

LRE for LIFE Project

Home/Community Activities Inventory

for Elementary 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/daughters'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 E-7. After completing the inventory turn to the Home/School IEP Negotiation Form on page E-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.

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Home/Community Activities Inventory
for Elementary School Students**

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	Always	Sometimes	Seldom	Never	Show	Tell	Physical Help	Yes	No			
EXERCISE														
Tag														
Kickball														
Dodge Ball														
Four Square														
Hide and Seek														
Rides Bicycle/ Tricycle/Big Wheel														
Catch														
Frisbee:														
T-Ball/Softball/ Baseball														
Skateboarding														
Sidewalk Roller Skating/Blading														
Flying Kites														
Using Playground Equipment														
Leisure Walking														
Attending and Participating in Clubs														
Dancing														

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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	Always	Sometimes	Seldom	Never	Show	Tell	Physical Help	Yes	No				
GAMES/CRAFTS/ HOBBIES						<input checked="" type="radio"/>									
Computer Games															
Playing Target Games															
Hand-Held Video Games															
Playing Table/Card Games															
Coloring /Painting															
Jigsaw Puzzles															
Activity Books															
Model Kit															
Construction															
Playing an Instrument															
Building a Collection															
Art/Craft activities															
Lawn Games															
MEDIA															
Watches TV															
Uses Radio															
Uses Cassette Recorder															
Uses CD Player															
Uses VCR															
Uses Books on Tape															
Reads for Pleasure															
Other:															

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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	Always	Sometimes	Seldom	Never	Show	Tell	Physical Help	Yes	No		
ACTIVITY													
SELF													
Undresses													
Dresses													
Dresses Appropriately for Weather/Occasion													
Uses Restroom													
Takes Bath/Shower													
Washes Hair													
Brushes/Combs Hair													
Washes Hands													
Washes Face													
Cleans Glasses													
FOOD													
Uses School/Public Cafeteria													
Uses Fast-Food Restaurant													
Uses Sit-Down Restaurant													
Uses Vending Machines													
Makes Simple Breakfast													
Makes Simple Lunch													
Makes Snacks													

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	Yes	No	Always	Sometimes	Seldom	Never	Show	Tell	Physical Help	Yes	No			
ACTIVITY														
FOOD														
Helps with Dinner														
Setting the Table														
Clearing the Table														
SPACE AND BELONGINGS														
Washes Dishes														
Makes Small Purchases														
Uses Dishwasher														
Takes Out Garbage														
Uses Utensils														
Uses Napkin														
Cleans Own Room														
Picks Up Personal Belongings														
Puts Away Clothes														
Dusts														
Vacuums														
Makes Own Bed														
Folds Clothes														
Other:														

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	Yes	No	Always	Sometimes	Seldom	Never	Show	Tell	Physical Help	Yes	No				
ACTIVITY															
COMMUNITY AWARENESS															
Bus Travel															
Walking in Community															
Responds to Emergency Situations															
Awareness of Dangerous Situations															
PERSONAL BUSINESS															
Manages Personal Schedule															
FUNCTIONAL ACADEMICS															
Reads to gather information (newspaper, etc.)															
Uses Hand Calculator															
Adds & Subtracts to Make Small Purchases															

