

THRIVE PROGRAM Parent/Guardian Questionnaire

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Name of person completing this form:

Relationship to student:

Please briefly describe the benefits you would expect your young person to gain from participation in the THRIVE Program. Also describe where you perceive your young person to be living and working (employed) after graduation from THRIVE, five years after graduation, and ten years after graduation. (Feel free to add pages or write on the back of this form):

PERSONAL SUPPORT INVENTORY

Please indicate the level of support your young person currently requires in each area below. These are skills that the THRIVE Program is designed to address; therefore, we would not expect successful candidates to be completely independent on each competency prior to enrollment in the program. In fact, due to the nature of intellectual disabilities, some individuals may continue to require supports in some areas throughout their lifetime.

Independent Living	Requires	Needs	Needs	Needs	Completely
Skills	Complete	Moderate	Some	Minimal	Independent
	Assistance	Assistance	Assistance	Assistance	
Negotiates/finds way					
around neighborhood,					
campus environment					
Orders and makes					
purchases from a					
restaurant or store					
Handles activities of					
daily living: hygiene,					
laundry, light cooking,					
cleaning					
Use of judgment skills					
in an emergency					
Copes with stress and					
emotions					
Adjusts to new					
situations					

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

Skills Complete Assistance Attends school/work regularly Punctual, takes appropriate breaks Able to verbalize personal and emergency information Dresses appropriately for the weather and situation Meets hygiene expectations Motivated to learn and persist on new tasks Completes assigned tasks Accepts corrective feedback Checks and self-corrects work for completion and accuracy Able to follow verbal directions Able to follow written directions Gets along with peers Gets along with peers Keeps a daily schedule Able to tell time Able to structure own time Math skills (please estimate grade level) Computer skills Computer skills Monivated assistance Minimal Assistance Assistance Minimal Assistance Assistance Minimal Assistance Assistance Minimal Assistance Assistance Assistance Minimal Assistance Assistance Assistance Assistance Assistance Assistance Minimal Assistance Assi	Academic and Career	Requires	Needs	Needs	Needs	Completely
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Health and Medical Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
Keeps a calendar of					
doctor and dentist					
appointments and					
contact information					
Knows when and whom					
to call when sick or hurt					
Knows the difference					
between an emergency					
and minor illness					
Knows where to go and					
how to get prescriptions					
filled					
Understands "co-pay"					
for doctor, pharmacy					
Knows to ask the doctor					
or pharmacist questions					
Knows own medication:					
name, purpose, side					
effects, restrictions					
Recognizes medication					
and when to take it					
Knows how and how					
often medications are to					
be taken					
Opens "child resistant"					
caps or can ask for					
bottles that can be					
opened					
Fills daily/weekly					
pillbox accurately					
Knows how to purchase					
and properly use over-					
the-counter medication					
Knows who to call with					
questions or to get help					
with medical concerns					

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