## \_\_\_\_\_ISD COMMUNITY-BASED INSTRUCTION (CBI) PARENT/GUARDIAN SURVEY

Date Completed:	ATION		
STUDENT INFORM	ATION	D ( (	D: 11
A 1.1			Birth:
Address:			
Phone #:		Social Secur	ity #:
PARENT/GUARDI	AN INFORMATION	I	
Father's Name:		Mother's Name:	
Occupation:		Occupation:	
Employer:		Employer:	
Address:		Address:	
Phone #:		Phone #:	
FAMILY MEMBERS	AND OTHERS IN	тне Номе:	
Name School/Occupation	Relationship	M/F	Age
MEDICAL INFORM	ATION:		
Does the student use	any aides or adaptive equip	oment? Yes	No
	le: glasses, hearing aide, b		
If yes, what? (Examp	, , ,	,	
2. Does the student have	e any existing medical cond le: seizures, diabetes, high		

3. Does the student have specific symptoms or signals to alert us to these medical conditions? © 2017. The Garrett Center, Sam Houston State University, Huntsville, TX. All rights reserved.

4.	Is the student taking any m	edications?	Yes	_ No	_			
	Type:		Dosage	: <u> </u>	Wh	en:		
5.	Is the student on any speci	al diet restric	ctions?	Yes	No			
	If yes, what?							
Со	MMUNITY & LEISU	RE:						
1.	In what social activities doe	es the studer	nt particip	ate?				
	relatives of similar age		nds at sc		friends in n	eighborhood		
	<u> </u>	par				•		
	other:	P				3 ap -		
2.	When the student has leisu	ıre time (afte	r school,	weekend	•	vities does h	•	oy?
	Alone				vviuriai	illy & illerida	'	
3	In what additional recreation	nal or leisure	e activities	does th	e student expres	s interest?		
4.	Are there neighborhood frie	ends or place	es (examp	ole: store	) which the stude	nt visits inde	pendentl	y?
5.	Does the student ever stay	overnight w	ith friends	or relati	ves? Yes	No		
SK	ILL ÅREAS:							
1.	Please indicate whether the (Asst).	e student car	n perform	skills <u>inc</u>	dependently (Ind)	or with assis	stance	
	Also, indicate whether you	consider this	s to be an	importa	nt (Imp) skill by cl	necking the b	юх ( ).	
		Ind A	sst Im	ıp?		Ind	Asst	Imp?
	Simple grocery shopping	<u> </u>		•	acuum		71001	iiip:
	Put away groceries			D	ust			
	Make bed/change bed			М	low grass			
	Load/empty dishwasher			R	ake yard			
	Wash/dry dishes			W	ash windows			
	Set/clear table			W	ash clothes			
	Dry/fold clothes			W	/ash car			
	Clean appliances			С	are for pet			
	Collect/empty trash		<u> </u>	S	weep/mop			
	Simple food preparation				rim/edge lawn			
	Food prep with heat			С	lean car inside			
	Clean bathroom			С	are for plants			

2.	Please indicate whether the (Asst).	student ca	an perfor	m skills i	ndependently (Ind) o	or with assis	stance	
	Also, indicate whether you	consider th	is to be	an import	ant (Imp) skill by ch	ecking the b	oox ( ).	
	Pay telephone Vending machine Washer/dryer Public transportation	<u>Ind</u>	Asst	Imp?	Checkbook Savings account Pay admission	<u>Ind</u>	Asst	Imp?
	Dollar bill change machine				Video games Small purchase			
3.	Please indicate in which are Also, indicate whether you o				,	. ,	. ,	
	Automotive service Health occupations Assembly line Horticulture/landscaping Cosmetology		Exp	Imp?	Custodial Food service Child care Construction Retail		Exp	Imp?
4.	Are there any jobs at home	for which t	he stude	ent is resp	oonsible on a regula	r basis? If y	es, spec	cify:
5.	Are there any vocational or participating?	domestic a	activities	in which	you would object to	the student		
6.	List any additional communi	ity-based s	skills you	would lik	xe for the student to	acquire:		
Fυ	TURE PLANS:							
1.	What is planned for the stud	J		n from hi				
	Residential Op Supervised apartmer Group home / reside Home of parent/guar Other	nt ntial place	ment		Loca	<u>ation</u>		
	No plans  Work Option Continue education Part-time competitive Full-time competitive	e employm			Loca	ation		

Work adjustment/DARS program Service/activity/training center Stay home with parent/relative/sitter	
Stay home alone	
Other	
No plans	
Please list areas/skills which you view as be	eing important to the student's development.
In an attempt to make CBI meaningful, we very for the following services:	would like to know where the student or you currently go
Type of Service	Name & Location
Automotive:	
Gas/service station	
Carwash	
Medical:	
Dentist	
Doctor	
Emergency services	
Hospital	
Personal Services:	
Bank	
Post office	
Barber/beauty shop	
Laundromat	
Church	
Recreation:	
Bowling alley	
Movie theater	
Skating rink	
Sporting events	
Video arcade	
Others	
Restaurants:	
Cafeteria	
Fast food	
Seated services	
Stores:	
Convenience	
Department	
Discount	
Drugstore	
Grocery	
Shopping mall	

4. Does the student exhibit any behaviors that cause problems in certain locations or during certain activities? (Example: grabbing items in store, inappropriate interactions with strangers, etc.)

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