



PARENT QUESTIONNAIRE FOR STUDENTS WITH SIGNIFICANT SUPPORT NEEDS

Dear Parent/Guardian,

The public education years are very important in helping your child to learn to become as independent as is possible. The more a child/young adult with Intellectual/Developmental Disabilities is able to do for him/herself, the more opportunities there are for meaningful activities at home and in the community, both now and in adult life after graduating from public school. For parents of young children, it is important to understand that the teaching of the skills begins in the pre-school/elementary years. In addition to increasing self-help skills at school and home, it also increases the number of post-school options that may be available for young adults with significant support needs. Although funding to pay for young adult programming and services after high school is always a concern, it is the high levels of support and/or behaviors that are more likely to decrease opportunities to participate in the adult community and services more than funding! To use the education time wisely and prepare students for current and future environments, your input and ideas are invaluable to the planning process for the instruction of your child. There is little time in the instructional day to teach what needs to be learned, for all children including those without disabilities. To use the time wisely, we want to focus on the most important skills and behaviors your child needs to learn. What are the priority skills you would like for your child to learn? In order to identify the priority skills for your child/young adult to learn, several pieces of information are needed to ensure that the skills taught are important for your child and important to you and to your child/young adult. It is also critical to know which skills you, as the parent/guardian, will allow your child/young adult to learn, practice and participate in at home or in the community if the teacher teaches the skill. Questionnaire directions:

GUIDE:

- (1) Skill: the first column list skills that are typically considered important for a person to either help themselves or help others help them perform the task. In other words, if the child/young adult cannot perform the skill for themselves, then someone will have to do it for them, like getting dressed, preparing a meal/snack, or brushing teeth.
- (2) Importance: Put a check in the box as to whether you consider the skill of low importance, medium or highly importance.
- (3) Allow/NOT Allow: For each of the skills listed, indicate if you would allow your child to practice and use the skill at home or in the community if the teacher teaches the skill at school. For example, you might think that fixing a simple meal with heat is important, however you would not allow your child to do this at home using the oven due to safety concerns. Therefore mark "Will NOT allow". If you would allow your child to be taught to fix a simple meal using a microwave at home if it were taught at school, mark it "WILL allow".
- (4) Products/Materials: This box is important. If there are certain products or materials used at home please list them. Using different toothpaste at home and school can create problems due to the difference in sensation. A turn-knob microwave is different than a digital panel on a microwave. If possible, we want to match the materials used to teach.

(5) Example of what parent input and ideas for a skill might look like. Below is Skill #1:

Brush teeth	<input type="checkbox"/> Low Importance <input checked="" type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input checked="" type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used: <i>At home we use Crest for children and a "soft" bristle brush with a tennis ball on the handle so Kendra can hold it. She doesn't like the toothbrush moving in her mouth.</i>
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Please review each of the skills and provide your input as a parent. At the end of each section there are blank boxes, "Write-in Skill". These boxes are there for you to add skills, that are not on the list of skills, that you would like your child to learn.

NOTE TO PARENT:

When reviewing the list of skills, it is understood that although independence is an ultimate goal, teaching partial participation in an activity is important for a child who may not master the skill independently. For example, a child who cannot brush his teeth may be taught to open his mouth and tolerate the toothbrush moving over his teeth. The child, who cannot independently put on shoes, may be taught to raise her foot to assist her parent/guardian in putting on her shoes. The skills listed below are skills that if the child cannot do it for him/herself, someone else will need to do it for them. Any degree of assistance, the child can give to the parent/guardian, results in increased degrees of independence and fewer support needs from other people.

List of Functional Needs for Skills at Home and in the Community			
Home: Self-Help Skills			
Brush teeth	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Wash face	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Wash hands	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Dress (Clothes)	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Dress (Shoes)	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Assist with toileting needs	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Groom hair	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Feed self	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:

Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Home: Domestic Skills			
Get a drink	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Get a snack	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Sort and/or Fold laundry	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Vacuum	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Set the table	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Clean/Straighten room	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Dust	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Wash dishes	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Load the dishwasher	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:

Home: Cooking Skills			
Use the microwave	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Make a simple snack	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Make a simple meal <i>(with heat)</i>	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Make a simple meal <i>(without heat)</i>	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Recreation/Leisure Activities			
Use an assistive device to control equipment	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Use the TV or CD with a remote	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Play games independently, such as computer games, iPod games, etc.	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Play partner games like checkers, tic-tac-toe, Uno, etc.	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe games used at home:
Participate in Special Olympics	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe Special Olympics activities in which your child

Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Community Environments			
Eat at a restaurant.	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe which restaurants you go to and one thing you would like your child to learn.
Shop in the grocery store.	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe which grocery store you go to and one thing you would like your child to learn.
Behavior in the community with family.	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe the behavior most needed in the community that you would like your child to learn.
Use public transportation	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Which method of public transportation would you like your child to learn to use?
Use public disability transportation	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe:
Attend public event (Sports, holiday, etc.)	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe the public events in the community you participate in currently as a family and what you would like your child to learn.
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used:
Write-in Skill:	<input type="checkbox"/> Low Importance <input type="checkbox"/> Medium Importance <input type="checkbox"/> Highly Important	<input type="checkbox"/> WILL allow my child to do this at home. <input type="checkbox"/> Will "NOT" allow my child to do this at home.	Describe products/materials used: