

Student Information Guide

Daily Living

1. Eating

a. When and where does the student eat? Check all that apply.

Breakfast	Snack	Lunch	Location
			Cafeteria with peers
			In separate area of cafeteria
			Other:

b. Student's level of independence. Check all that apply. Provide additional information in blanks if that item applies to the student.

Accessing food

- Completely independent in obtaining food, opening packages, and cleaning up after meal
- Requires assistance in going through serving line
- Requires assistance in carrying tray to table and cleaning up
- Requires assistance in opening packages

Eating/Drinking

- Uses regular utensils to feed self independently
- Only finger feeds
- Drinks from cup or straw
- Uses adaptive utensils: _____
- Requires assistance to use utensils: _____

Describe any additional difficulties/concerns in this area:

2. Managing toileting. Check all that apply. Provide additional information in blanks if that item applies to the student.

- Uses regular toilet
 - Sits on regular toilet seat without assistance
 - Sits on regular toilet seat with reducer ring
 - Sits on regular toilet seat with additional foot support
- Uses raised (handicapped) toilet
 - Without assistance
 - With reducer ring
 - With additional foot support
- Uses adaptive toilet seating: _____
- Utilizes grab bars in toilet stall for support
- Requires assistance for clothing: _____
- Requires assistance for toilet hygiene: _____

- Completes all toileting, hygiene, and clothing management independently
- Describe any additional difficulties/concerns in this area:

3. Dressing tasks at school. Check all that apply. Provide additional information in blanks if that item applies to the student.

- Requires assistance to put on/take off coat/jacket: _____
- Requires assistance with zippers: _____
- Requires assistance with buttons/snaps on coat/pants (circle as appropriate)
- Requires assistance to tie shoes
- Wears shoes without shoestrings on a consistent basis: _____
- Completes all school dressing tasks independently
- Describe any additional difficulties/concerns in this area:

4. Community/transition needs. Check all that apply. Provide additional information in blanks if that item applies to the student.

a. Meal Prep/Clean up. Mark the items that student is able to consistently complete.

- Retrieve items from cabinets/drawers
- Follow simple recipe/instructions
- Wash dishes/clean up
- Demonstrate safety during all tasks
- Adaptive equipment needed: _____
- Describe any difficulties/concerns with kitchen tasks

b. Shopping. Mark the items that student is able to consistently complete.

- Identify basic coins/bills
- Carry and give money to cashier
- Access needed items in store
- Follow a simple list to purchase items
- Carry purchases
- Adaptive equipment/AT needed: _____
- Describe any difficulties/concerns with shopping tasks

c. Driving: Which of the following impact the student's ability to drive safely?

- Cognition
- Vision
- Upper body limitations
- Lower body limitations

For any of the above impairments a referral may need to be made to a modified vehicle representative and/or a driver rehabilitation specialist.