# PERSONAL SUPPORT INVENTORY

(To be completed by parent or support person)

**Student Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the student’s functional level and is not a determining factor in acceptance to the Program.

**Check all that apply.**

## Independent Living Skills

|  |  |
| --- | --- |
| Finds a way around new environment | * Has never had the opportunity
* Needs complete assistance
* Needs limited assistance
* Completely independent
 |
| Follows a schedule independently | * Has never had the opportunity
* Needs complete assistance
* Needs limited assistance
* Completely independent
 |
| Bathes daily | * Needs daily reminders
* With prompting/schedules
* Completely independent
 |
| Changes clothes daily | * Needs daily reminders
* With prompting/schedules
* Completely independent
 |
| Brushes teeth daily | * Needs daily reminders
* With prompting/schedules
* Completely independent
 |
| Asks for help, clarification | * Needs prompting
* Always
* Only in familiar situations
 |
| Uses good judgement in an emergency | * Has received instruction, but has not been in the situation
* Has not received instruction
* Completely independent
 |

## Independent Living Skills (Cont.)

|  |  |
| --- | --- |
| Copes well with stress | * Needs assistance
* Has and uses coping strategies
* Independent
 |
| Adjusts well to new environments | * Needs much assistance
* Needs little assistance
* Independent
 |
| Prefers to do things for himself/herself | * Yes
* No
* Frequently requests assistance
 |
| Laundry | * Sorts
* Operates washer
* Operates dryer
* Folds
* Irons
* Does not do laundry
 |
| Cooks | * No
* Completely independent
* Very basic (Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |
| Has attended camp away from home | * Yes (For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No
 |
| Sets appointments for himself/herself | * Yes
* No
 |
| Has travelled | * Yes, flown alone
* Yes, flown with adult
* Internationally
* Yes, bus alone
* Yes, bus with adult
* No
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Has driver’s license | * Yes, drives on own
* Yes, drives with parent/adult only
* Learner’s Permit only
* Student does not drive
 |
| What chores is the student responsible for at home? |  |

## Independent Living Skills (Cont.)

|  |  |
| --- | --- |
| Is the student able to manage his/her own time? | * Arrives on time
* Allows enough time to walk to classes, etc.
* Uses alarm clock
* Uses schedule or day planner
* No
 |
| Is the student independently able to use: | * Laptop
* Debit card
* Flash drive
* Cell phone
* ATM
* Email
* Attach a document to an email
* Printer
 |
| Cuts fingernails and toenails | * Needs complete assistance
* Needs daily reminders
* With prompting/schedules
* Completely independent
 |
| Shaves face/legs | * Needs complete assistance
* Needs daily reminders
* With prompting/schedules
* Completely independent
 |

## Social Skills and Communication

|  |  |
| --- | --- |
| Communicates needs appropriately | * Yes
* No
* With prompting
 |
| Engages in age appropriate interaction | * Yes, socializes with same age peers
* Does not socialize
* Socializes mostly with family
* Socializes with traditional students
* Socializes only with students with disabilities
 |
| Deals with conflict | * Needs much assistance
* Seeks assistance
* Needs limited assistance
* Independent
 |

## Social Skills and Communication (Cont.)

|  |  |
| --- | --- |
| Distinguishes between friends and strangers | * Yes
* No
* Has not been in the situation
 |
| Follows rules | * Yes, is a rule follower
* Needs reminders
* Struggles following rules
 |
| Respects authority figures | * Yes
* No
* Depends on the relationship
 |
| Uses cell phone | * Phone calls
* Text messages
* Calendar/day planner
* Alarms
* Apps
* Internet browsing
 |
| Is able to provide personal information | * Address
* Emergency contact
* Medication information
* Insurance information
* Phone number
* Email address
 |
| Uses email | * Has email account but does not use
* Uses account with assistance
* Uses account independently
* Uses a flash drive
* Remembers passwords
* Needs reminders for passwords
 |
| Maintains appropriate social behavior | * With prompts
* Independently with family
* Needs reminders in public situations
* Independently in public situations
 |
| How does the student manage anger/anxiety? |  |

## Academic Skills

|  |  |
| --- | --- |
| Reading skillsApproximate grade level reading ability:\_\_\_\_\_\_\_\_\_\_\_\_ | * No functional reading
* Reads chapter books
* Reads books silently
* Can answer questions about a reading selection
* Can summarize a reading selection
* Reads books for pleasure
* Makes inferences
* Title of last book read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Math skillsApproximate grade level: \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Handles money to make purchases
* Counts change in bills
* Manages a checking account
* Stays within a budget
 |
| Computer skills | * Word processor
* Internet search
* Remembers password
* PowerPoint
* Requires assistance
* Uses Mac
* Uses PC
* Does not use the computer
 |
| Has participated in inclusive class | * No
* Yes, independently
* Yes, with assistant
* Yes, with accommodations
 |
| Following verbal directions | * Yes
* No
* With reminder
 |
| Following written directions | * Yes
* No
* With reminder
 |
| Time management skills | * Uses a calendar
* Makes appointments
* Needs complete assistance
* Keeps planner/agenda
* Sets reminders on phone
* On time
 |

## Academic Skills (Cont.)

|  |  |
| --- | --- |
| Study habits | * Studies independently
* Has tutor
* Requires one on one assistance
* Requires prompting
* Does not have homework
 |
| Note-taking skills | * Takes own notes
* Uses technology
* Requires copies of notes
 |
| Writing skills | * Has written papers
* Writes simple sentences
* Drafts, revises, and edits
* Writes short paragraphs
* Uses punctuation
* Takes notes during class
* Copies notes from board
* Does not write
* Uses technology for writing
* Approximate grade equivalent: \_\_\_\_\_\_\_\_\_\_\_
 |
| Listening skills | * Is auditory learner
* Able to retell settings, problems, events, and solutions
* Create questions based on information presented
 |
| Tutor/assistant | * Attended class with student
* Assisted with work one on one
* At home tutor
* No tutor or assistant
 |
| Assistive technology | * iPad apps
* Live Scribe Pen
* Laptop
* Voice recognition software
* Dragon Naturally Speaking
* OneNote
* Evernote
* Recording device
* Google apps
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |