

Dub-C Autism Program

West Chester University

Parent Questionnaire

PERSONAL INFORMATION

Date			
Name		Relation	
Student's Name			
Your Phone number (that you check daily)			
Your Email address (that you check daily)			
Your address	Number and street _____ City _____ State _____ Zip code _____		

STUDENTS EDUCATIONAL INFORMATION

Type of High School (Check all that apply)

<input type="checkbox"/> Private	<input type="checkbox"/> Public
<input type="checkbox"/> Charter	<input type="checkbox"/> Parochial
<input type="checkbox"/> Specialized School	<input type="checkbox"/> Boarding
<input type="checkbox"/> College Prep	<input type="checkbox"/> Cyber School
<input type="checkbox"/> Rural	<input type="checkbox"/> Urban
<input type="checkbox"/> Suburban	<input type="checkbox"/> Other:

Structure of student's classes in High School (Check all that apply)

<input type="checkbox"/> 10 or less students in class	<input type="checkbox"/> General Education
<input type="checkbox"/> 11-20 students in class	<input type="checkbox"/> Resource Room
<input type="checkbox"/> Over 20 students in class	<input type="checkbox"/> Individual instruction
<input type="checkbox"/>	<input type="checkbox"/> Learning Support
<input type="checkbox"/>	<input type="checkbox"/> Social skills/ Strategies

Support Services/ Accommodations Student received in High School

(Check all that apply and enter ones not listed)

	Occupational therapy		Extra time on test
	Speech Therapy		Quiet area for tests
	Physical Therapy		Test given orally
	1:1 paraprofessional		Guided notes/note taker
	Check in/ check person		Tasks broken down into simple steps
			Visual checklist
			Break passes

Favorite teacher/ Staff Member of Student in High School (if applicable)

What types of activities did they work on together?	<hr/> <hr/> <hr/> <hr/>
Why was this person easy to work with; what were the qualities of this person that made working with this person easier to work with	<hr/> <hr/> <hr/> <hr/>

COLLEGE ADMITTANCE INFORMATION

SAT/ ACT score	
Were there accommodations for Student's SAT/ACT	If yes, what accommodations did student receive: <hr/> <hr/> <hr/>
Student's major at WCU	
Why did student pick major	<hr/> <hr/>
Student's dream job	

How would you explain your students' learning style (i.e. how do they learn best)? Feel free to add additional information.

<input type="checkbox"/>	Visual	<input type="checkbox"/>	Can learn in distracting environment
<input type="checkbox"/>	Auditory	<input type="checkbox"/>	Like things to be explicit
<input type="checkbox"/>	Visual and auditory	<input type="checkbox"/>	
<input type="checkbox"/>	Sit in Front of class	<input type="checkbox"/>	
<input type="checkbox"/>	Sit anywhere in class	<input type="checkbox"/>	
<input type="checkbox"/>	Quiet environment	<input type="checkbox"/>	

STUDENTS' WORK EXPERIENCE

1. Has the student been in a working environment?

(check box)

<input type="checkbox"/>	Employed
<input type="checkbox"/>	Volunteered

Where were they employed	<hr/> <hr/> <hr/> <hr/>
What were duties at job	<hr/> <hr/> <hr/> <hr/>
What, if any, were challenges in the work environment?	<hr/> <hr/> <hr/> <hr/>

STUDENTS' TREATMENT/MEDICAL INFORMATION

Diagnosis information

What is Student's diagnosed disability	
Age when diagnosed	
When was last assessment	
Last assessment was completed by:	

If you were to describe your students' diagnosis and how it affects you and your family, what would you say?

Medical Information

1. Is the student currently working with a therapist/professional? (check box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO

If yes, provide the Therapist's information

Name(s)	
Phone number (s)	
Email (s)	
Does student plan on continuing to work with therapist while at WCU?	Yes or No

If yes, how often will they meet with/talk to him/her?

___ weekly ___ bi-monthly ___ monthly ___ 1-3 times a semester

2. **Physician information**

Name	
Phone number	
Email	

3. What medications is student currently taking? (leave blank if none)

Name of medication/ dosage	Reason for taking	Side Effects experienced

4. If taking medication, how will student obtain medication?

☐ independently pick up ☐ parents will send ☐ sent via mail ☐ not sure

5. Currently, how is the medication administered?

☐ provided by parent/adult ☐ pill box (filled by parent) ☐ pill box (filled by student)

☐ independently ☐ other _____

FAMILY INFORMATION

Please provide information for Parents/Guardians and Siblings.

