HEELS Summer Intensive
PERSONAL SUPPORT INVENTORY
To be Completed by Parent/Guardian

(Note: This information is not considered in the admissions decision, but is used to plan for support and potential goal areas if admitted to the HEELS Summer Intensive)

For parents or Legal Guardian (if applicable) to complete

Instructions
Please use the following numbers to represent support needed in each area:
(0) Not applicable / Applicant doesn’t engage in this task
(1) Applicant is independent (no reminders needed)
(2) Applicant requires minimal support (occasional verbal or nonverbal prompts)
(3) Applicant requires moderate support (some verbal and nonverbal prompts)
(4) Applicant requires complete support

If a number of 2-4 is chosen, descriptions for the type of support are required.

____________________________________________________________________________
SELF-CARE
Dressing/Undressing
____Dresses and undresses
____Chooses appropriate clothes
____Dresses appropriately for seasons/weather

Hygiene
____Shaving
____Bath/showering
____Shampooing/rinsing hair
____Toileting needs
____Manages menstrual care
____Uses deodorant
____Washes hands
____Washes face

Grooming
____Brushes teeth
____Flosses
____Brushes/combs hair
____Style hair
____Uses make-up
____Cleans eyeglasses
____Cleans hearing aid molds
____Maintains appearance

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:
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BASIC COOKING / KITCHEN SAFETY
___Can safely operate a microwave
___Can read/follow instructions on microwaveable meals
___Can use a knife safely
___Can follow a simple recipe

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:

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HOUSEHOLD MAINTENANCE
Keeps room neat
___Makes bed
___Straightens room
___Hangs up/fold clothes

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:

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Handling of household chores
___Does laundry
___Vacuums/dusts
___Cleans bathroom
___Sweeps
___Cleans surfaces
___Washes dishes or loads dishwasher

________________________________________________________________________

SAFETY
___Understands and adheres to safety rules
___Carries identification
___Asks for help when needed
___Uses caution with strangers
___Safely crosses streets
___Reads maps
___Can give out emergency information
(i.e. name, address, phone number)
___Aware of potential danger
___Effectively responds to emergencies (i.e. calls 911)

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:

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PLANNING/SCHEDULING

Following Daily Routines
___ Arrives on time
___ Adapts to changes in routine
___ Transitions to new environments/activities

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:
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Time Management
___ Can tell time
___ Has a concept of time
___ Uses a time management system (i.e. calendar/day planner- paper or electronic)
___ Makes plans / schedules appointments
___ Leisure activities are varied (i.e. not only video games or social media)

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:
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SELF MANAGEMENT

Executive Function
___ Initiates and completes tasks efficiently
___ Approaches tasks in a routine or strategic way
___ Makes and follows checklists
___ Sets reminders (electronically or sticky note)
___ Follows verbal instructions
___ Follows written instructions

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:
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Goal setting
___ Understands the importance of setting goals
___ Has dream goals for adult life
___ Has specific and attainable goals for adult life
___ Has personal employment or postsecondary education goals
___ Has personal goals for increased independence
___ Has begun taking action steps toward goals for adult life

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:
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COMMUNICATION SKILLS

___Reads and comprehends at least a 3rd grade level

Social Communication
___Engages in back-and-forth conversation
___Initiates conversation
___Aware of verbal, nonverbal, and situational social cues
___Develops positive, reciprocal relationships with others
___Effectively communicates needs, requests, and desires
___Maintains strong friendships
___Uses communicative ability to effectively give and obtain information

Behavior Management
___Accepts constructive feedback
___Uses effective coping strategies
___Self-regulates emotions
___Makes requests appropriately
___Does not engage in violent or self-injurious behavior
___Can maintain focus in classroom or group settings
___Follows instructions without resistance

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:

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TECHNOLOGY USE

Phone Use
___Uses good phone etiquette
___Can text
___Uses phone for calls
___Can use phone for emergency
___Can use phone GPS
___Uses social media
___Can set alarms or reminders

Computer Skills
___Checks email daily
___Responds to email
___Initiates email
___Knows keyboarding
___Can create a simple PPT
___Effectively searches the internet for information

Assistive Technology
___Uses an assistive communication device
___Uses assistive apps for reading, learning, or task analysis
___Uses adaptive tools to enhance performance of daily living activities (i.e. FlipFold shirt folder, adaptive utensils, adapted pencil grip)
___Uses a mobility aid or other special equipment (i.e. wheelchair, hearing aids, orthotic device)

If a number of 2-4 is chosen, describe the applicant’s support needs in each area:

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Is there any other pertinent information HEELS Summer Intensive staff should know about the applicant? If applicable, please describe any social, behavioral, or emotional concerns we should be aware of.
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EMPLOYMENT / VOLUNTEER HISTORY
To be Completed by Parent/Guardian and Applicant

Please start with current or most recent experience. Experience from high school can be included. Additionally, please attach a resume if you have one.

**Work Experience #1**: □ Paid □ Volunteer (check one)
Place of work: ___________________________________________________________________
Worked from ___________ (MM/YYYY) to ___________ (MM/YYYY)
Job title: ______________________________________________________________________
How many hours worked per week? __________
Job duties (list):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Did you enjoy this work experience? □ Yes □ No □ It was okay (check one)

**Work Experience #2**: □ Paid □ Volunteer (check one)
Place of work: ___________________________________________________________________
Worked from ___________ (MM/YYYY) to ___________ (MM/YYYY)
Job title: ______________________________________________________________________
How many hours worked per week? __________
Job duties (list):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Did you enjoy this work experience? □ Yes □ No □ It was okay (check one)

**Work Experience #3**: □ Paid □ Volunteer (check one)
Location: ______________________________________________________________________
Worked from ___________ (MM/YYYY) to ___________ (MM/YYYY)
Title/position: __________________________________________________________________
How many hours worked per week? __________
Job duties (list):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Did you enjoy this work experience? □ Yes □ No □ It was okay (check one)

What are your strengths, challenges, and preferences related to employment?
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POSTSECONDARY LEARNING EXPERIENCES
To be Completed by Parent/Guardian and Applicant

Please list any postsecondary learning experiences you have participated in or completed. This may include community-based or college programs. For example, a cooking class, a resume-building workshop, an automotive assistant certificate program, enrollment in college courses, etc.

Postsecondary Experience #1:
Program: ______________________________________________________________________
Dates attended ________(MM/YYYY) to ______(MM/YYYY)
Area of study or skill building:______________________________________________________

Postsecondary Experience #2:
Program: ______________________________________________________________________
Dates attended ________(MM/YYYY) to ______(MM/YYYY)
Area of study or skill building:______________________________________________________

Postsecondary Experience #3:
Program: ______________________________________________________________________
Dates attended ________(MM/YYYY) to ______(MM/YYYY)
Area of study or skill building:______________________________________________________

INDEPENDENT LIVING INFORMATION
To be Completed by Parent/Guardian

Where does the applicant currently live? Who also lives in the home?
______________________________________________________________________________
______________________________________________________________________________

Who typically assists the applicant with activities of daily living, such as getting up in the morning for class or getting to an appointment, preparing meals, financial needs, etc.?
______________________________________________________________________________
______________________________________________________________________________

In what life skill areas does the applicant need the most support (self-care, cooking, or household maintenance)?
______________________________________________________________________________
______________________________________________________________________________

Does the applicant hope to transition to a different living situation, and if so what would it be?
______________________________________________________________________________