STUDENT HOME-COMMUNITY PERFORMANCE PROFILE

Student Performance During Non-School Hours

Student: _____ **Date of Birth:** _____

Please Complete Remainder of Profile in Dark Pencil

Date: _____ **Person(s) Completing Form:** _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Sibling/Housemate Name(s) and Age(s):

_____ _____

_____ _____

_____ _____

_____ _____

Physician Names and Addresses:

1. _____

   _____

   Phone: _____ Specialty: _____

2. _____

   _____

   Phone: _____ Specialty: _____

3. _____

   _____

   Phone: _____ Specialty: _____

Preferred Hospital: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

After School Program/Care Provider: _____

Phone: _____ Hours: _____

Your Child's Diagnosed Disabilities: _____

_____

_____

_____

Medication	Dosage	Time Administered	Purpose

Related Services Received and Locations: _____

_____

_____

_____

Special Equipment and Devices Used by Your Child:

- ☐ braces ☐ walker ☐ wheelchair
- ☐ hearing aid ☐ glasses ☐ contact lenses
- ☐ orthoses (describe) _____
- ☐ special equipment/devices (list) _____

_____

- ☐ assistive technology (list) _____

_____

Is your child on a restricted diet? ____ **List restricted foods:** _____

_____

Allergies? _____

_____

Other health concerns? _____

_____

GENERAL INFORMATION

1. **List some of your child's favorite objects, in order of preference:**

   a. _____ d. _____

   b. _____ e. _____

   c. _____ f. _____

2. **List some of your child's favorite activities, in order of preference:**

   a. _____ d. _____

   b. _____ e. _____

   c. _____ f. _____

3. **List some of the things that your child dislikes:**

   a. _____ c. _____

   b. _____ d. _____

4. **List some of the ways that your child seeks social approval from others** (ex: smiles; hand shakes; hugs; verbal praise - "good job!"):

   a. _____ c. _____

   b. _____ d. _____

5. **List any friends or significant others that your child has outside of the family:**

   _____ _____

   _____ _____

   _____ _____

   _____ _____

   How does your child get to see his/her friends and/or significant others?

   ☐ walks ☐ rides a bike ☐ goes with family member(s)

   ☐ goes with friends ☐ takes a bus ☐ takes a taxi cab

6. **Additional comments/information:** _____

   _____

BEHAVIORAL CHARACTERISTICS

Check any of the following behavioral characteristics that your child exhibits:

	Comments/Concerns
☐ cooperative	
☐ friendly, outgoing	
☐ very active, restless	
☐ shy, quiet	
☐ sedentary	
☐ polite, well-mannered	
☐ aggressive, abusive	
☐ easily upset or angered	
☐ even tempered	
☐ attentive	
☐ easily distracted	
☐ rebellious	
☐ fearful	
☐ destructive	
☐ likes meeting new people	
☐ communicates needs appropriately	
☐ is usually happy	
☐ cries frequently	
☐ has temper tantrums	
☐ puts hands/objects in mouth	
☐ eats things not meant to be eaten	
☐ engages in repetitive behaviors	
☐ is self-abusive (ex: hits self)	
☐ screams	
☐ throws things	
☐ other (specify)	

Additional comments and concerns: _____

_____

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EATING

1. **Does your child eat independently and age-appropriately?**
   Yes ☐ No ☐ If yes, skip to item #9.
1. **Does your child eat with the family?** Yes ☐ Sometimes ☐ No ☐
2. **Does he/she sit in a special chair to eat?** Yes ☐ No ☐
3. **Does your child eat solid foods?** ☐ finely chopped? ☐ semi-solid? ☐
   pureed? ☐ other? (describe) ☐ _____
4. **Does he/she have difficulty in chewing?** ☐ Swallowing? ☐
   What types of food can he/she chew? _____
   Not chew? _____
5. **Does he/she feed self food with his/her hands?** Yes ☐ No ☐
   If yes, list examples: _____
6. **Does he/she use a spoon?** ☐ fork? ☐ knife? ☐ which hand? _____
   Describe any assistance he/she requires to eat: _____
   _____
7. **Does he/she drink liquids independently?** Yes ☐ No ☐
   Check all of the following that apply:
   - ☐ can drink from a cup
   - ☐ can hold and drink from a cup
   - ☐ can drink through a plastic straw
   - ☐ can drink from a glass
   - ☐ can hold and drink from a glass
   - ☐ can drink through a paper straw

   Describe any assistance that he/she requires to drink: _____
   _____
8. **Does he/she require and special equipment or procedures to make eating easier?** Yes ☐ No ☐ If yes, describe: _____
   _____
9. **What foods does he/she especially like?** _____
   _____
   What foods does he/she dislike? _____
   _____
10. **Additional comments or concerns:** _____
    _____

PERSONAL HYGIENE AND DRESSING

For the following activities, please indicate whether your child is independent (**I**), needs help (**NH**), or if the activity is done for him/her (**D**).

