

# Daytime Activity Program, Work, and School

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## 2. HOURS PER WEEK OF DAYTIME ACTIVITIES, JOB, AND/OR SCHOOL:

- Please enter the number of hours per week for each activity, **0 (zero)** if none in the category.
- To make specific answers easier, refer to “last week,” or, if necessary, a “typical week.”

<u># Hours</u>	<u>Type of Day Activity</u>
_____	2A Self-Employed: Has His/Her Own Business
_____	2B Regular Job (Competitive Employment)
_____	2C1 Supported Employment, Individual Placement Model
_____	2C2 Supported Employment, Enclave Model
_____	2C3 Supported Employment, Mobile Work Crew
_____	2D Sheltered Employment or Workshop Employment (segregated)
_____	2E Pre-Vocational Program or Vocational Rehabilitation Program
_____	2F Day Habilitation Program (Adult Day Program, Non-Vocational Day Program)
_____	2G Senior Citizen Program
_____	2H Partial Hospitalization Program - Mental Health Oriented
_____	2I Volunteer Work
_____	2J Public School (Regular School Building and/or classroom)
_____	2K Public School (Separate Building or 'Center Based')
_____	2L Private School (Regular School Building and/or classroom)
_____	2M Private School (Separate Building or 'Center Based')
_____	2N Adult Education - GED, Adult Ed, Trade School, etc.
_____	2O Community Experience
_____	2P Other _____
_____	<b>2R TOTAL</b>

## 3. IF DAY PROGRAM HOURS TOTAL TO ZERO, PLEASE EXPLAIN WHY (e.g., retired)

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## 4. ABOUT HOW LONG HAS THE PERSON BEEN IN THE PRIMARY DAY ACTIVITY?

(Primary meaning the most hours per week.)

\_\_\_\_\_ years \_\_\_\_\_ months

## 5. DURING DAY ACTIVITIES, WORK, OR SCHOOL, HOW MUCH TIME DOES THE PERSON SPEND IN THE PRESENCE OF CO-WORKERS OR PEERS WHO DO NOT HAVE DISABILITIES? (Do not count during transportation.)

- 1 None or nearly none
- 2 Less than half the time
- \_\_\_\_\_ 3 About half the time
- 4 More than half the time
- 5 All or nearly all

## 6. DURING DAY ACTIVITIES, WORK, OR SCHOOL, HOW MUCH TIME DOES THE PERSON SPEND IN THE PRESENCE OF THE GENERAL PUBLIC? (Do not count during transportation.)

- 1 None or nearly none
- 2 Less than half the time
- \_\_\_\_\_ 3 About half the time
- 4 More than half the time

5 All or nearly all

7. EARNINGS: ABOUT HOW MUCH MONEY DOES THIS PERSON EARN IN AN AVERAGE WEEK? (Accept per hour, biweekly, per month, or annual gross, and make notes --- then convert to dollars per week later if necessary.)

\_\_\_\_\_ Dollars per week