

**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.

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| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

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| **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 |  |  |  |  |  |

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| **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 |  |  |  |  |  |
| **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!*