# 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 skills  Approximate 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 skills  Approximate 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |