

PERSONAL SUPPORT INVENTORY

***TO BE COMPLETED BY PARENT OR SUPPORT PERSON**

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 way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Bathes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Changes clothes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Brushes teeth daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Uses good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer <input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> Does not do laundry

INDEPENDENT LIVING SKILLS (CONT.)

Cooks	<input type="checkbox"/> No <input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (Example: _____ _____ _____)
Has attended camp away from home	<input type="checkbox"/> Yes (For how long? _____) <input type="checkbox"/> No
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Does the student use rideshare apps?	<input type="checkbox"/> Uber <input type="checkbox"/> Lyft <input type="checkbox"/> Has app on phone, uses independently <input type="checkbox"/> Parent arranges/orders rideshare for student <input type="checkbox"/> Does not use rideshare apps
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive
List chores the student responsible for at home?	1. 2. 3. 4. 5.
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is student independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Email <input type="checkbox"/> Printer
Cuts fingernails and toenails	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Shaves face/legs	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from a restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Can provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Social security #
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
Dating experience	<input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating
Uses social media	<input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Snapchat

Is the student currently involved in activities that are specifically created for individuals with disabilities?

- No
- Yes
- Yes, inclusive activities

<p>Has the student been hospitalized in the past 12 months for anger/anxiety/stress or other mental health concerns? If yes, please explain.</p>	
<p>What strategies does the student use to manage stress?</p>	
<p>Has the student seen a doctor or therapist to help manage his/her anger/anxiety/stress? If yes, provide the date of last visit.</p>	
<p>How does the student currently manage anger/anxiety/stress?</p>	

ACADEMIC SKILLS

<p>Reading skills Approximate grade level reading ability: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____
<p>Math skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional math skills <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget
<p>Computer skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer
<p>Following verbal directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Following written directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Time Management</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
<p>Study Habits</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
<p>Note-taking</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
<p>Writing skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing

ACADEMIC SKILLS (CONT.)

Listening skills	<input type="checkbox"/> Can retell a story <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Creates questions based on information presented
Tutor/Assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> Adaptive apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Voice Recognition software: _____ <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

Please feel free to provide any supporting documentation.

What goals does the family/parent have for the student while in college?
