



# **UNITED INDEPENDENT SCHOOL DISTRICT**

**Special Education Department**

**4410 HWY 359**

**Laredo, Texas 78043**

The Special Education Department would like to meet the needs of your child within the home and community environment through generalization of skills, parent training and/or assisting with critical skills.

In an effort to the meet the needs of your child, please complete the following Parent/Family Training and In-Home/Community Based Assessment.

Thank you for assistance.



## Special Education Department

### What are Parent/Family Training and/or In-Home/Community Based Training services?

**Parent/Family Training & Support:** It is a strategy defined as training and support provided by qualified personnel with experience in Autism Spectrum Disorders (ASD) that, for example:

- Provides a family with skills necessary for a child to succeed in the home/community setting.
- Includes information regarding resources, i.e. parent support groups, workshops, videos, conferences, websites, and materials designed to increase parent knowledge of specific teaching/management techniques related to the child's curriculum
- Facilitates parental carryover of in-home training, for example: strategies\* for behavior management and developing structured home environments and/or communication training so that parents are active participants in promoting the continuity of interventions across all settings.

**In-Home and Community-Based Training or Viable Alternatives:** In-home and community based training is a service provided to a child with an autism spectrum disorder to assist in the acquisition of social/behavioral skills through strategies that facilitate the maintenance and generalization of such skills from home to school, school to home, home to community and school to community.

### How often will I complete the Parent/Family Training and/or In-Home/Community Based Training Assessment?

The assessment must be completed **prior** to every annual ARD meeting.

### How are Parent/Family Training and/or In-Home/Community Based Training services determined?

The need for Parent/Family Training and/or In-Home/Community Based Training services are based on the results of the results of the Parent/Family Training and/or In-Home/Community Based Training Assessment. The assessment is based on both teacher and parent information.

The ARD Committee will recommend IEP goals and objectives that include time, frequency and duration of the services.

### Am I required to be present while the trainer provides the service to my child?

Yes. Parent(s)/Legal Guardian are required to be present at the time of service in an effort to assist maintenance and generalization of skills from school to home/community.

\* It is the responsibility of the Admission, Review, and Dismissal (ARD)/ IEP committee to determine which of the strategies, if any should be included in a student's IEP.



**Special Education Department**  
**Parent/Family Training & In-Home and Community Based Training Assessment**

**Name of Student:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Special Ed. Teacher:** \_\_\_\_\_

**Directions:** To the best of your ability, please answer all of the questions. If you do not understand an item, please ask the person who gave you this form to help you.

**Daycare and/or Respite Care**

Attend daycare: Yes No      Yes: Name of Daycare: \_\_\_\_\_ Time/ Days: \_\_\_\_\_

Receive Respite Care: Yes No      Yes: Name of Facility: \_\_\_\_\_

**Medical Care**

Is the student under the care of:

Pediatrician: \_\_\_\_\_ How often does the child see the doctor: \_\_\_\_\_

Neurologist: \_\_\_\_\_ How often does the child see the doctor: \_\_\_\_\_

Other: \_\_\_\_\_

Receiving medications (specific names, dosage, doctor etc.): \_\_\_\_\_  
\_\_\_\_\_

**Community Services**

Does the student receive community resources, please specify:

Speech: Yes No      Yes: Name of Clinic: \_\_\_\_\_ Services (day & time): \_\_\_\_\_

OT: Yes No      Yes: Name of Clinic: \_\_\_\_\_ Services (day & time): \_\_\_\_\_

PT: Yes No      Yes: Name of Clinic: \_\_\_\_\_ Services (day & time): \_\_\_\_\_

Other: \_\_\_\_\_

**Family/Home Environment**

List all adults living with this child: \_\_\_\_\_  
\_\_\_\_\_

List all brothers, sisters and any other children living with the family: \_\_\_\_\_  
\_\_\_\_\_

