

Parent Selection Form

High School Level Form

Student 's Name: _____

Teacher: _____

Date of

IEP Meeting: _____ Time: _____ Location: _____

Dear Parent:

To help plan for your child's IEP meeting, I am sending this selection form and a list of activities currently available in our community. The activities are divided into three domains: Leisure, Personal Management, and Work. Please select 1-4 activity goals from Recreation/Leisure and Personal Management. Select two activities from the Work area.

If there is an activity not on the list that you would like your child to learn, please include it. Bring the completed selection form with you to the IEP meeting.

RECREATION/LEISURE

1. _____

3. _____

2. _____

4. _____

PERSONAL MANAGEMENT

1. _____

3. _____

2. _____

4. _____

WORK

1. _____

2. _____

HIGH SCHOOL LEVEL PARENT MENU

Directions: Circle choices by number. Indicate overall priority of selection by number

1. RECREATION/LEISURE

1.1 EXERCISE	1.2 GAMES/CRAFTS/HOBBIES	1.3 EVENTS	1.4 MEDIA	1.5 OTHER
1.1.1 Walking/Power walking 1.1.2 Jogging or running 1.1.3 Riding a bike 1.1.4 Playing catch or frisbee 1.1.5 Attending skill-building classes 1.1.6 Swimming 1.1.7 Participating in school physical education class 1.1.8 Participating in aerobics, slimnastics or jazzercise class 1.1.9 Using exercise equipment 1.1.10 Weight training or conditioning 1.1.11 Playing racquet sports (tennis, ping pong, racquetball) 1.1.12 Skating 1.1.13 Skateboarding 1.1.14 Dancing 1.1.15 Playing on community sports team 1.1.16 Being a team manager 1.1.17 Golfing 1.1.18 Horseback riding 1.1.19 Hiking/Backpacking 1.1.20 Skiing 1.1.21 Boating	1.2.1 Playing computer games 1.2.2 Playing video games 1.2.3 Building models (planes, cars) 1.2.4 Playing card games 1.2.5 Working puzzles 1.2.6 Doing needlecrafts 1.2.7 Miniature golf 1.2.8 Bowling 1.2.9 Playing darts 1.2.10 Shooting pool 1.2.11 Singing, participating in a vocal group 1.2.12 Playing an instrument 1.2.13 Playing in a musical group 1.2.14 Flying a kite or model plane 1.2.15 Playing lawn games 1.2.16 Attending art or craft classes 1.2.17 Completing art or craft project 1.2.18 Weaving or doing fiber arts 1.2.19 Woodworking 1.2.20 Gardening 1.2.21 Fishing or hunting 1.2.22 Photography 1.2.23 Participating in community theater or dance group	1.3.1 Attending club meetings (at school or in community) 1.3.2 Using the library 1.3.3 Attending community events (concerts, festivals, demonstrations) 1.3.4 Attending after school sports events 1.3.5 Attending after school social events 1.3.6 Visiting museums	1.4.1 Reading newspapers, magazines or books 1.4.2 Listening to radio/stereo 1.4.3 Using a cassette player 1.4.4 Listening to talking books 1.4.5 Using a VCR 1.4.6 Using a DVD/CD player 1.4.7 Using a computer 1.4.8 Using a remote control 1.4.9 Watching TV 1.4.10 Using computer email 1.4.11 Using the Internet 1.4.12 Using a computer palm device 1.4.13 Using a cell phone/pager	1.5.1 Talking with friends or family on the telephone 1.5.2 Maintaining intimate relationship 1.5.3 Visiting family and friends 1.5.4 Using a whirlpool, sauna, steam room or hot tub 1.5.5 Using a tanning salon or sunbathing 1.5.6 Volunteering with special interest group 1.5.7 Shopping

2. PERSONAL MANAGEMENT			
2.1 SELF	2.2 FOOD	2.3 SPACE AND BELONGINGS	2.4 PERSONAL BUSINESS
2.1.1 Caring for menstrual needs 2.1.2 Using public restroom 2.1.3 Getting hair cut and styled 2.1.4 Dressing 2.1.5 Undressing 2.1.6 Completing morning routine 2.1.7 Completing evening routine 2.1.8 Managing medications 2.1.9 Managing adaptive devices	2.2.1 Eating at fast food restaurant 2.2.2 Eating at a sit-down restaurant 2.2.3 Eating in a cafeteria 2.2.4 Using vending machines 2.2.5 Purchasing at a snack shop or canteen 2.2.6 Buying from street vendors 2.2.7 Buying groceries 2.2.8 Storing groceries 2.2.9 Setting the table 2.2.10 Planning meals 2.2.11 Preparing breakfast 2.2.12 Preparing lunch 2.2.13 Preparing dinner	2.3.1 Purchasing personal items 2.3.2 Purchasing clothing items 2.3.3 Washing clothes 2.3.4 Drying clothes 2.3.5 Sorting/folding clothes 2.3.6 Ironing clothes 2.3.7 Using dry cleaners 2.3.8 Straightening up a room 2.3.9 Washing dishes by hand 2.3.10 Drying dishes by hand 2.3.11 Doing dishes with a dishwasher 2.3.12 Unloading dishwasher 2.3.13 Clearing the table 2.3.14 Clearing the kitchen 2.3.15 Taking out the garbage 2.3.16 Sweeping 2.3.17 Vacuuming 2.3.18 Mopping 2.3.19 Cleaning the bathroom 2.3.20 Making the bed 2.3.21 Changing bed linens 2.3.22 Doing garden chores 2.3.23 Washing windows 2.3.24 Caring for a pet 2.3.25 Caring for plants	2.3.1 Managing a personal schedule 2.3.2 Using a checking account 2.3.3 Using a cash card 2.3.4 Using medical and social services 2.3.5 Budgeting money 2.3.6 Paying bills 2.3.7 Responding to medical and social emergencies 2.3.8 Using repair services 2.3.9 Keeping a diary 2.3.10 Completing homework 2.3.11 Completing school arrival routine 2.3.12 Completing school departure routine 2.3.13 Writing letters and managing correspondence

3. WORK			
3.1 COMMUNITY SERVICE JOBS			
3.3.1 Agriculture and natural resources			
3.3.2 Distribution			
3.3.3 Domestic and building services			
3.3.4 Food preparation and services			
3.3.5 Office and business services			
3.3.6 Construction			
3.3.7 Health & Education Occupations			
3.3.8 Manufacturing and machine operations			
3.3.9 Community services			

Parent/Significant Other Survey

Parent/Significant Other _____ Date _____
 Student's name _____ Date of birth _____
 Address _____ Current age _____
 School Level _____ Phone number _____
 Interviewer _____ Date of Interview _____

MEDICAL QUESTIONS

1. Does your son/daughter need to take any medications? What are they? What is the purpose of each one? What are the dosage and administration procedures? What are the potential side affects?

2. Is your son/daughter allergic to anything? If so, what?

3. Are there any special lifting, handling, and positioning procedures required for your son/daughter?

4. Does your son/daughter use any special adaptive equipment, positioning devices, prostheses, braces, or splints? If so, which ones? Can you show me how you use them with your son/daughter?

5. Does your son/daughter have any special health care needs (e.g., suctioning, clean intermittent catheterization)? Can he/she perform them without help? If help is needed, what steps need to be done by someone else?

COMMUNICATION/LANGUAGE SKILLS

1. What language is spoken in your home?

2. What language is spoken most often in your home?

3. How does your son/daughter communicate his/her needs to you?

4. How does your son/daughter communicate displeasure, pain or dislike to you?
5. How does your son/daughter communicate with family members and friends?
6. Does your son/daughter follow simple instructions (e.g., "Come here," "Sit down.")?
7. Do you think your son/daughter would learn activities more easily if taught in English or another language?
8. Is there any communication/language skill your son/daughter might like to learn?

BEHAVIOR AND SOCIAL SKILLS

1. Does your son/daughter exhibit any behaviors that you feel are socially inappropriate or that bother you or members of the family? If so, what are these behaviors? What do you think your son/daughter is trying to communicate with each of these behaviors? Under what circumstances do they seem to occur?
2. What do you or others do when each of these behaviors occur? What supports do you provide to prevent, replace or minimize each behavior? Do the replacement behaviors occur? Which strategies do you use that you think have been effective with each behavior?
3. What do you do to comfort or calm your son/daughter?
4. What do you do to discipline your son/daughter or show disapproval? How does he/she respond?
5. Does your son/daughter adapt easily to changes in routine/schedule?
6. Which behavior does your son/daughter exhibit that you consider the most problematic? What behavior would you like to see replace it?

PERSONAL MANAGEMENT ACTIVITIES

1. Is your son/daughter able to feed her or himself? If so, how did he/she learn to do this?
2. What are your son/daughter's favorite and least favorite foods?
3. Is your son/daughter able to dress her or himself?
4. Which self-help activities in food management or personal business (following daily schedule, shopping for personal items) are most important to you for your son/daughter to learn?
5. What personal management activities might your son/daughter like to learn? (see Parent Menu for list)

COMMUNITY EXPERIENCES

1. What places in the community do you take your son/daughter to (shopping mall, restaurants, relatives' homes, others) and in what community-based activities does he/she participate?
2. How does your son/daughter behave when you take him/her to these places?
3. What behavior supports may he/she need?
4. What community-based activities might your son/daughter like to learn? (see Parent Menu for list)

RECREATION/LEISURE ACTIVITIES

1. What are your son/daughter's favorite activities and toys at home?

2. What does your son/daughter do after school?
3. Does your son/daughter play/recreate with siblings and neighborhood friends?
4. Does your son/daughter enjoy playing by him/herself?
5. What recreation/leisure activities might your son/daughter like to learn?
(see Parent Menu for list)

CHORES/WORK ACTIVITIES

1. What chores does your son/daughter assist with at home (e.g., putting away toys, cleaning up spills and messes)?
2. What chores does your son/daughter do independently at home (e.g., putting away toys, cleaning up spills and messes)?
3. What chores would you like your son/daughter to be able to do at home?
4. Do you have any suggestions as to the type of work your son/daughter might be able to do when he or she is older (e.g., training sites at high school, paid job after graduation)?
5. Have you thought of any chores that your son/daughter might enjoy that would lead to work preparation (e.g., clerical work, gardening, janitorial)?

6. What work and community service activities might your son/daughter like to learn? (see Parent Menu for list)

PERSONAL FUTURE PLANNING

1. In the future, what recreation/leisure activities do you hope to see your son/daughter participate in or perform in the community as an adult?
2. In the future, what job and community service activities do you hope to see your son/daughter participate in or perform in the community as an adult?
3. In the future, what activities do you hope to see your son/daughter participate in or perform in personal management as an adult?
4. In the future, what lifestyle decisions do you hope to see your son/daughter participate in or perform in or make as an adult?
5. In the future, where do you hope to see your son/daughter living in the community as an adult?
6. What other hopes and dreams do you have for your son/daughter? How do you hope the school program can facilitate them?