



# Chester County Intermediate Unit

Student Services Division - Assessment & Clinical Services

## Home, School & Community Council

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Client Name: \_\_\_\_\_

Date \_\_\_\_\_

### Quality of Life Survey

Circle the number which best represents your belief

Item		Much Worse		No Change		Much Better
12.	The child's relationship with teachers/school personnel is	1	2	3	4	5
13.	The child's satisfaction with their current educational placement is	1	2	3	4	5
14.	The child's access to activities that are personally stimulating is	1	2	3	4	5
15.	The child's willingness to attempt new tasks is	1	2	3	4	5
16.	The child's ability to learn new skills is	1	2	3	4	5
17.	The child's self-confidence is	1	2	3	4	5
18.	The child's emotional stability is	1	2	3	4	5
19.	The child's satisfaction with other levels of independence is	1	2	3	4	5
20.	The child's general happiness is	1	2	3	4	5
21.	As a result of the Plan of change, I believe the child's quality of life is	1	2	3	4	5
22.	The child's general health and well being is	1	2	3	4	5

Signature: \_\_\_\_\_

Date: \_\_\_\_\_