

_____ ISD
COMMUNITY-BASED INSTRUCTION (CBI)
PARENT/GUARDIAN SURVEY

Date Completed: _____

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Social Security #: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

FAMILY MEMBERS AND OTHERS IN THE HOME:

Name	Relationship	M/F	Age
School/Occupation			

MEDICAL INFORMATION:

1. Does the student use any aides or adaptive equipment? Yes___ No___
If yes, what? (Example: glasses, hearing aide, braces, wheelchair)

2. Does the student have any existing medical condition? Yes___ No___
If yes, what? (Example: seizures, diabetes, high blood pressure, heart problems, allergies)

3. Does the student have specific symptoms or signals to alert us to these medical conditions?

2. Please indicate whether the student can perform skills independently (Ind) or with assistance (Asst).

Also, indicate whether you consider this to be an important (Imp) skill by checking the box (☐).

	<u>Ind</u>	<u>Asst</u>	<u>Imp?</u>		<u>Ind</u>	<u>Asst</u>	<u>Imp?</u>
Pay telephone	_____	_____	<input type="checkbox"/>	Checkbook	_____	_____	<input type="checkbox"/>
Vending machine	_____	_____	<input type="checkbox"/>	Savings account	_____	_____	<input type="checkbox"/>
Washer/dryer	_____	_____	<input type="checkbox"/>	Pay admission	_____	_____	<input type="checkbox"/>
Public transportation	_____	_____	<input type="checkbox"/>	Video games	_____	_____	<input type="checkbox"/>
Dollar bill change machine	_____	_____	<input type="checkbox"/>	Small purchase	_____	_____	<input type="checkbox"/>

3. Please indicate in which area the student has an interest (Int) or has had experience (Exp)

Also, indicate whether you consider this to be an important (Imp) skill by checking the box (☐).

	<u>Int</u>	<u>Exp</u>	<u>Imp?</u>		<u>Int</u>	<u>Exp</u>	<u>Imp?</u>
Automotive service	_____	_____	<input type="checkbox"/>	Custodial	_____	_____	<input type="checkbox"/>
Health occupations	_____	_____	<input type="checkbox"/>	Food service	_____	_____	<input type="checkbox"/>
Assembly line	_____	_____	<input type="checkbox"/>	Child care	_____	_____	<input type="checkbox"/>
Horticulture/landscaping	_____	_____	<input type="checkbox"/>	Construction	_____	_____	<input type="checkbox"/>
Cosmetology	_____	_____	<input type="checkbox"/>	Retail	_____	_____	<input type="checkbox"/>

4. Are there any jobs at home for which the student is responsible on a regular basis? If yes, specify:

Are there any vocational or domestic activities in which you would object to the student participating?

6. List any additional community-based skills you would like for the student to acquire:

FUTURE PLANS:

1. What is planned for the student after graduation from high school?

<u>Residential Options: Type</u>	<u>Location</u>
_____ Supervised apartment	_____
_____ Group home / residential placement	_____
_____ Home of parent/guardian/relative	_____
_____ Other	_____
_____ No plans	_____
<u>Work Options: Type</u>	<u>Location</u>
_____ Continue education	_____
_____ Part-time competitive employment	_____
_____ Full-time competitive employment	_____

_____	Work adjustment/DARS program	_____
_____	Service/activity/training center	_____
_____	Stay home with parent/relative/sitter	_____
_____	Stay home alone	_____
_____	Other	_____
_____	No plans	_____

2. Please list areas/skills which you view as being important to the student's development.

3. In an attempt to make CBI meaningful, we would like to know where the student or you currently go for the following services:

<u>Type of Service</u>	<u>Name & Location</u>
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.)

