

PARENT INVENTORY

Student : _____

Person Interviewed: _____

Relationship to Student: _____

Interviewer: _____

Date: _____

Education Placement: _____

I. HOME LIVING ACTIVITIES

A. Interviewer Instructions: Ask parent(s) to evaluate how the son/ daughter participates based on the below scale:

- A. Participates independently**
- B. Participates with assistance**

C. Does not participate

- | | |
|-------------------|-------|
| 1. Toileting | A B C |
| 2. Eating | |
| a. Utensil use | A B C |
| b. Table manners | A B C |
| c. Cleanup | A B C |
| 3. Dressing | |
| a. Closures | A B C |
| b. Rate | A B C |
| c. Neatness | A B C |
| 4. Grooming | |
| a. Washing | A B C |
| b. Bathing | A B C |
| c. Brushing teeth | A B C |
| d. Hair care | A B C |
| 5. Others _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

II. GENERAL COMMUNITY ACTIVITIES

B. Interviewer instructions: Ask parent(s) to evaluate the level that their son/ daughter participates in the community activities based on the scale below:

- | | |
|--|---------------------------------|
| A. Knowledge of activities | D. Does not participate |
| B. Participates with parent cooperatively | E. Would like to address |
| C. Participates with parent uncooperatively | |

- | | |
|--|-----------|
| 1. Rider in car/bus | A B C D E |
| 2. Home of neighbor, relative, or friend | A B C D E |
| 3. Grocery store | A B C D E |
| 4. Library | A B C D E |
| 5. Shopping mall | A B C D E |
| 6. Bank | A B C D E |
| 7. Doctor/Dentist office | A B C D E |
| 8. Restaurants | A B C D E |
| 9. Public bathroom | A B C D E |
| 10. Store | A B C D E |
| 11. Post office | A B C D E |
| 12. Laundromat | A B C D E |
| 13. Barber/beauty shop | A B C D E |
| 14. Other _____ | A B C D E |

III. PARENT/TEACHER COMMUNICATION

C. Interviewer Instructions: Ask parent(s) which of the following methods she/he would prefer to use in communicating with the teacher and how often based on the scale below.

Use-yes or no
How often-Daily? Weekly? Monthly? Other?

- | 1. Communication | <u>Use</u> | <u>How Often</u> |
|---------------------------|------------|------------------|
| a. Log book | Yes/No | _____ |
| b. Informal phone contact | Yes/No | _____ |
| c. Phone call night | Yes/No | _____ |
| d. Newsletter | Yes/No | _____ |
| e. School visits | Yes/No | _____ |
| f. Team meetings | Yes/No | _____ |
| g. IEP/Report card | Yes/No | _____ |
| h. Other _____ | Yes/No | _____ |

2. Please place a check mark (x) before the kinds of information you would like to receive from and share with the teacher.

- a. Progress on IEP objectives
- b. Social interactions with typically developing
- c. Classroom behaviors
- d. Medical Information
- e. Input from support service providers (e.g., Occupational Therapist, Speech/ Language Therapist, Physical Therapist)
- f. Daily classroom schedules and routines
- g. Special projects
- h. Community based training programs
- i. Information about staff (teachers aides, peer tutors, etc.)
- j. Information about school
- k. Other (please specify) _____

IV. SURVEY OF PARENT INFORMATION AND SUPPORT NEEDS

D. Interviewer Instructions: Ask parent(s) if they would like to receive information or assistance on the following areas based on the scale below:

A. Yes B. No C. Priority D. Resource

1. Areas

- | | |
|----------------------------------|---------|
| a. Parent support group | A B C D |
| b. Behavior management | A B C D |
| c. Managing family stress | A B C D |
| d. Teaching communication stress | A B C D |
| e. Teaching sex education | A B C D |
| f. Area recreation program | A B C D |
| g. Future planning | A B C D |
| h. Teaching self-care skills | A B C D |
| i. Teaching community skills | A B C D |
| j. Counseling services | A B C D |
| k. Transportation services | A B C D |
| l. Respite care services | A B C D |
| m. Legal services | A B C D |
| n. Advocacy services | A B C D |
| o. Medical concern | A B C D |
| p. Accessibility | A B C D |

V. STUDENT PROFILE

E. Interviewer Instructions: Ask parent(s) to answer the following questions about their son/daughter.

1. Name of learner: _____
2. Age: _____

3. Major strength: _____

4. Major disabilities: _____

5. Seizures: Yes No
If yes, type and frequency: _____
Medications and allergies: _____

6. Other pertinent medical problems: _____

7. What are (learner's name) _____ :

a. Major means of mobility: _____

b. Major means of communication: _____

c. Major disruptive or inappropriate behaviors: _____

d. Likes: _____ Dislikes: _____

8. What is (learner's name) _____ toileting procedure?

9. What is (learner's name) _____ feeding procedure?

10. Additional helpful hints and ideas including instructional materials and procedures,
behavior management procedures: _____

11. What adaptive equipment does the learner's name _____ (if any) use?

F. Interviewer Instructions: Ask parent to rate how their child responds to the following forms of direction.

1. Follow Directions

- a. Follows gestural directions
- b. Follows modeled directions
- c. Follows pictorial directions
- d. Follows verbal directions