

EASTERN ILLINOIS UNIVERSITY
STUDENTS WITH AUTISM TRANSITIONAL EDUCATIONAL PROGRAM (STEP)

DAY IN THE LIFE – STUDENT PERSPECTIVE

Student, please complete this document to generally represent a day in your life. Completion of this form will provide STEP personnel insight into what supports you utilize throughout your daily routine.

STUDENT'S NAME: _____

STUDENT SIGNATURE: _____

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