

NATURAL SUPPORTS WORKSHEET

How often and how much are you currently accessing your natural supports? Check yes to the following, along with writing a note about how often you access.

Check for YES	If YES, how often?
<input type="checkbox"/> I call my parent(s).	
<input type="checkbox"/> I visit my parent(s).	
<input type="checkbox"/> I call my sibling(s).	
<input type="checkbox"/> I visit my sibling(s).	
<input type="checkbox"/> I call other relatives.	
<input type="checkbox"/> I visit other relatives.	
<input type="checkbox"/> I call my friend(s).	
<input type="checkbox"/> I visit my friend(s).	
<input type="checkbox"/> I have co-workers that I have contact with outside of the work environment.	
<input type="checkbox"/> I participate in a parent group (including PTA, Mothers group, support group, etc.).	
<input type="checkbox"/> I participate in a peer group (quilting club, civic club, hobby group, etc).	
<input type="checkbox"/> I talk to my neighbor(s).	
<input type="checkbox"/> I attend or affiliate with a church.	
<input type="checkbox"/> I access spiritual development.	
<input type="checkbox"/> I attend school functions.	
<input type="checkbox"/> Our family participates in community activities/functions (festivals, holiday events, etc).	
<input type="checkbox"/> Our children participate in extra-curricular activities.	
<input type="checkbox"/> We go shopping together as a family.	
<input type="checkbox"/> We go out in our community together as a family (restaurants, parks, zoo, amusement, etc.).	

Now, of the items you answered YES, circle the ones that your child with a disability participates with you.

Do you see any patterns?