

**EASTERN ILLINOIS UNIVERSITY**  
**STUDENTS WITH AUTISM TRANSITIONAL EDUCATION PROGRAM (STEP)**

**DAY IN THE LIFE – PARENT PERSPECTIVE**

Parents/Guardians, please complete this document to generally represent what an average day looks like for your student. Completion of this form will allow STEP to gain insight into what supports assist your students throughout their daily routine.

STUDENT'S NAME: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Time	Activities (e.g., waking up, preparing/eating food, transportation, work, meetings, appointments)	How do you assist your student in this activity?	What types of supports help your student with this activity? (e.g., parental, professional, technological, organizational, sensory?)
Early Morning			
Mid- Morning			
Noon			
Afternoon			
Evening			
Night			

*Chart adapted from Chart adapted from the University of Missouri – St. Louis' SUCCEED Program*