothes

_____ Cleaning bathroom

_____ Other: _____

10. Put an X by the jobs you like to do in the classroom.

- | | |
|---|--|
| <input type="checkbox"/> Cleaning tables | <input type="checkbox"/> Watering plants |
| <input type="checkbox"/> Sharpening pencils | <input type="checkbox"/> Line leader |
| <input type="checkbox"/> Helping teachers | <input type="checkbox"/> Helping class |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Stacking chairs |
| <input type="checkbox"/> Exercise leader | <input type="checkbox"/> Music director |
| <input type="checkbox"/> Other: _____ | |

11. Put an X by the things you like to do.

- | | |
|--|---|
| <input type="checkbox"/> Work alone | <input type="checkbox"/> Work in groups |
| <input type="checkbox"/> Work with animals | <input type="checkbox"/> Work with people |
| <input type="checkbox"/> Work with tools and things I can feel | <input type="checkbox"/> Help others |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Work outdoors |
| <input type="checkbox"/> Work inside | <input type="checkbox"/> Read books |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Build things |
| <input type="checkbox"/> Other: _____ | |

12. What do you like to spend money on?

13. Is there anything else that we need to know?