

SECONDARY: PARENT QUESTIONNAIRE FOR STUDENTS WITH SUPPORT NEEDS

Dear Parent/Guardian,

The secondary years are very important in helping your child to learn to become as independent as is possible. The more a young adult with developmental or intellectual disabilities is able to do for her/himself, the more opportunities there are for meaningful activities at home. In addition to increasing self-help skills at home, it also increases the post-school options, such as employment, volunteer work, etc. In order to identifying the priority skills for your 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. It is also critical to know which skills you, as the parent/guardian, will allow your young adult to 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.
- (2) **Importance:** Mark whether you consider the skill of low importance, medium or highly important.
- (3) **Allow/NOT Allow:** for each skill, indicate if you would allow your child to practice and use the skill at home or in the community if the teacher taught the skill at school. For example, you might think that fixing a simple meal with heat was 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 and you would allow your child to use a microwave at home if it were taught at school, mark it "WILL allow."
- (4) **Products/Materials:** Mark if there are certain products or materials used at home. For example, if you say
- (5) **Example of a Parent's Response to Skill #1:**

Make a simple meal (<i>without heat</i>)	<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>Either a ham sandwich or peanut butter and jelly. Also to place it on a paper plate, with chips, and a drink</i>
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Please review each of the skills and provide your input as a parent. Below each section are blank boxes, "Write-in Skill." These boxes are for you to add skills, not already listed, 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 is unable to fix a simple meal without heat is dependent upon others to meet this basic need, all of his/her life. The child who cannot select clothes independently may be able to with simple accommodations such as making packets of matching clothes. 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: 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:
Vocational Activities and Environments			

Obtain paid employment	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Describe type of job you believe best matches your child's interest and abilities. Describe the type of employment you would not support.
Participate in volunteer work	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Describe type of volunteer work you believe best matches your child's interest and abilities. Describe the type of volunteer you would not support.
Allow travel training to use community resources	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	The school bus does not exist after public school. What type of training is accessible for your family? (<i>local bus, taxi, walking/pedestrian, bicycle, etc</i>)
Will transport my child to a paid job or volunteer work.	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Will a family or friend will transport by car. Is there anything that needs to be taught to help make that successful?
Will complete applications to apply for community resources.	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Which agency(s) is your son/daughter a client of? Which additional agencies or community resources are needed?
Working with local, state agencies and providers.	<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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Agencies and community reports require the parent/guardian and adult student to work collaboratively in completing paperwork, planning, and putting the plan into action.
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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Describe:
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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Describe:

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 during and after public school. <input type="checkbox"/> Will "NOT" allow my child to do this during and after public school.	Describe:
List of Functional Needs for Skills at Home and in the Community			
Home: Self-Help Skills			
<i>Many students may not need self-help skills, therefore specific skills are not listed. Are there any self-help skill your son or daughter needs instruction in that you would allow and support.</i>			
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: