

# PARENT INVENTORY

Student : \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Education Placement: \_\_\_\_\_

## I. HOME LIVING ACTIVITIES

A. Interviewer Instructions: Ask parent(s) to evaluate how the son/ daughter participates based on the below scale:

- A. Participates independently**
- B. Participates with assistance**

**C. Does not participate**

- |                   |       |
|-------------------|-------|
| 1. Toileting      | A B C |
| 2. Eating         |       |
| a. Utensil use    | A B C |
| b. Table manners  | A B C |
| c. Cleanup        | A B C |
| 3. Dressing       |       |
| a. Closures       | A B C |
| b. Rate           | A B C |
| c. Neatness       | A B C |
| 4. Grooming       |       |
| a. Washing        | A B C |
| b. Bathing        | A B C |
| c. Brushing teeth | A B C |
| d. Hair care      | A B C |
| 5. Others _____   |       |
| _____             |       |
| _____             |       |
| _____             |       |
| _____             |       |

**II. GENERAL COMMUNITY ACTIVITIES**

B. Interviewer instructions: Ask parent(s) to evaluate the level that their son/ daughter participates in the community activities based on the scale below:

- |  |                                 |
|--|---------------------------------|
| <b>A. Knowledge of activities</b>                  | <b>D. Does not participate</b>  |
| <b>B. Participates with parent cooperatively</b>   | <b>E. Would like to address</b> |
| <b>C. Participates with parent uncooperatively</b> |                                 |

- |  |           |
|--|-----------|
| 1. Rider in car/bus                      | A B C D E |
| 2. Home of neighbor, relative, or friend | A B C D E |
| 3. Grocery store                         | A B C D E |
| 4. Library                               | A B C D E |
| 5. Shopping mall                         | A B C D E |
| 6. Bank                                  | A B C D E |
| 7. Doctor/Dentist office                 | A B C D E |
| 8. Restaurants                           | A B C D E |
| 9. Public bathroom                       | A B C D E |
| 10. Store                                | A B C D E |
| 11. Post office                          | A B C D E |
| 12. Laundromat                           | A B C D E |
| 13. Barber/beauty shop                   | A B C D E |
| 14. Other _____                          | A B C D E |

**III. PARENT/TEACHER COMMUNICATION**

C. Interviewer Instructions: Ask parent(s) which of the following methods she/he would prefer to use in communicating with the teacher and how often based on the scale below.

Use-yes or no  
How often-Daily? Weekly? Monthly? Other?

- | 1. Communication          | <u>Use</u> | <u>How Often</u> |
|---------------------------|------------|------------------|
| a. Log book               | Yes/No     | _____            |
| b. Informal phone contact | Yes/No     | _____            |
| c. Phone call night       | Yes/No     | _____            |
| d. Newsletter             | Yes/No     | _____            |
| e. School visits          | Yes/No     | _____            |
| f. Team meetings          | Yes/No     | _____            |
| g. IEP/Report card        | Yes/No     | _____            |
| h. Other _____            | Yes/No     | _____            |

2. Please place a check mark (x) before the kinds of information you would like to receive from and share with the teacher.

- a. Progress on IEP objectives
- b. Social interactions with typically developing
- c. Classroom behaviors
- d. Medical Information
- e. Input from support service providers (e.g., Occupational Therapist, Speech/ Language Therapist, Physical Therapist)
- f. Daily classroom schedules and routines
- g. Special projects
- h. Community based training programs
- i. Information about staff (teachers aides, peer tutors, etc.)
- j. Information about school
- k. Other (please specify) \_\_\_\_\_

#### IV. SURVEY OF PARENT INFORMATION AND SUPPORT NEEDS

D. Interviewer Instructions: Ask parent(s) if they would like to receive information or assistance on the following areas based on the scale below:

**A. Yes      B. No      C. Priority      D. Resource**

1. Areas

- |                                  |         |
|----------------------------------|---------|
| a. Parent support group          | A B C D |
| b. Behavior management           | A B C D |
| c. Managing family stress        | A B C D |
| d. Teaching communication stress | A B C D |
| e. Teaching sex education        | A B C D |
| f. Area recreation program       | A B C D |
| g. Future planning               | A B C D |
| h. Teaching self-care skills     | A B C D |
| i. Teaching community skills     | A B C D |
| j. Counseling services           | A B C D |
| k. Transportation services       | A B C D |
| l. Respite care services         | A B C D |
| m. Legal services                | A B C D |
| n. Advocacy services             | A B C D |
| o. Medical concern               | A B C D |
| p. Accessibility                 | A B C D |

#### V. STUDENT PROFILE

E. Interviewer Instructions: Ask parent(s) to answer the following questions about their son/daughter.

1. Name of learner: \_\_\_\_\_
2. Age: \_\_\_\_\_

3. Major strength: \_\_\_\_\_  
\_\_\_\_\_

4. Major disabilities: \_\_\_\_\_  
\_\_\_\_\_

5. Seizures: Yes No  
If yes, type and frequency: \_\_\_\_\_  
Medications and allergies: \_\_\_\_\_

6. Other pertinent medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are (learner's name) \_\_\_\_\_ :

a. Major means of mobility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Major means of communication: \_\_\_\_\_  
\_\_\_\_\_

c. Major disruptive or inappropriate behaviors: \_\_\_\_\_  
\_\_\_\_\_

d. Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is (learner's name) \_\_\_\_\_ toileting procedure?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What is (learner's name) \_\_\_\_\_ feeding procedure?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional helpful hints and ideas including instructional materials and procedures,  
behavior management procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What adaptive equipment does the learner's name \_\_\_\_\_ (if any) use?

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F. Interviewer Instructions: Ask parent to rate how their child responds to the following forms of direction.

1. Follow Directions

- a. Follows gestural directions
- b. Follows modeled directions
- c. Follows pictorial directions
- d. Follows verbal directions