

**Project CATS: Family Travel Questionnaire**

**Name or Initials of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name or Initials of Family Members Completing the Form:** \_\_\_\_\_

**Instructions:** As a part of the team, family members frequently have the most information about a student, his or her preferences, and activities that are a priority for the child and his or her family. This form will help you share this information with other members of the team. Please fill out this survey by putting checks in the blanks or write brief descriptions that will help you and your team decide:

- (1) if your child needs help moving from place to place
- (2) where you would like your child go more independently
- (3) what travel skills you feel are important for your child to learn

1. In what types of activities does your child participate with his or her non-disabled peers during the school day?

\_\_\_\_\_ gym  
\_\_\_\_\_ recess  
\_\_\_\_\_ academic classes (please list): \_\_\_\_\_

\_\_\_\_\_ lunch  
\_\_\_\_\_ extra-curricular activities (please list): \_\_\_\_\_

\_\_\_\_\_ library  
\_\_\_\_\_ school assemblies  
\_\_\_\_\_ other (please list): \_\_\_\_\_

2. In which of the above school activities do you think your child could participate more? If none, prioritize the in-school activities.

3. How does your child travel to different locations in school? (For example, wheelchair, walker, long white cane, electronic travel device, sighted guide, etc.)

4. Where would you like your child to travel more independently in school?

5. Do you think your child knows where he/she is going when he/she travels from one place to another in school?

6. Where do you go as a family for fun or to do family errands in the community?

\_\_\_\_\_ bowling

\_\_\_\_\_ church

\_\_\_\_\_ restaurants

\_\_\_\_\_ movies

\_\_\_\_\_ grocery shopping

\_\_\_\_\_ malls or stores

\_\_\_\_\_ other (please list): \_\_\_\_\_

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7. Which community activities are most important to you and/or your child?

8. How does your child travel when you go to these different places? (For example, wheelchair, walker, long white cane, electronic travel device, sighted guide, etc.)

9. How does your child know where s/he is going when you travel to different places in the community or for fun?

10. Are there community activities in which your child could participate more if he/she could travel more independently?

11. How would you like your child to travel more independently when you go to these different places?

12. What kind of travel goals does your child have on his or her current IEP or IFSP?

13. Does your child receive services from an Orientation and Mobility Specialist? If so, how often?