

LONG COUNTY SCHOOL SYSTEM
Special Education Department
Informal Adaptive Behavior Assessment
Parent (Elementary)

Student's Name: _____ Date: _____
School: _____ Completed by: _____

As part of your child's evaluation, it is necessary to understand how he/she functions in the home and community. Please take a few moments to tell us about your child. **Do not leave any area blank.** Please give specific examples in each area.

Independent Functioning: (Is your child able to feed himself? What does he drink out of? Able to dress himself without help? Able to brush teeth without help? Uses restroom without help? Blows and wipes nose?) _____

Physical/Motor: (Is your child able to jump and hop without falling? Can she climb on playground equipment and go up and down stairs? Is she able to put puzzles together? Able to hold a pencil to write with it? Able to erase without tearing the paper? Able to cut with scissors?) _____

Communication: (How does your child communicate needs to others? Can you understand what he says? Does he understand spoken and written directions? Is he able to write letters, words, sentences?) _____

Social: (How does your child interact with other children and adults? Does she have friends her same age? Does she follow rules when playing games? Does she share? Does she show interest in other people? How does she take criticism? Does she apologize if she hurts someone?) _____

Community Use: (Can he find the restroom in a public place? Does he understand the function of money? Can he use a vending machine? Looks both ways before crossing a street or parking lot?) _____

Other comments: _____

