

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? _____

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

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

Behavior:

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

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

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

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

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

Domestic/Self-help skills:

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

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

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

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

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

Community:

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

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

Recreation/Leisure:

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

2. What does your child do after school? _____

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

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)?

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

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

Future:

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

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