PARENTAL PRIORITIES FOR PAAL

At the heart of the PAAL philosophy and embedded in everything we do is Quality of Life. The quality of life we here at PAAL can assist with achieving is inextricably tied to the vision YOU have for your child and YOUR expectations for what life is like for them - particularly when you are not there - To best TEACH your child at PAAL THE THINGS MOST IMPORTANT TO YOU AND YOUR FAMILY/FAMILY FUNCTION, we need your direction to prioritize the TONS of skills we could teach. We have the technology to teach a wide variety of skills and abilities.

Of course, there is never enough time to cover it all. It is important that parents’ guide us towards the areas and skills that you view as most important for your circumstances in life, the hopes and dreams you have for the future of your child.

Life Experiences and Competencies are made up of several areas:
- Work (vocational)
- Friends (socialization)
- Taking care of yourself (ADL)
- Personal enjoyment (leisure activities/hobbies)
- Interacting with one's community (community)

Functional communication is at the center of all areas, and, therefore is always an embedded priority during teaching any skill.

We want to know more information about what is important to you so that we can prioritize teaching. Remember, PAAL looks to the functional connection of skill to your child's life: "If we do not teach this skill, will someone else have to do this task for them the rest of their life?" If the answer to this question is NO – it is NOT a priority. Where the answer is YES, we need to figure out the right time, place and way to teach it/identify technology or environmental adaptations if you have identified it as a priority.

To that end, please complete this survey to give us a clear vision you have for your child. We realize that these areas, and the skills within each, may sometimes overlap. However, we ask you to answer all of these questions Your input and opinions are the driving force for programming that is best for your child. Thank you!

From your PAAL PROFESSIONALS
Part I

1. Please describe, in as realistic terms as possible, what you would want your child's life might look like when you are no longer in a position to support them (e.g. where are they living, with whom, doing what).

2. Briefly describe a current day in the life of your child without you to help and support? What can your child do or not do for him/herself? What would need to be done for your child tomorrow (e.g. do you wake them up, prepare meals)?
3. Please describe the kind/categories of information you would like to know from us:

Daily in the PAAL PAGES Posts:

Monthly in the Analysis Process:

Annually in the IEP/ISP Process:
Do you find the IEP/ISP video’s depicting activities informative and valuable or just “fun”? Do you have specific feedback?

Part II

In each area below, please rate the level of importance each item has in relation to the others. We want to know, in your opinion, which item in each category is viewed as most important to you, the 2nd most important, and so on. Please in whichever categories you indicate as priority, specific list the skills you are thinking about (e.g. in grooming are you speaking of shaving, brushing teeth, deodorant use)

Activities of Daily Living (ADL)

___ Grooming

___ Time Management

___ Domestic chores/tasks

___ Taking care of space/living environment

___ Independent meal preparation/healthy eating

___ Independent meal planning/purchasing

___ medical care (self/appointments)

Additional Comments:
**Leisure and Recreation**

Put a “1” next to the area that is most important to you, a “2” next to the item that is 2nd most important, etc.

___ Independent (Keep Self Occupied)
___ Increasing Variety of Preference
___ Family (Group Outings)
___ Community (Independent of Family)
___ Hobbies/Clubs
___ Participation in Specific Events

*Additional Comments:*

**Vocational**

Put a “1” next to the area that is most important to you, a “2” next to the item that is 2nd most important, etc.

___ Competitive Employment No Support (Paid with Peers)
___ Competitive Employment with Support (Paid with Peers)
___ Volunteer Work
___ Diversity of Vocational Opportunities
___ Full-Time Employment
___ Part-Time Employment

*Additional Comments:*
**Behavior**

Put a “1” next to the area that is most important to you, a “2” next to the item that is 2nd most important, etc.

___ Reduction of Specific Behaviors: _________________________

___ Self-Management

___ Preventing Behavior

___ Behavior Specific to Certain Environments

___ Stigmatizing Behavior

**Additional Comments:**

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**Community**

Put a “1” next to the area that is most important to you, a “2” next to the item that is 2nd most important, etc.

___ Access Specific Environment

___ Use of Public Transportation (Uber etc.)

___ Use of Personal Modes of Transportation (i.e., bike, walk)

___ independence in the community

___ Stranger Safety

___ Interaction with Community Members

___ Living Alone

___ Living with Non-Family Individuals

___ living with Family Members

**Additional Comments:**
Socialization/Skills

Put a "1" next to the area that is most important to you, a "2" next to the item that is 2nd most important, etc.

___ Make friends
___ Socialize with one or more people on regular basis
___ Use of technology to connect with others
___ Develop activities to do alone
___ Has network of friends
___ Stranger Safety
___ Social Boundaries
___ Social Behavior (Body Movements)
___ Interpersonal Relationships
___ Appropriate Social Topics
___ Self-Management of Emotions
___ Conversational Reciprocity
___ Dating

Comments:
Part III

In this section, please rank order the importance or priority to deem for your child. Put a "1" next to the area that is most important for your child, a "2" next to the 2nd-most important area, and so forth.

___ ADL

___ LEISURE

___ VOCATIONAL

___ BEHAVIOR

___ COMMUNITY

___ SOCIALIZATION