

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 chance in daily activity
- activity that is the same day to day

Most of the time, your child prefers to be:

- alone
- with a small group
- with one other person
- with a large group
- independent
- supervised
- dependent
- very active
- moderately active
- relaxed

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

- fast-paced activities
- moderately-paced activities
- slow-paced activities
- highly repetitive activities
- moderately repetitive activities
- non-repetitive activities
- highly structured situations
- moderately structured situations
- loosely structured situations
- unfamiliar new surroundings
- familiar surroundings

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

- noisy
- moderately noisy
- quiet
- highly visually stimulating
- moderately visually stimulating
- not visually stimulating
- very active
- moderately active
- 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.

Adapted from: Program guidelines for serving students with severe multiple disabilities and/or deaf-blindness in Kansas, Kansas State Board of Education, (1989).