

PARENT QUESTIONNAIRE

What is your child's major means of communication?

- | | |
|--|---|
| <input type="checkbox"/> speech | <input type="checkbox"/> gestures |
| <input type="checkbox"/> signing | <input type="checkbox"/> vocalizations |
| <input type="checkbox"/> communication devices | <input type="checkbox"/> combination of modes |
| <input type="checkbox"/> other (specify) _____ | |

What are some ways that your child expresses pleasure?

What are some ways that your child expresses displeasure?

What are some of your child's likes?

How does your child indicate preferences when given a choice between two or more activities, foods, objects, etc.?

At what time of the day does your child usually prefer to be active and productive?

At what time of day does your child usually prefer to rest and relax?

How does your child prefer to spend his/her time at home?

What are your child's special needs or preferences concerning:

___ positioning? _____

___ diet? _____

___ feeding? _____

___ medications? _____

___ health? _____

In most cases, when opportunities arise to make choices, your child prefers to:

- ___ make choices independently
- ___ make choices with minimal help from others
- ___ make choices with moderate help from others
- ___ leave the choice to someone else

In most cases, your child prefers situations that offer:

- | | |
|-----------------------|-----------------|
| ___ unlimited choices | ___ few choices |
| ___ many choices | ___ no choices |

In most cases, your child prefers temperatures which are:

- | | |
|-------------------|-------------------|
| ___ very warm | ___ very cool |
| ___ somewhat warm | ___ somewhat cool |

In most cases, your child prefers lighting which is:

- | | |
|---------------------|----------|
| ___ very bright | ___ dim |
| ___ somewhat bright | ___ dark |

In most cases, your child prefers environments where there is:

- lots of variety in activity from day to day
- moderate degree of change in activity
- low degree of change in daily activity
- activity that is the same day to day

Most of the time, your child prefers to be:

- | | |
|--|--|
| <input type="checkbox"/> alone | <input type="checkbox"/> very active |
| <input type="checkbox"/> with a small group | <input type="checkbox"/> moderately active |
| <input type="checkbox"/> with one other person | <input type="checkbox"/> relaxed |
| <input type="checkbox"/> with a large group | |
|
 | |
| <input type="checkbox"/> independent | |
| <input type="checkbox"/> supervised | |
| <input type="checkbox"/> dependent | |

Most of the time, your child prefers to be involved in:

- | | |
|---|---|
| <input type="checkbox"/> fast-paced activities | <input type="checkbox"/> highly repetitive activities |
| <input type="checkbox"/> moderately-paced activities | <input type="checkbox"/> moderately repetitive activities |
| <input type="checkbox"/> slow-paced activities | <input type="checkbox"/> non-repetitive activities |
|
 | |
| <input type="checkbox"/> highly structured situations | |
| <input type="checkbox"/> moderately structured situations | |
| <input type="checkbox"/> loosely structured situations | |
| <input type="checkbox"/> unfamiliar new surroundings | |
| <input type="checkbox"/> familiar surroundings | |

Most of the time, your child prefers environments that are:

- | | |
|--|--|
| <input type="checkbox"/> noisy | <input type="checkbox"/> highly visually stimulating |
| <input type="checkbox"/> moderately noisy | <input type="checkbox"/> moderately visually stimulating |
| <input type="checkbox"/> quiet | <input type="checkbox"/> not visually stimulating |
|
 | |
| <input type="checkbox"/> very active | |
| <input type="checkbox"/> moderately active | |
| <input type="checkbox"/> limited in action | |

If you can think of any other particular preferences that your child may have regarding environmental conditions, likes and dislikes, etc., please list them below.
