

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
- _____ many choices
- _____ few choices
- _____ no choices

In most cases, your child prefers temperatures which are:

- _____ very warm
- _____ somewhat warm
- _____ very cool
- _____ somewhat cool

In most cases, your child prefers lighting which is:

- _____ very bright
- _____ somewhat bright
- _____ dim
- _____ 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.
