



THRIVE PROGRAM Parent/Guardian Questionnaire

Student's name:

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 Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
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 Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
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					

THRIVE PROGRAM PARENT QUESTIONNAIRE

Academic and Career Skills	Requires Complete Assistance	Needs Moderate Assistance	Needs Some Assistance	Needs Minimal Assistance	Completely Independent
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					
Follows rules and safety procedures					
Cooperates with team members					
Gets along with peers					
Keeps a daily schedule					
Able to tell time					
Able to structure own time					
Math skills (please estimate grade level)					
Reading skills (please estimate grade level)					
Writing skills (please estimate grade level)					
Computer skills					

THRIVE PROGRAM PARENT QUESTIONNAIRE

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?

THANK YOU!