Names	Relation	Indicate if lived full time/ Part time/ none with each person in last year
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> None

STUDENTS' HOUSING/LIVING

Current living arrangements:

<input type="checkbox"/>	Living in Dorm alone	<input type="checkbox"/>	Living in apartment alone	<input type="checkbox"/>	Living with parents/guardians (own room)
<input type="checkbox"/>	Living in Dorm w roommate	<input type="checkbox"/>	Living in apartment with roommate(s)	<input type="checkbox"/>	Other_____

Describe student's living habits (check the boxes that apply, add if needed)

<input type="checkbox"/>	Neat	<input type="checkbox"/>	Stuff is thrown around	<input type="checkbox"/>	Messy/difficult to find things
<input type="checkbox"/>	Clean	<input type="checkbox"/>	Have clean areas	<input type="checkbox"/>	Need to dust/vacuum/wash
<input type="checkbox"/>	Orderly	<input type="checkbox"/>	Some things have a place	<input type="checkbox"/>	Nothing has a place to go
<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Normal volume	<input type="checkbox"/>	Loud
<input type="checkbox"/>	Have a schedule for chores/housekeeping	<input type="checkbox"/>	Have a schedule for some chores/housekeeping	<input type="checkbox"/>	No schedule for chores/housekeeping
<input type="checkbox"/>	Like a majority of time to be private/alone	<input type="checkbox"/>	Like 50% of time to be private/alone	<input type="checkbox"/>	Prefer to be around others in house/living arrangement
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

STUDENTS' STRESS MANAGEMENT

What particular situations trigger stress for student : (check all that apply, add if needed)

<input type="checkbox"/>	Communicating with others	<input type="checkbox"/>	People yelling at you	<input type="checkbox"/>	Working in groups
<input type="checkbox"/>	Social events	<input type="checkbox"/>	Not enough sleep	<input type="checkbox"/>	Getting homework/projects done on time
<input type="checkbox"/>	Loud noises/sounds	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Organizing school work
<input type="checkbox"/>	crowds	<input type="checkbox"/>	Unclear directions	<input type="checkbox"/>	Planning transportation
<input type="checkbox"/>	Change in routine	<input type="checkbox"/>	Meeting new people	<input type="checkbox"/>	Being late
<input type="checkbox"/>	Things not in order/orderly fashion	<input type="checkbox"/>	Parental involvement	<input type="checkbox"/>	Advocating needs
<input type="checkbox"/>	Other_____	<input type="checkbox"/>	Other_____	<input type="checkbox"/>	Other_____
<input type="checkbox"/>	Other_____	<input type="checkbox"/>	Other_____	<input type="checkbox"/>	Other_____

How does student respond when:

	Responses	Coping strategies
Very afraid		
Very anxious		
Very frustrated		

STUDENTS' SOCIAL INTERACTIONS

Check all that apply to your friendships/social interactions

<input type="checkbox"/>	Have 1-2 friends	<input type="checkbox"/>	enjoy being around others	<input type="checkbox"/>	Enjoy meeting new people
<input type="checkbox"/>	Have a group of 5 or more friends	<input type="checkbox"/>	Like to try new things	<input type="checkbox"/>	Meet professors during office hours and/or before/after class
<input type="checkbox"/>	Make friends easily	<input type="checkbox"/>	Will do things with others if preferred	<input type="checkbox"/>	Just do work for class, do not engage with professor/teacher unless need something
<input type="checkbox"/>	Maintain friendships	<input type="checkbox"/>	Will do things with others if non-preferred	<input type="checkbox"/>	Get along well with family
<input type="checkbox"/>	Can initiate conversation	<input type="checkbox"/>	Enjoy going to events with others	<input type="checkbox"/>	Prefer to do things with family members only
<input type="checkbox"/>	Can maintain conversation	<input type="checkbox"/>	Enjoy going to others' houses	<input type="checkbox"/>	Seek out social situations
<input type="checkbox"/>	Can end a conversation appropriately	<input type="checkbox"/>	Would prefer to stay home	<input type="checkbox"/>	Would like to be more social

What does student do to have fun?

	Video games		Program computers/games		Watch tv
	Computer games		Hang out with friends		Do crafts
	Watch sports		Listen to music		Watch Youtube
	Play sports		Go to concerts		Go for walk
	Watch movies		Go out to eat		Outdoor adventure (hiking/canoeing)
	Read		cook		Other_____
	Paint		dance		Other_____

Any additional information you wish to share:

[illegible]