

L R E

FOR

L I F E

PROJECT

**HOME/COMMUNITY ACTIVITIES INVENTORY
FOR MIDDLE AND HIGH SCHOOL STUDENTS**

STUDENT NAME _____

DATE COMPLETED _____

EXPLANATION

There are two reasons for this inventory. First, it is to help you choose what you would like to be in your son's/daughter's IEP for next year. Second, it is to be used to tell us what your son/daughter can do in his/her home, school, and community.

DIRECTIONS

The Home/Community Activities Inventory is to be filled out each year before your son's/daughter's yearly M-Team meeting. In order to get the whole picture of what your son/daughter can do, please answer each question for each activity listed. Feel free to add activities under OTHER on page MH-7. After completing the inventory turn to the Home/School IEP Negotiation Form on page MH-8. For each of the headings, (i.e., Personal Management, Recreation/Leisure, Regular Education, Classes/Activities, Speech/Communication, and Other (if any) nominate the five (5) most important activities that you would like to be in your son's/daughter's IEP for next year. Although it may not be possible to teach all the activities you nominate, most of the IEP goals will come from your nominations.

PERSONAL MANAGEMENT	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?			IEP goal for next year?		Comments		
	Yes	No	How Often?	Always	Some-times	Seldom	Never	Show	Tell	Physical Help	Yes	No			
ACTIVITY															
SELF															
Using Restrooms															
Taking Care of Menstrual Needs															
Getting Hair Cut/Styled															
Dressing															
Undressing															
Completing Morning Routine															
Completing Evening Routine															
FOOD															
Using Fast-Food Restaurants															
Using a Sit-Down Restaurants															
Using a Cafeteria															
Using Vending Machines															
Using a Snack Shop/Canteen															
Using Street Vendors															
Buying Groceries															
Storing Groceries															
Setting the Table															
Planning Meals															
Preparing Meals															

PERSONAL MANAGEMENT	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?			IEP goal for next year?		Comments			
	Yes	No	How Often?	Always	Some-times	Seldom	Never	Show	Tell	Physical Help	Yes	No				
ACTIVITY																
SPACE AND BELONGINGS																
Purchasing Personal Items																
Purchasing Clothing Items																
Washing Clothes																
Drying Clothes																
Folding Clothes																
Ironing Clothes																
Using Dry Cleaner																
Straightening Up a Room																
Washing Dishes by Hand																
Drying Dishes by Hand																
Doing Dishes with the Dishwasher																
Clearing the Table																
Cleaning the Kitchen																
Taking Out the Garbage																
Dusting																
Sweeping																
Vacuuming																

PERSONAL MANAGEMENT	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?				IEP goal for next year?		Comments	
	Yes	No	How Often?	Always	Some-times	Seldom	Never	Show	Tell	Physical Help	Yes	No			
ACTIVITY															
SPACE AND BELONGINGS Mopping															
Cleaning the Bathroom															
Making the Bed															
Changing Bed Linens															
Doing Lawn Chores															
Washing Windows															
Caring for a Pet															
Caring for Plants															
PERSONAL BUSINESS Managing a Personal Schedule															
Using a Checking Account															
Using a Savings Account															
Using a Cash Card															
Using Medical & Social Services															
Budgeting Money															
Paying Bills															

PERSONAL MANAGEMENT	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?			IEP goal for next year?		Comments			
	Yes	No	How Often?	Always	Some-times	Seldom	Never	Show	Tell	Physical Help	Yes	No				
ACTIVITY																
PERSONAL BUSINESS																
Responding to Medical and Social Emergencies																
Purchasing Repair Services																
OTHER																

ADDITIONAL COMMENTS

RECREATION/ LEISURE ACTIVITY	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?				IEP goal for next year?		Comments			
	Yes	No	How Often?	Always	Some- times	Seldom	Never	Show	Tell	Physical Help	Yes	No					
EXERCISE Walking																	
Jogging																	
Riding a Bike																	
Playing Catch																	
Attending Skill- Building Classes																	
Swimming																	
Participating in Aerobics/ Slinnastics/ Jazzercise Class																	
Using Exercise Equipment																	
Weight Training																	
Racquet Sports																	
Skating																	
Skateboarding																	
Being a Team Manager																	
Golfing																	
Dance Classes																	
Team Sports																	

RECREATION/ LEISURE ACTIVITY	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?				IEP goal for next year?		Comments			
	Yes	No	How Often?	Always	Some- times	Seldom	Never	Show	Tell	Physical Help	Yes	No					
GAMES/CRAFTS/ HOBBIES																	
Computer Games																	
Video Games																	
Hand-Held Video Games																	
Card Games																	
Table Games																	
Puzzles																	
Needle Crafts																	
Bowling																	
Darts																	
Pool																	
Playing an Instrument																	
Building a Collection																	
Flying a Kite/ Model Plane																	
Lawn Games																	
Art/Craft Classes																	
Miscellaneous Art Projects																	
Weaving/Fiber Arts																	
Woodworking																	
Gardening																	
Fishing/Hunting																	

RECREATION/ LEISURE ACTIVITY	Does any member of your family participate in this activity?		When given the chance, does your son/daughter do this activity without help?					What kind of help, if any, does he/she need to do this?			IEP goal for next year?		Comments		
	Yes	No	How Often?	Always	Some- times	Seldom	Never	Show	Tell	Physical Help	Yes	No			
EVENTS															
Club Meetings															
Using the Library															
Community Events															
MEDIA															
Newspapers/ Magazines/Books															
Listening to the Radio															
Using a Cassette Player															
Listening to Talking Books															
Playing ^{CD} Records															
Using a VCR															
Using a Viewmaster															
Watching Television															
OTHER															
Talking with Friends/Family on the Phone															
Maintaining Intimate Relationships															
Visiting Family/ Friends															

HOME/SCHOOL IEP GOALS NEGOTIATION FORM

Student: _____ Date: _____ School Year: _____

	Parent/Student Nominations	School Team Nominations	Final Home/School Negotiations	No. Choose top 12 and Prioritize
Personal Management	1.			
	2.			
	3.			
	4.			
	5.			
Recreation/Leisure	1.			
	2.			
	3.			
	4.			
	5.			
Regular Education Classes/Activities	1.			
	2.			
	3.			
	4.			
	5.			
Speech/Communication	1.			
	2.			
	3.			
	4.			
	5.			
Other	1.			
	2.			
	3.			
	4.			
	5.			
Vocational	Goal: _____			
	Objectives: 1. _____			
	2. _____			
	3. _____			