

The Richard Hungerford School
Level 1 Vocational Assessment
Parent/Guardian
12:1+(3:1)

Name: _____ Date: _____
Address: _____ Site: _____
Teacher: _____ Date of Birth: _____

Expected date of graduation: _____ Phone: _____

Person completing form: _____

1. What are your son/daughters preferred activities in each of the following rooms at home and with whom?

Kitchen _____

Living room/familyroom _____

Bedroom _____

2. Does your son/daughter enjoy being with others or alone?

3. Does your son/daughter enjoy going out into the community? What type of activities does she/he like to do? Name the environment and activity (ie: playing with family members in the yard, flying a kite in the park).

Home and neighborhood: _____

Community settings: _____

4. My son/daughter needs assistance with the following, (circle all that apply):
mobility, self-care, communication,

Other: _____

5. List medical concerns:

6. How does your child communicate?(circle all that apply)

Words, gestures, facial expressions, sign language, eye gaze, communication device, other _____

7. Does your son/daughter adjust easily to changes in his/her environment?

8. Does your son/daughter attend any recreation activities (after school program, Sat. program, etc)? _____

9. What Education/Training/Program would you like for your son/daughter after they exit the DOE?(Check One)

_____ Day program _____ Self-Direction _____ unsure

10: What living arrangements would you like in place for your son/daughter in the future? (Check One)

_____ living with parents/family _____ living in a group home _____ unsure

Do you have a Medicaid Service Coordinator (MSC)? _____yes _____no _____ unsure

If yes, Name of agency _____ contact _____

I would you like more information on the following (Circle all that apply).

SSI, Medicaid, Guardianship, food stamps, OPWDD (Office of People with Developmental Disabilities) formally OMRDD, Family Supports, Service Coordination, Medicaid Waiver, Residential Services, Environmental Modifications/Adaptive Equipment, Self- Direction
other _____

Additional Comments: