**Individual’s Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |

**Directions:**

Use the codes below, unless otherwise specified, to complete the “Skills” sections on each page. If you have questions or need clarification please contact your Supervisor or QIDP.

1. **Total Assist:** Person does 0% - 24% of task by themselves. Continuous Guidance & verbal assistance is provided to complete the task.
2. **Maximal Assist**: Person performs task approximately 25% - 49% by themselves. Some physical assistance &/or verbal assist is provided. Staff assists to initiate or carry out skill.
3. **Moderate Assist:** Person performs approximately 50% - 74% of task by themselves. Physical assist &/or verbal assist is provided.
4. **Minimal Assist:** Person performs approximately 75% - 99% of task by themselves. Only verbal assist, no physical assist, is provided
5. **Independent:** Person performs 100% of task by themselves. Does not require prompting and manages all steps in the skill.
6. **Not Applicable or N/A,** Does not apply to the individual’s function in daily life or the individual has not had the opportunity to use the skill in their daily environment.

**** ***Designates an area of Individual Rights Rights promoting independence***

# Communication

|  |
| --- |
| **Expressive Methods of Communication: *Circle all that apply*** |

Verbal, 1 or 2 words with Speech, Sign Language, Communication device, Sounds, Level of cooperation, Body language, Facial expressions, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

1. **Not cognitively capable** 4. **Inconsistent**

2. **Not physically capable** 5. **Consistent**

3. **Rarely/Never**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Establishes eye contact |  | Indicates need for help |  | Recognizes own picture | |
|  | Shakes hands or waves appropriately |  | Expresses wants/needs |  | Uses pictures to communicate | |
|  | Responds to name when called |  | Communicates feelings |  | Is able to read | |
| **Y / N** | Understands sign language |  | Expresses anger/frustration in a positive manner |  | Follows one-step instructions | |
|  | Communicates “Yes / No” |  | Expresses need to be left alone |  | Follows two-step instructions | |
|  | Indicates “No” for “Stop” |  | Communicates choice / preferences |  | Follows multi-step instructions | |
| **Socialization**   |  | | --- | | **Skills:** | | | | | | | |
|  | Uses greeting to start conversation |  | Gets attention by speaking calmly (ie. waits for pause, says excuse me) |  | | Moves away from stressful situations/interactions |
| **Y / N** | Listens when others speak. |  | Interacts with peers. |  | | Respects others’ personal space |
|  | Ends conversation appropriately |  | Interacts with staff. |  | | Respects others’ possessions |
| **Y /N** | Initiates interaction with peers | Y / N | Likes to be near preferred peer | **** | | Sends mail |
| **Y / N** | Initiates interaction with staff | **Y / N** | Likes to be near preferred staff | **** | | Uses the phone |
|  | Gets attention calmly by gesture or speech (ie. touches other person on arm, or in a reasonable tone) | | |  | |  |
| **Y / N ** | Participates in Advocacy Services (ie: Local Advocacy, Peoples First, Unit Government, Voter Training):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

# Comments/Important To & For/Opportunities to Increase Independence & Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bathing/Showering

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Assist | 4. | **Minimal Assist** |
| 2. | **Maximal Assist** | 5. | **Independent** |
| 3. | Moderate Assist | N/A | **Not Applicable** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | | | |
| Y/N | Communicates need for bathing |  | Pours shampoo | |  | | Washes front of body |
|  | Shows no resistance or discomfort with bathing tasks |  | Shampoos hair | |  | | Washes back of body |
| **** | Gathers/puts away bathing items |  | Rinses hair | |  | | Rinses self |
|  | Safely enters/exits the tub/shower |  | Applies soap to wash cloth | |  | | Dries self |
|  | Turns water on/off |  | Uses washcloth | | **** | | Maintains privacy during shower/bath |
|  | Opens containers |  | Washes face | |  | | Picks up after self (towels, shampoo, dirty laundry) |
| **Bathing/Showering Safety Issues/Risks: (y/n)** | | | | | | | |
|  | Has a seizure disorder |  | Displays hazard awareness in bathing area | | |  | Uses shower chair |
|  | Uses grab bars |  |  | | |  |  |
| **Person Preference:** | | | | | | | |
|  | Shower  Tub | | | | | | |
|  | Expresses preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Level of Supervision for Bathing:** | | | |  | | | |
|  | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

# 

# Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examples**: 1) Person fell four times this year in the bathing area.

2) Person has chosen to take a shower later and is doing much better with taking a shower.

3) Person can put shampoo in hair but needs to learn to better rinse hair.

# Dressing

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Assist | 4. | **Minimal Assist** |
| 2. | **Maximal Assist** | 5. | **Independent** |
| 3. | Moderate Assist | N/A | **Not Applicable** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | |
| Y/N | Shows no discomfort with dressing |  | Puts on underwear |  | Removes shoes |
|  | Selects appropriate color combinations |  | Puts on pants |  | Removes socks |
|  | Selects appropriate clothing for season/activity |  | Puts on socks |  | Removes pants |
|  | Knows when clothing needs to be changed |  | Puts on shoes on correct feet |  | Removes shirt |
|  | Grasps/ holds clothing articles |  | Uses Velcro closures |  | Removes bra |
|  | Knows when clothes are right side out vs. inside out |  | Ties laces |  | Removes underwear |
| **** | Recognizes modesty issues during dressing |  | Wears appropriate footwear in the daytime |  | Fastens buttons |
|  | Puts on bra |  | Wears appropriate footwear at night |  | Zips zipper |
|  | Puts on shirt |  |  |  | Applies / Removes belt |
| **Person Preference:** | |  | | | |
| **** | Selects own clothing |  | Uses adaptive/assistive device(s). If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Expresses preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

# Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Examples:**  1) Person would benefit from learning how to put shoes on correct feet.

2) Person is more independent if clothing does not have buttons.

3) It is important to the person to wear baseball hats.

# Hygiene

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Assist | 4. | **Minimal Assist** |
| 2. | **Maximal Assist** | 5. | **Independent** |
| 3. | Moderate Assist | N/A | **Not Applicable** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | |
|  | Knows when to brush teeth |  | Washes face |  | Applies aftershave/cologne/perfume |
|  | Opens toothpaste tube |  | Rinses hands |  | Provides own fingernail care |
|  | Puts paste on toothbrush |  | Dries hands |  | Uses nail clippers |
| Y/N | Tolerates toothbrush in mouth | **** | Gathers / puts away grooming items |  | Blows nose with tissue |
|  | Makes brushing motions |  | Brushes / combs hair |  | Understands need for good hygiene/grooming |
|  | Brushes teeth |  | Styles hair |  | Uses mirror during care |
|  | Uses dental floss | Y/N | Tolerates Beautician / Barber cutting hair |  | Applies make-up |
|  | Rinses mouth |  | Requests hair appointment |  | Cleans dentures |
|  | Turns on water |  | Applies deodorant |  | Cleans glasses |
|  | Rinses toothbrush & puts away |  | Aware of when to be shaved |  | Cares for hearing aid |
|  | Applies soap to hands |  | Shaves self with electric razor |  | Provides own menses care |
|  | Makes rubbing motion with hands |  |  |  |  |
| **Person Preference:** | |  | | | |
|  | Expresses preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

# Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Person has expressed fear that soap will burn eyes.

2) Person just received glasses. Could learn to take care of them.

# Restroom Use/Bowel & Bladder

|  |
| --- |
| **Skills:** |

*Circle the correct answer (Yes / No):*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes / No | Continent of bladder | Yes / No | **Episodes of daytime incontinence** |
| Yes / No | Continent of bowel | Yes / No | **Episodes of nighttime incontinence** |
| Yes / No | Recognizes wet/dry |  |  |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Total Assist | | | 4. | | | **Minimal Assist** | | | |
| 2. | **Maximal Assist** | | | 5. | | | **Independent** | | | |
| 3. | Moderate Assist | | | N/A | | | **Not Applicable** | | | |
|  |  | | |  | | |  | | | |
|  | | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Equipment Needed” section below.* | | | | | | | | | | |
|  | | Indicates need for bathroom |  | | | | Knocks on bathroom door before entering | | |  | Uses toilet paper to wipe self | |
|  | | Uses the toilet | **** | | | | Shuts bathroom/stall door | | |  | Flushes toilet | |
|  | | Asks to be changed if wet or soiled |  | | | | Uses hand rails/grab bars as needed | | |  | Washes hands after using bathroom | |
|  | | Changes wet clothing |  | | | | Pulls clothes down before eliminating | | |  | Uses towel to dry hands | |
|  | | Knows location of bathroom |  | | | | Pulls clothes up after eliminating | | |  | Adjusts clothing prior to leaving bathroom area | |
|  | | Selects correct restroom from signs |  | | | |  | | |  |  | |
| **\*Equipment Needed:** list all adaptive equipment used | | | | | | | | | | | | |
|  | | Adult Incontinence Briefs | |  | | Commode chair | | |  | | Urinal | |
| **Person Preference:** | | | |  | | | | | | | | |
|  | | Expresses preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

# Comments / Opportunities for Increasing Independence and Rights for Self-Care Skills (Toileting, Dressing, Hygiene & Bathing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Person prefers familiar staff to assist.

# 2) Communicates need to use bathroom by agitation.

# 3) Person should learn to use a sign for bathroom to increase success.Eating / Dining

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Assist | 4. | **Minimal Assist** |
| 2. | **Maximal Assist** | 5. | **Independent** |
| 3. | Moderate Assist | N/A | **Not Applicable** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | | |
|  | Locates where to eat | |  | Discriminates appropriate utensil use |  | Pours liquids from pitcher |
| Y/N  | Sits in preferred seat | | **** | Uses a knife to cut food |  | Opens sealed food items |
| Y/N | Is comfortable with mealtime activities | |  | Butters bread/spreads |  | Uses condiments |
| Y/NN/A | If needed, is comfortable with being fed | | **** | Uses fork |  | Takes item off a tray |
|  | Eats without assistance | |  | Uses spoon |  | Participates in cafeteria style dining / food line |
|  | Eats at a reasonable pace | |  | Uses napkin |  | Dishes up an appropriate serving |
|  | Eats without spillage | |  | Drinks from a cup / glass |  | Passes serving bowl / pitcher |
|  | Displays appropriate table manners | |  | Drinks from a straw |  | Participates in family style dining |
|  | Discriminates finger food from non-finger food | |  | Independently accesses food |  | Understands diet/diet consistency |
|  | Discriminates between hot/cold food | |  | Opens drink / beverage container |  | Understands “healthy food” –vs- “junk food” |
| **\*Equipment Needed:** SeeNutrition Assessment for all adaptive equipment | | | | | | |
|  | | | | | | |
| **Person Preference:** | |  | | | | |
| **Y/N** Expresses preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **** Participates in making choices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**** | | | | | | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Person tends to only use a spoon and would benefit from using a fork/knife.

# 2) Has tendency to throw items when done eating.

# 3) Person could benefit from learning to pour their liquids.Money Management

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each skill.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Total Assist | | | 4. | | **Minimal Assist** | | |
| 2. | **Maximal Assist** | | | 5. | | **Independent** | | |
| 3. | Moderate Assist | | | N/A | | **Not Applicable** | | |
|  | | *Place a check mark in this box if the person requires total assistance to complete all tasks in the “Skills” section due to cognitive ability. No further rating in this section is necessary. Proceed to the “Comments” section below.* | | | | | | | | |
|  | | | | | | | | | | |
|  | | | Uses purse / wallet | **Y/N** | | Understands money is exchanged for goods or services. | |  | Purchases items from store | |
|  | | | Safeguards purse / wallet |  | | Recognizes coins –vs- bills | |  | Purchases items from vending machine | |
|  | | | Requests access to money |  | | Saves money for future purposes | |  | After shopping puts purchases away: ie food, personal items | |
| **** | | | Accesses money from staff/ Bank / or other sources |  | | Knows when to shop for needed clothing / incidentals | | Y/N | Reports missing money | |
|  | | | Signs / marks check |  | | Makes choices about what to spend money on | | Y/N | Understands that stealing is taking something that does not belong to you | |
|  | | | Cashes paycheck |  | | Identifies the cost of a purchase | | **Y/N** | Understands consequences of stealing | |
|  | | | Places money in purse / wallet |  | | Puts items back if does not have enough money | | **Y/N** | Understands should not borrow / request money from others | |
| **Y/N** | | | Understands concept of working to get paid |  | |  | |  |  | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Person Preference:** | | | |  | | | | | | |
| Expresses preferences / Makes choices:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examples:** 1) Likes buying diet coke from the vending machine at work.

2) Needs to understand items can’t be purchased when there is not enough money.**Household Management**

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each task.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total Assist | 4. | **Minimal Assist** |
| 2. | **Maximal Assist** | 5. | **Independent** |
| 3. | Moderate Assist | N/A | **Not Applicable** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | |
|  | | Knows when cleaning / organizing of personal space should be done |  | Brings dirty laundry to laundry room |  | Puts placemats on table |
|  | | Keeps own area tidy |  | Sorts clothing |  | Puts napkins on table |
|  | | Makes bed |  | Loads/unloads washer and dryer |  | Puts glasses on table |
| **** | | Stores and maintains own property |  | Folds clothing |  | Puts silverware on table |
|  | | Dusts/wipes surfaces |  | Hangs clothing |  | Puts plates/bowls on table |
|  | | Empties trash |  | Puts away own clothing |  | Uses a napkin |
|  | | Turns on/off lights |  | Wipes table |  | Throws away trash |
|  | | Turns power on/off (TV, radio, etc.) |  | Prepares a sandwich or food item. |  | Cleans dishes from table |
|  | | Puts dirty laundry/clothes in hamper |  | Puts centerpiece on table |  | Locks/unlocks lock with key |
| **Y/N** | | Understands responsibility of key possession (ie. does not give key to others, keeps key safe, uses it for intended use) | | | | |
|  | | Tells time  by event  by timepiece | | | | |
| **Person Preference:** | | |  | | | |
|  | Expresses preferences:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Activates electronics with use of a switch.

# 2) Has never practiced or had experience with what a clean area looks like.

# 3) Person completes laundry and needs practice with putting clothing in closet/drawers. Safety Awareness

|  |
| --- |
| **Skills:** |

In the box below, *enter the number* that best represents the person’s present level of ability for each task.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Total Assist | | 4. | | | **Minimal Assist** | | |
| 2. | | **Maximal Assist** | | 5. | | | **Independent** | | |
| 3. | | Moderate Assist | | N/A | | | **Not Applicable** | | |
|  | |  | |  | | |  | | |
|  | | | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | | | | | |
|  | | | Navigates on uneven surfaces |  | | | Stays with familiar people when in the community | |  | Fastens seat belt | |
|  | | | Uses sidewalk |  | | | Stops at curb | |  | Unfastens seat belt when appropriate | |
|  | | | Uses stairs |  | | | Looks before crossing the street | |  | Recognize unsafe environments, e.g. / wet floor/ broken furniture | |
|  | | | Uses a w/c ramp | Y/N | | | Understands traffic signals/signs | |  | Avoids aggressive peers | |
|  | | | Navigates safely through doorways |  | | | Uses crosswalk | |  | Responds to directions in a fire/emergency | |
|  | | | Opens/Shuts doors safely |  | | | Asks for directions | |  | Uses emergency numbers (911/3) appropriately | |
| Y/N  | | | Ability to live without right modifications (access to food, etc.) |  | | | Communicates where they live | | Y / N | Recognizes inedible from edible items | |
|  | | |  |  | | | Communicates that they are lost | | | | |
| **Person Preference:** | | | |  | | | | | | | |
|  | | Expresses preferences | |  | | Uses adaptive/assistive device(s). If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Examples: 1) Person is vulnerable with lack of internet safety.

