

# INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT

(3)

Name of Student: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

ACTIVITIES	Child Does This Activity Now With Little Assistance	Please Rank by Preference Those Activities That You Would Like to See Included in the IEP		
		High Preference Activities	Medium Preference Activities	Low Preference Activities
<b>DOMESTIC LIVING</b>				
<b>SELF CARE:</b>				
Eats using spoon, fork, knife				
Drinks from cup				
Uses napkin				
Dresses				
Undresses				
Cares for toileting needs				
Cares for menstrual needs				
Washes/dries hands				
Combs hair				
Washes hair				
Sets/styles hair				
Brushes teeth				
Shaving (face, underarms, legs)				
Bathes				
Applies deodorant				
Applies makeup				
Applies cologne				
Nail care				
Washes clothes				
Dries clothes				
Puts away clothes (fold/hang)				
Purchases clothes				
Other: _____				
<b>MEAL TIME:</b>				
Follows simple recipes to prepare foods				
Prepares simple snacks/beverages using toaster, blender, popcorn popper				
Uses kitchen utensils to peel, slice, grate, measure ingredients				
Prepares sack lunch				
Heats prepared foods on stove				
Bakes/broils prepared foods in oven				
Prepares breakfast				
Prepares dinner				
Simple menu planning				
Shops for groceries				
Stores perishable/nonperishable goods				
Other: _____				

ACTIVITIES	Child Does This Activity Now With Little Assistance	Please Rank by Preference Those Activities That You Would Like to See Included in the IEP		
		High Preference Activities	Medium Preference Activities	Low Preference Activities
DOMESTIC LIVING (cont'd)				
HOUSEHOLD RESPONSIBILITIES/ CHORES:				
Makes bed				
Picks up/puts away belongings				
Places dirty clothes in appropriate receptacle				
Sets table				
Clears table				
Washes table				
Washes dishes by hand				
Dries dishes by hand				
Washes dishes in dishwasher				
Puts dishes away				
Washes sinks, counters, stove top				
Empties wastebaskets				
Takes out garbage				
Waters plants				
Mows lawn				
Sweeps walks				
Feeds pet				
Other:				

ACTIVITIES	Please Check the Activities the Family Enjoys and How Frequently You Partici- pate in the Activity		Please Rank by Preference Those Activities That You Would Like to See Included in the IEP		
	(1-2 times/ month)	(1-2 times/ year)	High Preference Activities	Medium Preference Activities	Low Preference Activities
RECREATION/LEISURE					
Playing catch: ball/frisbee					
Tetherball					
Basketball					
Badminton					
Aerobics/jazzercise class					
Using exercise equipment					
Weight training					
Skate boarding					
Bicycle riding					
Trampoline					
Jogging					
Gymnastics					
Dance					
Horseback riding					
Bowling					
Playing pool					
Swimming					
Arts/crafts classes					
Movies					
Using video games					
Listening to music					

ACTIVITIES  RECREATION/LEISURE (cont'd)	Please Check the Activities the Family Enjoys and How Frequently You Participate in the Activity (1-2 times/month)   (1-2 times/year)		Please Rank by Preference Those Activities That You Would Like to See Included in the IEP		
			High Preference Activities	Medium Preference Activities	Low Preference Activities
Watching television					
Reading					
Cards					
Board games (specify)					
Make purchases/vending machines					
Other:					

ACTIVITIES  COMMUNITY MOBILITY/FUNCTIONING	Please Check Those Places You Take Your Child To	Please Rank by Preference Those Places That You Would Like to Take Your Child if S/He Had a Way to Participate		
		High Preference Activities	Medium Preference Activities	Low Preference Activities
Browsing in department stores				
Laundromats				
Grocery stores				
Dry cleaners				
Eating out in: Fast food restaurants				
Cafeterias				
Sit-down restaurants				
Ice cream parlor				
Beauty shop				
Swimming pools				
Bowling alleys				
Video arcades				
Movie theaters				
Public library				
Going to the park				
Going to church/synagogue				
Gyms/health clubs				
Post office				
Bank				
Medical services				
Car wash				
Other:				

ACTIVITIES  VOCATIONAL	I Can See My Child Engaged in This Type of Activity in Adulthood Even Though S/He May Not Do It Independently	Please Rank by Preference Those Activities That You Would Like to See Included in the IEP		
		High Preference Activities	Medium Preference Activities	Low Preference Activities
HOUSEKEEPING SKILLS:				
Sweep				
Mop				
Vacuum				
Dust				
Make beds				
Wash windows				
Change bed linens				
Clean bathroom fixtures				
Clean kitchen/laundry appliances				
LAUNDRY:				
Load washers				
Load dryers				
Fold				
OUTSIDE MAINTENANCE:				
Watering				
Mow				
Rake				
Trim/edge				
Sweep walks				
Pick up litter				
FOOD SERVICE:				
Wash dishes				
Refill staples				
STOCKROOM:				
CAR WASH:				
Other:				