

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:

| | |
|--|---|
| <input type="checkbox"/> Structured Solo Indoor Activities | <input type="checkbox"/> Structured Solo Outdoor Activities |
| <input type="checkbox"/> Unstructured Solo Indoor Activities | <input type="checkbox"/> Unstructured Solo Outdoor Activities |
| <input type="checkbox"/> Structured Team/Group Indoor Activities | <input type="checkbox"/> Structured Team/Group Outdoor Activities |
| <input type="checkbox"/> Unstructured Team/Group Indoor Activities | <input type="checkbox"/> 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?