Survey of Indoor and Outdoor Recreational Activities

Student's Name: __________________________________________

Today's Date: __________________________________________

Person Completing Form: __________________________________

Directions: The student, parent/guardian, or teacher may complete this form. Place a check beside the activities that the student has participated in. For students completing this form: Circle any items that you would like to try sometime.

Indoor Activities

Structured Solo Indoor Activities

______ Singing a requested song
______ Reciting the alphabet/poem/story
______ Computer games
______ Video games
______ Completing a puzzle
______ Making a photo album
______ Organizing something
______ Listening to a talking book
______ Reading a book/magazine/newspaper
______ Completing a model airplane or similar project
______ Arts and crafts
______ Playing a specific song on a musical instrument
______ Following a cooking recipe
______ Sewing
______ Taking a class for fun
______ Other

Unstructured Solo Indoor Activities

______ Solitary card games
______ Make-believe play
______ Making up songs
______ Painting/drawing/doodling
______ Arts and crafts
______ Listening to music
______ Playing a musical instrument
Watching television or a movie
Writing a letter
Exercising indoors
Applying fingernail polish/makeup
Arranging flowers
Giving the dog a bath
Going shopping alone
Playing games at an arcade
Volunteering
Other

Structured Team/Group Indoor Activities
Board games
Charades
Singing together or in a choir
Playing cards
Following a recipe together
Quilting with a group
Attending a comedy club or live performance
Attending a musical performance
Attending an indoor sporting event
Bowling
Other

Unstructured Team/Group Indoor Activities
Watching a movie together
Eating together
Dancing
Socializing
Socializing over the phone
Visiting a museum, exhibit, or art gallery
Going shopping together
Other

Outdoor Activities

Structured Solo Outdoor Activities
Planting a flower/tree
Washing a car
Yard work/mowing the yard
Building a tree house or other structure
Running an obstacle course
Other
Unstructured Solo Outdoor Activities

- Playing an outdoor game alone
- Playing with sporting equipment/toys
- Exercising outdoors
- Walking/playing with the dog
- Flying a kite
- Hiking/walking
- Fishing
- Swimming
- Bicycling
- Running
- Swinging
- Gardening
- Going to the park alone
- Making something by self outdoors
- Other

Structured Team/Group Outdoor Activities

- Exercising together
- Group swimming games
- Working on/fixing car
- Playing a game of baseball, golf, kickball, hide and seek, volleyball, etc.
- Attending an outdoor concert
- Christmas caroling
- Attending an outdoor sporting event
- Playing putt-putt golf
- Other

Unstructured Team/Group Outdoor Activities

- Fishing/hunting with a group
- Camping
- Bird watching
- Bicycling with a group
- Group car drive
- Star gazing
- Barbecuing
- Going on a picnic
- Attending a festival or fair
- Boating/sailing/canoeing or tubing
- Going to the park together
- Horseback riding
Skiing or sledding
Going to the zoo
Visiting an amusement park
Other

Questions To Consider

1. Tally up the number of checked activities for each category:
   Number of:
   __ Structured Solo Indoor Activities
   __ Unstructured Solo Indoor Activities
   __ Structured Team/Group Indoor Activities
   __ Unstructured Team/Group Indoor Activities
   __ Structured Solo Outdoor Activities
   __ Unstructured Solo Outdoor Activities
   __ Structured Team/Group Outdoor Activities
   __ Unstructured Team/Group Outdoor Activities

2. Were more indoor or outdoor activities checked off?
   Are the outdoor activities performed at the same one or two locations?

3. Were more group or solo activities checked off?
   Are the group activities performed with the same group of people?

4. Were more unstructured or structured activities checked off?

5. How many activities were selected that require a brief versus long amount of time to complete?
   Number brief: _____
   Number long: _____

6. Were more activities selected that are performed during the day or at night?

7. Are the checked-off activities age appropriate for this person?

8. Are more activities done at the school, home, or community setting?

9. Are the activities self-initiated by the student?
   Are the activities the student’s choice?
   Does the student regulate how long the activity will last or how long the student will engage in the activity?

10. Are the activities constructive?

11. Does the student know how to plan for recreational activities (e.g., transportation, money, others, time)?
12. Does the student possess adequate social skills to participate successfully in team/group activities?

13. Is the student knowledgeable of the rules or expectations of the activities he or she engages in?

14. Does the student seem to enjoy or relax during particular recreational activities?

15. Which individual interests and preferences are emerging as the strongest choices?

16. Has the student developed any lifelong interests, hobbies, or activities?

17. Did you notice any other patterns?