	I	NH	D
Hand washing	☐	☐	☐
Face washing	☐	☐	☐
Hair brushing	☐	☐	☐
Hair combing	☐	☐	☐
Tooth brushing	☐	☐	☐
Blowing nose	☐	☐	☐
Bathing	☐	☐	☐
Showering	☐	☐	☐
Washing hair	☐	☐	☐
Blow-drying hair	☐	☐	☐
Applying lotion	☐	☐	☐
Performing nail care	☐	☐	☐
Cleaning eyeglasses	☐	☐	☐
Cleaning hearing aid	☐	☐	☐
Applying deodorant	☐	☐	☐
Shaving (electric razor)	☐	☐	☐
Shaving (safety razor)	☐	☐	☐
Applying make-up	☐	☐	☐
Applying perfume/cologne	☐	☐	☐
Checking appearance	☐	☐	☐
Selecting clothes to wear	☐	☐	☐
Putting on jewelry	☐	☐	☐
Removing bra	☐	☐	☐
Putting on bra	☐	☐	☐

	I	NH	D
Removing shoes	☐	☐	☐
Removing socks	☐	☐	☐
Removing underpants	☐	☐	☐
Removing T-shirt	☐	☐	☐
Removing shirt/blouse	☐	☐	☐
Removing pants/skirt	☐	☐	☐
Removing sweater	☐	☐	☐
Removing coat/jacket	☐	☐	☐
Putting on shoes	☐	☐	☐
Tying/fastening shoes	☐	☐	☐
Putting on socks	☐	☐	☐
Putting on underpants	☐	☐	☐
Putting on T-shirt	☐	☐	☐
Putting on shirt/blouse	☐	☐	☐
Putting on pants/skirt	☐	☐	☐
Putting on sweater	☐	☐	☐
Putting on coat/jacket	☐	☐	☐
Unzipping	☐	☐	☐
Zipping	☐	☐	☐
Unbuttoning	☐	☐	☐
Buttoning	☐	☐	☐
Unsnapping	☐	☐	☐
Snapping	☐	☐	☐
Using Velcro® fasteners	☐	☐	☐

Additional comments or concerns: _____

_____

BATHROOM USE

1. **Is your child independent and age-appropriate in bathroom behavior?**
   Yes ☐ No ☐ If yes, skip to next section.

1. **Does your child indicate if he/she is wet or soiled?** Yes ☐ No ☐
   If so, how? _____

2. **Does your child communicate the need to use the toilet?** Yes ☐ No ☐
   If so, how? _____

3. **Please indicate those activities that your child can do <u>without</u> assistance:**
   - ☐ locate the bathroom at home
   - ☐ locate a bathroom in the community
   - ☐ sit on toilet without adaptations
   - ☐ use toilet paper appropriately
   - ☐ sit on toilet with adaptations (describe): _____
   - ☐ flushes toilet
   - ☐ use urinal
   - ☐ pull pants up
   - ☐ adjust clothes
   - ☐ fasten pants (list exceptions): _____

4. **Special toileting habits and requirements** (check all that apply):
   - ☐ wears a diaper
   - ☐ lays down, while diaper is changed
   - ☐ sits to urinate
   - ☐ requires assistance to remain seated
   - ☐ requires assistance transferring from standing/wheel chair to commode
   - ☐ uses adapted toilet seat or other device (describe): _____
   - ☐ wets pants during daytime hours (how often?): _____
   - ☐ wets bed at night (how often?): _____
   - ☐ defecates in pants (how often?): _____

MENSTRUAL HYGIENE

Does your daughter menstruate? Yes ☐ No ☐

1. **If yes, is her cycle regular?** Yes ☐ No ☐
2. **Does she have any premenstrual symptoms?** Yes ☐ No ☐
   Please describe: _____
3. **How much assistance does she require to perform menstrual hygiene:**
   ☐ independent ☐ some/partial assistance ☐ total help/assistance

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HOUSEHOLD CHORES

List the chores and personal responsibilities that your child performs in each of the following categories (ex: make toast; make beverages in a switch-activated blender; clear and clean his/her place at the table; take out the trash; put his/her clothes in a hamper; water plants; bring in the newspaper; walk the dog; put toys away; etc.). Indicate whether he or she is independent in the activity, needs a little help, or needs a lot of help.

	Independent	Needs Help	Needs Lots of Help
Food Preparation			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
Kitchen Chores			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
General Cleaning			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
Clothing Care			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
Yard Work			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
Other Responsibilities			
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Comments or concerns: _____

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COMMUNICATION

1. **How does your child communicate with you most of the time?**
(Check as many boxes as are appropriate)

- ☐ speech
- ☐ sounds/vocal intonation
- ☐ photographs
- ☐ manual sign language
- ☐ objects
- ☐ pictures
- ☐ facial expressions (ex: smiling; pouting)
- ☐ manual signals (ex: pointing; gesturing; touching)
- ☐ physical interactions (ex: pulling on a parent; demonstrating affection)
- ☐ tantrums (acting-out behavior)
- ☐ electronic communication device (specify): _____
- ☐ other (describe): _____

2. **Please describe your child's communication:**

a. How does your child let you know what he/she wants?

