Parent Interview and Survey

1. What does your family do for fun?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Are there things your family would like to do but doesn’t because it is difficult for your child?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. What are your child’s favorite pastimes?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. Where does your child like to go?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. How does your child participate in the activities your family does together?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. What chores/jobs does your child do? How much help is required for this?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
7. Does your child go with you to the ... 

- Grocery store
- Ball games
- Church
- Discount store
- Movies
- Laundromat
- Mall
- Pharmacy
- Restaurant
- Post office
- School activities
- Social gatherings

8. Think of at least two skills or activities you would like to see your child participate in under each of the following domains.

**Social/Leisure:** (Learning to do things for fun; entertainment and recreation may require direct instruction in specific skills.)

______________________________________________________________________________
______________________________________________________________________________

**Domestic/Self-Help:** (These are the activities that if not learned independently by your child, that your child will need help with for the rest of his or her life.)

______________________________________________________________________________
______________________________________________________________________________

**Academic/Vocational:** (Consider the social skills required to participate in educational settings with peers, as well as conventional knowledge, such as recognizing shapes and numbers.)

______________________________________________________________________________
______________________________________________________________________________

**Community:** (For preschoolers, the domain of community may include preschool as well as the places the child goes with your family. What activities are peers involved in that your child and family could benefit from?)

______________________________________________________________________________
______________________________________________________________________________

Working with Students with Autism in the Schools
Parent Survey

Child’s Name: ____________________________________________

Date Sent: ________________ Date Returned: ___________________

Dear Parent or Guardian,

As we prepare for writing your child’s individualized education program, we would like input from you to help us focus on the areas that are most important. Please review this list of activities and mark the five you feel are of greatest importance.

☐ Playing with others
☐ Toileting
☐ Dressing
☐ Safety (Are there specifics you are concerned about?)

___________________________________________________________________________
___________________________________________________________________________

☐ Taking care of belongings (picking up and putting away things)
☐ Tolerating change from one activity to another
☐ Tolerating new people
☐ Eating
☐ Transportation skills
☐ Grooming
☐ Other: ____________________________________________________________

___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________

Thank you for your time. Your answers will help us as we plan for the next school year. If you have additional comments or suggestions, please feel free to include them with this survey or call me at school.

Sincerely,
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