

Parent/Guardian Survey

Verifying Functional Skills and Environments

Student: _____

Date Completed: _____

The purpose of this survey is to help pinpoint activities and skills to be included in your child's school program. These are typically things that are important to your child or your family, but difficult for your child to take part in (or things you typically just do for your child that you would like to see him/her be more independent with).

1. Describe your child's morning routine.

2. Briefly outline your typical family routine after school and into the evening.

3. List other *once-in-a-while* activities that occur in your household.

4. How about weekend activities?

5. List some of the places your family shops or visits (groceries or clothing, pharmacies, restaurants, recreation); circle those that you would like to see your child receive instruction in if possible.

6. Describe any problem - *interfering* - behaviors your child has at home or out in the community.

Tell how you typically deal with problem behavior:

7. Your child's interests and likes:

Activities	Games or Toys
People	Software
Food/Snacks	Places
Other Interests	

8. Communication Issues (Including Assistive Technology Needs):

9. *(Optional)* Where do you see your child in a year? How about 5 years from now?