

Summer Exchange Student & Parent Questionnaire



Please feel free to attach an additional sheet of paper to answer questions in more detail.

STUDENT QUESTIONNAIRE

What would you like to do after high school? _____

Describe your hobbies & interests: _____

What do you like to do with friends in your free time? _____

Do you know how to swim? Any concerns or limitations with swimming? _____

Do you have any work or volunteer experiences? Please note if any were paid employment. _____

Have you ever used the stove top or oven before? Yes No If yes, what have you cooked? _____

Do you use the stove top or oven independently or with support? Independently With Support

Do you use the microwave independently or with support? Independently With Support

PARENT QUESTIONNAIRE

Has your student ever spent any nights away from home before without you? _____

What is your student's formal diagnosis? _____

Please explain any behavioral issues we should be aware of, specifically in regard to anger management, personal habits and the potential for, or history, of self-harm. Please note whether these issues are current or they have had a former history of.

Please explain any special considerations that we should be aware of (personal habits, sensory issues, behavioral difficulties, medical conditions, etc.) Please note whether these considerations are current or they have had former history of.

Does your student currently get themselves up and ready in the morning independently? Please share any areas of promoting or assistance you may give in the morning. _____

Describe your student's dietary needs / limited food preferences, if any: _____

Does your student have any difficulties walking or climbing stairs? _____

Anything else you feel is important to share about your student. _____