

Leisure Self-Assessment

The people in my life:

My pets and their names:

Teacher name(s):

Communication

I communicate best with:

- Words
- Pictures
- Gestures (e.g., pointing, waving, nodding my head)
- Sign language
- A combination of words and gestures or pictures

Some important words or gestures I use are:

My Social Skills and Needs

1. When I am around new people:

- I am shy or afraid
- I am curious to meet them

2. I prefer to participate in leisure activities:

- All by myself
- With one friend
- With several friends

3. I am good at sharing and taking turns:

- Never
- Sometimes
- Most of the time

Favorite and Not-So-Favorite Activities

These are things I enjoy doing in my free time:

Video games	Favorite:
Art	Favorite (e.g., painting, coloring, pottery):
Reading	Favorite (e.g., fiction, historical, romance):
Being outside	Favorite things to do outside:
Baking/cooking	Favorite foods to bake or cook:
Physical activities	Favorite (e.g., bike riding, running, soccer):
Other	Favorite:

I don't like to:

Why I do not like the activities listed above:

Things that comfort me when I'm upset are:

Special Equipment and Supplies

I use: 1. Mobility devices Wheelchair Walker Seating devices Other _____ 2. Feeding equipment Plate/suction Adapted cup Adapted spoon 3. Auditory aids Amplification system Hearing aids Right ear Left ear 4. Visual aids Large print Glasses	Ways these equipment and supplies can affect my leisure involvement:
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Sensory Needs and Preferences

What sensory input affects me: Lights Sounds Smells Textures Other	Ways these sensory needs and preferences can affect my leisure involvement:
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Think about your typical daily schedule and list when you may be able to add in leisure activities throughout your day and week: