



THRIVE PROGRAM Applicant Questionnaire

Name:

Why would you like to participate in the THRIVE Program? What strengths do you bring to the program? What knowledge and skills would you like to gain? (Feel free to add pages or write on the back of this form.):

PERSONAL SUPPORT INVENTORY

Please indicate the level of support you currently need in each area below. These are skills that the THRIVE Program is designed to address; therefore, we would not expect you to be completely independent on each competency prior to enrollment in the program.

Independent Living Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
Find your way around your neighborhood, or campus environment					
Order and make purchases from a restaurant or store					
Handle activities of daily living: hygiene, laundry, light cooking, cleaning					
Use judgment skills in an emergency					
Cope with stress and emotions					
Adjust to new situations					

Social Skills and Communication	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
Able to relate to peers					
Ask for help or clarification					
Communicate needs in an appropriate manner					
Engage in appropriate social interaction					
Uses telephone, email					
Able to resist peer pressure					
Recognize potentially dangerous situations					

THRIVE PROGRAM APPLICANT QUESTIONNAIRE

Academic and Career Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
Attend school/work regularly					
Get places on time, take appropriate breaks					
Tell others your name, address, phone number, emergency information					
Dress appropriately for the weather and situation					
Meet hygiene expectations (take bath or shower, wash and style hair, use deodorant)					
Motivated to learn and stick with new tasks					
Complete assigned tasks					
Accept corrective feedback					
Check and self-correct work for completion and accuracy					
Able to follow verbal directions					
Able to follow written directions					
Follow rules and safety procedures					
Cooperate with team members					
Get along with peers					
Keep a daily schedule					
Able to tell time					
Able to structure your own time					
Math skills (Grade lvl)					
Reading skills (Grde lvl)					
Writing skills (Grde lvl)					
Computer skills					

THRIVE PROGRAM APPLICANT QUESTIONNAIRE

Health and Medical Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
Keep a calendar of doctor and dentist appointments and contact information					
Know when and whom to call when sick or hurt					
Know the difference between an emergency and minor illness					
Know where to go and how to get prescriptions filled					
Understand “co-pay” for doctor, pharmacy					
Know to ask the doctor or pharmacist questions					
Know your own medication: name, purpose, side effects, restrictions					
Recognize your own medication and when to take it					
Know how often medications are to be taken					
Open “child resistant” caps or ask for bottles that can be opened					
Fill daily/weekly pillbox accurately					
Know how to purchase and properly use over-the-counter medication					
Know who to call with questions or to get help with medical concerns					

Is there anything else you would like us to know about you?

THANK YOU!