PROJECT FORWARD

LEVEL OF SUPPORT QUESTIONNAIRE

Must Be Completed by a Parent or Guardian

Name of Applicant: _____

Name of person completing questionnaire: _____

Relationship to applicant: _____ Date: _____

INDEPENDENT LIVING	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can manage time	○	○	○	○	○	○
Can perform entire hygiene routine (e.g., shower, dress, brush teeth)	○	○	○	○	○	○
Maintains proper hygiene (e.g., clean nails, hair, face)	○	○	○	○	○	○
Can do laundry	○	○	○	○	○	○
Can order from a menu	○	○	○	○	○	○
Can stay within a budget	○	○	○	○	○	○
Can be alone for a long period of time without supervision	○	○	○	○	○	○
Displays self-regulation strategies	○	○	○	○	○	○
Knowledgeable about basic over-the-counter medications	○	○	○	○	○	○
Can manage medications	○	○	○	○	○	○
Can prepare no cook meals	○	○	○	○	○	○
Can prepare simple snacks	○	○	○	○	○	○
Can manage dietary needs	○	○	○	○	○	○
Understands allergies and takes precautions	○	○	○	○	○	○
Can manage personal belongings	○	○	○	○	○	○

SOCIAL COMMUNICATION	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Asks clarifying questions	○	○	○	○	○	○
Understands the difference in friends and strangers	○	○	○	○	○	○
Can appropriately handle conflict with another person	○	○	○	○	○	○
Can communicate needs	○	○	○	○	○	○
Uses a personal email account	○	○	○	○	○	○
Hangs out with friends	○	○	○	○	○	○
Can communicate personal identification	○	○	○	○	○	○
Follows written and verbal directions	○	○	○	○	○	○
Sets up social activities with friends	○	○	○	○	○	○
Can communicate through phone and/or text	○	○	○	○	○	○

COMMUNITY ACCESS	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Uses pedestrian safety skills	○	○	○	○	○	○
Uses good judgment in an emergency (i.e., fire alarm, tornado sirens, etc.)	○	○	○	○	○	○
Navigates stores in search of needed items	○	○	○	○	○	○
Able to utilize public transportation independently	○	○	○	○	○	○
Can orient themselves to/from nearby locations by walking/operating a wheelchair	○	○	○	○	○	○

LEVEL OF SUPPORT QUESTIONNAIRE ~ *Last Name of Applicant* _____

LEARNING	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can read for comprehension	◯	◯	◯	◯	◯	◯
Can use a calculator		◯	◯	◯	◯	◯
Can count bills/change	◯	◯	◯	◯	◯	◯
Can use a debit/credit card	◯	◯	◯	◯	◯	◯
Can read and comprehend basic instructions	◯	◯	◯	◯	◯	◯
Can navigate the internet, familiar with Zoom/meeting app	◯	◯	◯	◯	◯	◯
Can use Microsoft Word	◯	◯	◯	◯	◯	◯
Completes and submits assigned homework and/or tasks	◯	◯	◯	◯	◯	◯
Studies information, when needed	◯	◯	◯	◯	◯	◯

Thank you