_____

_____

b. Spoken words, manual signs, or symbols (photos, etc.) that he/she often uses:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

c. Spoken words, manual signs or symbols that you would like him/her to learn:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

d. If your child combines words, signs or symbols to form phrases or sentences, please describe or give examples: _____

_____

e. Comments or concerns: _____

3. **How do you communicate with your child?** (Check all boxes that apply)

- ☐ speech
- ☐ manual sign language
- ☐ sounds/vocal intonation
- ☐ objects
- ☐ photographs
- ☐ pictures
- ☐ facial expressions (ex: smiling; pouting)
- ☐ manual signals (ex: pointing; gesturing; touching)
- ☐ physical interactions (ex: hugging; patting; moving)
- ☐ other (describe): _____

_____

4. **Can your child answer "yes/no" questions reliably?** Yes ☐ No ☐

If yes, describe: _____

_____

5. **Does your child follow simple directions at home?** Yes ☐ No ☐

If yes, give examples: _____

_____

6. **Does your child know how and when to ask for assistance?** Yes ☐ No ☐

If yes, describe: _____

_____

7. **Does your child know how and when to use a public telephone?**

Yes ☐ No ☐ If yes, describe: _____

_____

8. **Is a foreign language spoken at home?** Yes ☐ No ☐

If yes, which language? _____

9. **Additional comments or concerns:** _____

_____

_____

_____

_____

_____

COMMUNITY ACTIVITIES

Please list all of the community settings that your family frequents, as a group or individually. Be specific as to setting names (ex: Joe's Market; Burger Barn; etc.).

Setting	Setting Name	Family Members Present	How Often Used?	Comments/ Concerns
Neighborhood Store				
Drugstore				
Supermarket				
Fast Food Restaurant				
Sit Down Restaurant				
Shopping Mall				
Library				
Bank				
Church				
Movie Theater				
Pool/Park/ Recreation Center				
Other Community Settings				

MOBILITY

1. **Please check the level at which your child can perform the following:**

	Alone	With Help	Not at All
Transfer between chairs	☐	☐	☐
Move between rooms at home	☐	☐	☐
Go up and down stairs	☐	☐	☐
Walk/wheel along sidewalk	☐	☐	☐
Cross streets at crosswalk	☐	☐	☐
Cross streets with traffic light	☐	☐	☐
Get on/off escalators	☐	☐	☐
Get in/out of elevators	☐	☐	☐
Move between places within a store	☐	☐	☐
Move between stores in a mall	☐	☐	☐

2. **Does your child travel independently to places in your neighborhood?**

Yes ☐ No ☐ If yes, state where and how he/she travels:

Where/Place	Walk/Bike/Bus/Other	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Where, how and with whom would you like your child to travel?**

Where/Place	How/Means of Travel	With Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Does any family member use public transportation?** Yes ☐ No ☐

Who? _____ What? _____ How often? _____

5. **Would you like your child to learn to use public transportation?**

Yes ☐ No ☐ At a later time (specify) ☐ _____

Does your child have a bus pass? Yes ☐ No ☐ Bus ID card? Yes ☐ No ☐

RECREATION AND LEISURE

Please check the recreation and leisure activities that your child engages in at home and in the community with family members and/or friends. Indicate whether your child can perform the activity independently or whether he/she needs help. Include comments, as appropriate.

	By Self	With Help
☐ watches television _____	☐	☐
☐ operates a television _____	☐	☐
☐ watches video tapes (examples) _____	☐	☐
☐ listens to music (examples) _____	☐	☐
☐ operates a CD/record player _____	☐	☐
☐ operates a tape cassette player _____	☐	☐
☐ listens to music/tapes through headphones _____	☐	☐
☐ talks on the telephone _____	☐	☐
☐ plays with toys (examples) _____	☐	☐
☐ plays with switch-activated toys _____	☐	☐
☐ has a hobby (describe) _____	☐	☐
☐ rides a bike _____	☐	☐
☐ plays table games (list) _____	☐	☐
☐ plays card games (list) _____	☐	☐
☐ plays computer games (list) _____	☐	☐
☐ plays electronic/arcade games (list) _____	☐	☐
☐ uses playground equipment (list) _____	☐	☐
☐ plays organized outdoor games/sports (list) _____	☐	☐
_____		
☐ participates in extracurricular school activities (list) _____	☐	☐
_____		
☐ participates in organized recreation activities in a community facility (list) _____	☐	☐
☐ other recreation and leisure activities (list) _____	☐	☐
_____		

Comments and concerns: _____

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GENERAL CONCERNS, REQUESTS AND SUGGESTIONS

Please describe any additional or special concerns that you have for your child's educational program: _____

_____

_____

_____

_____

Please indicate any area(s) that you would like to learn more about:

_____

_____

_____

Please describe any training or assistance that you would like to receive:

_____

_____

_____

_____

Please state any suggestions that you have for improving your child's educational program: _____

_____

_____

_____

_____

_____

_____

_____

_____

Jan Writer, 1995

Note: The *Student Home-Community Profile* was developed by Dr. Jan Writer as a revision and an update of the *Student Profile*, originally designed by the Special Education Department of the San Diego City Schools, San Diego, California (1989).