1. What items and activities does your child enjoy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How does your child communicate with you? \_\_\_\_\_  
\_\_\_\_\_

3. How does your child do in the area of self-help (i.e. eating, bathing, grooming, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child follow a specific routine, or schedule at home? \_\_\_\_\_  
\_\_\_\_\_

5. What are the specific behaviors that interfere with your family life? \_\_\_\_\_  
\_\_\_\_\_

6. What happens before your child exhibits inappropriate behavior? (Ex: temper tantrums, hitting, screaming) \_\_\_\_\_  
\_\_\_\_\_

7. What has worked for you to get your child to do what you want him/her to do? What has not worked?  
\_\_\_\_\_  
\_\_\_\_\_

8. What system of rewards and consequences do you use? \_\_\_\_\_  
\_\_\_\_\_

9. What are some things your child does at school that you don't see them do at home or in the community? And vice-versa \_\_\_\_\_  
\_\_\_\_\_

10. What skills could your child learn that would most benefit your family? \_\_\_\_\_  
\_\_\_\_\_

11. What is your family routine? A.M. / P.M. / Weekend? \_\_\_\_\_  
\_\_\_\_\_

12. What do you want to know more about? \_\_\_\_\_  
\_\_\_\_\_

**Directions:** To the best of your ability, please indicate if your child is able to complete the following tasks

- **Independent (I)**–Able to perform task/skill independently (more than 80% of the time)
- **Usually (U)**–Able to perform task/skill with minimal/partial prompts (60-79% of the time)
- **Sometimes (S)**–Able to perform task/skill with several/full prompts (40-59% of the time)
- **Never (N)**–Task/Skill not presently acquired (Less than 40% of the time)

**COMMUNICATION**

Compared to your child’s performance at school, at home your child can:

1. understand direction (receptive language)	I	U	S	N
2. express his/her feelings	I	U	S	N
3. express wants & needs/requesting/manding	I	U	S	N
4. indicate choice when give two items	I	U	S	N
5. ask for help	I	U	S	N
6. engage in age appropriate reciprocal conversation	I	U	S	N

**SELF-HELP**

Compared to your child’s performance at school, at home your child can:

1. use the restroom independently	I	U	S	N
2. select and dress in appropriate clothing	I	U	S	N
3. eat independently	I	U	S	N
4. keeps clothes on during the day	I	U	S	N
5. completes chores	I	U	S	N
6. shower and groom independently	I	U	S	N

**SOCIALIZATION**

Compared to your child’s performance at school, at home your child can:

1. follow the rules of simple games	I	U	S	N
2. maintain appropriate limits with strangers	I	U	S	N
3. take turns with others in conversation	I	U	S	N
4. respond appropriate to greetings	I	U	S	N
5. initiate play with others appropriately	I	U	S	N
6. share with others	I	U	S	N

## **COMMUNITY**

Compared to your child's performance at school, at home your child can:

1. use a public restroom independently	I	U	S	N
2. give personal information	I	U	S	N
3. request a break when needed	I	U	S	N
4. can ask authority figures for assistance	I	U	S	N
5. follow car safety rules	I	U	S	N
6. age appropriate interaction with others in community	I	U	S	N

## **BEHAVIOR**

Compared to your child's performance at school, at home your child can:

1. comply with adult direction	I	U	S	N
2. accepts no for an answer	I	U	S	N
3. appropriate use of hands and/or body	I	U	S	N
4. follows simple directions with/without visual cue	I	U	S	N
5. wait patiently	I	U	S	N
6. avoid elopement	I	U	S	N

## **ROUTINES**

Compared to your child's performance at school, at home your child can:

1. tolerate changes to routine	I	U	S	N
2. transition to new tasks when prompted	I	U	S	N
3. follows home routine/schedule	I	U	S	N
4. get ready for bed independently	I	U	S	N
5. start a task when directed	I	U	S	N
6. keep materials organized	I	U	S	N