# 2) Person could increase community safety when crossing the street.

# Hobby/Leisure Skills

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each task.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Total Assist | | | 4. | | **Minimal Assist** | | | | |
| 2. | | **Maximal Assist** | | | 5. | | **Independent** | | | | |
| 3. | | Moderate Assist | | | N/A | | **Not Applicable** | | | | |
|  | |  | | |  | |  | | | | |
|  | | *Place a check mark in this box if the person is totally dependent to complete* ***all*** *tasks in the “Skills” section due to:*  physical ability and/or  cognitive ability  *No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | | | | | | | | |
| **** | | Stores and maintains own hobby/leisure supplies | | | **** | | Maintains hobbies/collections | | |  | | Operates video games | |
| **** | | Gathers supplies for specific activity | | |  | | Enjoys books/magazine | | |  | | Operates karaoke machine | |
|  | | Uses supplies appropriately/safely | | |  | | Participates in discussion about current events | | |  | | Operates TV/VCR | |
|  | | Is interested in sharing hobby/leisure supplies | | |  | | Decorates room | | |  | | Operates a computer | |
|  | | Spends leisure time with other people | | | **** | | Spends time outside | | |  | | Operates IPad/cell phone or other technical/online devices | |
|  | | Likes table games (e.g. cards, monopoly, etc.) | | |  | | Participates in exercise or sports | | |  | |  | |
| **Person Preference:** | | | |  | | | | | | | | | |
| **Y/N** | | Expresses preference for locations outside of the home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | Uses adaptive/assistive device(s). If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **** | | Likes to go to most community trips:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Y/N** | | Expresses preferences in hobbies/events/leisure activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **** | | Participates in preferred leisure activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Person likes painting and maintains supplies in room

# 2) Could work learning to independently FaceTime.

3) Person loves to be outside. Could use more opportunities to choose when to be out.

**Community Access**

|  |
| --- |
| **Skills:** |

In each box below, *enter the number* that best represents the person’s present level of ability for each task

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Total Assist | | 4. | **Minimal Assist** | |
| 2. | **Maximal Assist** | | 5. | **Independent** | |
| 3. | Moderate Assist | | N/A | **Not Applicable** | |
|  | | *Place a check mark in this box if the person requires total assistance to complete all tasks in the “Skills” section. No further rating in this section is necessary. Proceed to the “Person Preference” section below.* | | | | | | |
|  | | Makes appointments for services (ie: hair, nails) | **** | | Utilizes community resources (ie: post office, library, stores) |  | | Uses computer for community resources |
|  | | Asks to go to specific places |  | | Identifies signs (ie: Stop, male/female bathroom) |  | | Orders from a menu in a restaurant |
|  | | Is able to be socially acceptable in various settings |  | | Waits in line. |  | | Discriminates between staff and strangers |
| **** | | Utilizes public transportation (bus, uber, etc.) |  | | Takes turns. |  | | Initiates interaction with community members |
| **** | | Attends preferred religious services | | | | | | |
|  | | | | | | | | |
| *Circle* level of support needed to accessthe community: Independent Group 1 staff 2 staff | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Person Preference:** | |  |
| **Y/N** | Expresses preferences of outings | |
| **** | Participates in preferred outings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

# Comments / Opportunities for Increasing Independence and Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Examples: 1) Person does not mind waiting in lines or for food in restaurants. 2) Person should learn coping or distracting skills while waiting, especially in restaurants.

**Staff: Overall recommended goals/trainings for increasing independence in the coming year. (*Required Entry )***

**Name and Title of Person(s) Completing Assessment:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**