

COOPERATIVE CREATIONS SURVEY

Name:

Age:

Names and Relationship of Other Participants (parents, grandparents, caregivers, siblings etc.):

Mailing Address:

e-mail Addresses:

Phone:

Medical Concerns:

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Question

1. What are your favourite T.V. shows?

2. What video/board or other sorts of games do you enjoy?

3. What sort of music do you like?

4. Do you enjoy playing/watching sports?

If you do, what kind do you like?

Which athletes are your favourite?

What teams?

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5. Please list anything you enjoy doing:

6. What are your favourite...

colours

sounds

smells

things to hold or touch

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7. Is there anything other people like that you don't?

8. Is there anything you like that others don't care for?

9.a) Do you like anything in school?

b) What is your favourite thing to learn or do at school and why?

c) Do you have a favourite teacher? What makes this teacher your favourite?

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d) Do you have a favourite friend?

e) What makes them your favourite?

10. What make a bad day?

11. What makes a good day?

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12. Do you like Art? Please tell what you like.

13. Do you prefer to work or learn alone?

14. Do you like to meet or work with people face-to-face? Please explain.

15. Do you need breaks within an hour? Can you describe what that looks like? I.e.

Move away from the camera, pace, eat something, drink something, talk about something else?

Can we go back to work after one of these breaks if you need one?

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PARENTS, GRANDPARENTS, FAMILY, CAREGIVERS AND FRIENDS INFO

What does this person really enjoy in life?

Please list and provide details of any triggers or cautions the person you care for may have.

If the person I am supporting needs or is interested in expanding on their personal growth, what areas do you think need attending or exploration? ex. life skills- personal hygiene/exercise; social skills etc.

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On a scale of 1-10 how does your child or friend do with:

Anxiety:	1	2	3	4	5	6	7	8	9	10
Rage	1	2	3	4	5	6	7	8	9	10
Organization	1	2	3	4	5	6	7	8	9	10
Expression	1	2	3	4	5	6	7	8	9	10
Sharing	1	2	3	4	5	6	7	8	9	10
Waiting	1	2	3	4	5	6	7	8	9	10
Cooperation	1	2	3	4	5	6	7	8	9	10
Respecting Materials	1	2	3	4	5	6	7	8	9	10
Computer Use	1	2	3	4	5	6	7	8	9	10

If you have rated this person with 6 or below kindly explain any concern you may have.

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Does the person I would be instructing prefer to work alone, with an instructor or in a group?

Does this person like to meet or work with people face-to-face

Does the individual need breaks within an hour?

What do you hope this person you care for will get from their experience with Cooperative Creations?