

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

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 eat and drink independently without making a mess? Does he leave restroom with clothing properly fastened/zippered? Does he brush his teeth regularly without reminders? Bathe daily? Is he able to dress independently? Is he able to use a telephone to place calls?) _____

Physical/Motor: (Is your child able to walk and run smoothly [without tripping]? Is she able to write legibly with a pen or pencil? Is she able to use scissors to cut safely and independently?) _____

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? Able to end conversations appropriately? Able to take turns during conversations? Able to answer the phone appropriately?) _____

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? Express gratitude when given a gift?) _____

Community Use: (Can he find the restroom in a public place? Can he use a vending machine? Mail a letter at the post office? Does he complete chores with little or no supervision? Is he able to make change?) _____

Other comments: _____
