

COPPERAS COVE INDEPENDENT SCHOOL DISTRICT
In-Home/In-Community Parent Training Needs Assessment

Student _____ Grade _____
School _____
Date of Birth _____ Age _____
Disability _____ Last ARD _____

Family Information

Home Address _____
Home Phone _____
Mother's Name _____ Cell Phone _____
Father's Name _____ Cell Phone _____
Siblings _____ Ages _____

Academics

Current class setting _____

Teachers _____

IEPs _____

Related services _____

BIP _____

Fine Motor/Handwriting _____

Organization skills _____

Communication

School _____

Home _____

Self Help Skills

Toileting

School _____

Home _____

Eating

School _____

Home _____

Sleeping

Home _____

Dressing

School _____

Home _____

Washing hands

School _____

Home _____

Bathing

Shampooing hair _____
Brushing teeth _____
Brushing hair _____
Other _____

Chores

School _____

Follows morning and afternoon routines _____

Home _____

Follows morning and evening routines _____

Behaviors

School overall rating: Excellent Good Fair Poor

Classroom _____
Recess _____
P.E. _____
Bus _____
Cafeteria _____

Home overall rating: Excellent Good Fair Poor

Car _____
Public restrooms _____
Restaurants _____
Stores _____
Offices _____
Church _____
Other _____

Upsetting Occurrences

School _____

Home _____

Reaction to change

School _____

Home _____

Effective reinforcers

School _____

Home _____

Effective consequences

School _____

Home _____

Socialization

School

Friendships _____

Play _____

Home

Family Relationships _____

Friendships _____

Play _____

Activities _____

Sportsmanship _____

Sensory Issues

Autism _____

Visuals _____

Routines _____

Schedules _____

Areas of major concern for school

1. _____

2. _____

3. _____

Areas of major concern for home

2. _____

2. _____

3. _____

[illegible]