

## Significant Other Inventory

Child's name:		DOB:	
Address:		Interviewee:	
City:		Date:	
Phone:			

### **Physical Functioning:**

1. Does your child take medication? For what? \_\_\_\_\_

\_\_\_\_\_

2. Is your child allergic to anything? \_\_\_\_\_

\_\_\_\_\_

3. How does your child learn to do new things? \_\_\_\_\_

\_\_\_\_\_

### **Communication/Language:**

1. What languages are spoken in your home? \_\_\_\_\_

2. What language is spoken most often in your home? \_\_\_\_\_

3. How does your child communicate needs to you? \_\_\_\_\_

\_\_\_\_\_

4. How does your child communicate displeasure, pain, or dislike to you? \_\_\_\_\_

\_\_\_\_\_

5. How does your child communicate with family members and friends? \_\_\_\_\_

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6. Does your child follow simple instructions (e.g., "come here," "sit down.")? \_\_\_\_\_

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7. Do you think your child would learn skills more easily if taught in English or another language?

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**Behavior:**

1. Does your child exhibit any behaviors that you feel are inappropriate or that bother you or members of your family?

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2. What do you or others do when this behavior occurs? \_\_\_\_\_

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3. What do you do to comfort or calm your child? \_\_\_\_\_

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4. What do you do to discipline your child or show disapproval? \_\_\_\_\_

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5. Does your child adapt easily to changes in routine? \_\_\_\_\_

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**Domestic/Self-help skills:**

1. Is your child able to feed her- himself? If so how did she learn to do this? \_\_\_\_\_

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2. What are your child's favorite and least favorite foods? \_\_\_\_\_

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3. Is your child able to dress him- herself? \_\_\_\_\_

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4. What personal hygiene skills would you like your child to learn? \_\_\_\_\_

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5. Which self-help skill is most important to you for your child to learn? \_\_\_\_\_

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**Community:**

1. What places in the community do you take your child (e.g., mall, restaurants, relatives homes, others)?

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2. How does your child behave when you take him/her to these places? \_\_\_\_\_

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**Recreation/Leisure:**

1. What are your child's favorite activities and toys at home? \_\_\_\_\_

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2. What does your child do after school? \_\_\_\_\_

3. Does your child play with siblings and neighborhood or family friends? \_\_\_\_\_

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4. Does your child enjoy playing by him/herself? \_\_\_\_\_

5. In what way does your child move about the house? \_\_\_\_\_

**Vocational:**

1. What jobs does your child help with at home (e.g. putting away toys, cleaning up spills and messes)?

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2. Do you have any suggestions as to the type of work your child might be able to do when s/he is older?

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3. Have you thought of any skills that your child might enjoy that would lead to work preparation (e.g., clerical work, gardening, janitorial)?

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**Future:**

1. What places do you think your child might go to when he is older? \_\_\_\_\_

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2. In the future, where do you see your child living (e.g., supervised apartment, group home, home)?

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