

Independent Living Skill Assessment

Individual's Name:

Date of Assessment:

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Independent Living Skill Assessment

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*

Independent Living Skill Assessment

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**

- | | | |
|--|---|--|
| <input type="checkbox"/> Establishes eye contact | <input type="checkbox"/> Indicates need for help | <input type="checkbox"/> Recognizes own picture |
| <input type="checkbox"/> Shakes hands or waves appropriately | <input type="checkbox"/> Expresses wants/needs | <input type="checkbox"/> Uses pictures to communicate |
| <input type="checkbox"/> Responds to name when called | <input type="checkbox"/> Communicates feelings | <input type="checkbox"/> Is able to read |
| Y / N Understands sign language | <input type="checkbox"/> Expresses anger/frustration in a positive manner | <input type="checkbox"/> Follows one-step instructions |
| <input type="checkbox"/> Communicates "Yes / No" | <input type="checkbox"/> Expresses need to be left alone | <input type="checkbox"/> Follows two-step instructions |
| <input type="checkbox"/> Indicates "No" for "Stop" | <input type="checkbox"/> Communicates choice / preferences | <input type="checkbox"/> Follows multi-step instructions |

Socialization

Skills:

- | | | |
|--|--|---|
| <input type="checkbox"/> Uses greeting to start conversation | <input type="checkbox"/> Gets attention by speaking calmly (ie. waits for pause, says excuse me) | <input type="checkbox"/> Moves away from stressful situations/interactions |
| Y / N Listens when others speak. | <input type="checkbox"/> Interacts with peers. | <input type="checkbox"/> Respects others' personal space |
| <input type="checkbox"/> Ends conversation appropriately | <input type="checkbox"/> Interacts with staff. | <input type="checkbox"/> Respects others' possessions |
| Y / N Initiates interaction with peers | Y / N Likes to be near preferred peer | <input type="checkbox"/>  Sends mail |
| Y / N Initiates interaction with staff | Y / N Likes to be near preferred staff | <input type="checkbox"/>  Uses the phone |
| <input type="checkbox"/> 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): | | |
|  | _____ | |

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

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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**

2. **Maximal Assist**

3. **Moderate Assist**

4. **Minimal Assist**

5. **Independent**

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.

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- 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.

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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:

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- 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.

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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**

2. **Maximal Assist**

3. **Moderate Assist**

4. **Minimal Assist**

5. **Independent**

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.

<input type="checkbox"/> Knows when to brush teeth	<input type="checkbox"/> Washes face	<input type="checkbox"/> Applies aftershave/cologne/perfume
<input type="checkbox"/> Opens toothpaste tube	<input type="checkbox"/> Rinses hands	<input type="checkbox"/> Provides own fingernail care
<input type="checkbox"/> Puts paste on toothbrush	<input type="checkbox"/> Dries hands	<input type="checkbox"/> Uses nail clippers
Y/N Tolerates toothbrush in mouth	<input type="checkbox"/> Gathers / puts away grooming items	<input type="checkbox"/> Blows nose with tissue
<input type="checkbox"/> Makes brushing motions	<input type="checkbox"/> Brushes / combs hair	<input type="checkbox"/> Understands need for good hygiene/grooming
<input type="checkbox"/> Brushes teeth	<input type="checkbox"/> Styles hair	<input type="checkbox"/> Uses mirror during care
<input type="checkbox"/> Uses dental floss	Y/N Tolerates Beautician / Barber cutting hair	<input type="checkbox"/> Applies make-up
<input type="checkbox"/> Rinses mouth	<input type="checkbox"/> Requests hair appointment	<input type="checkbox"/> Cleans dentures
<input type="checkbox"/> Turns on water	<input type="checkbox"/> Applies deodorant	<input type="checkbox"/> Cleans glasses
<input type="checkbox"/> Rinses toothbrush & puts away	<input type="checkbox"/> Aware of when to be shaved	<input type="checkbox"/> Cares for hearing aid
<input type="checkbox"/> Applies soap to hands	<input type="checkbox"/> Shaves self with electric razor	<input type="checkbox"/> Provides own menses care
<input type="checkbox"/> Makes rubbing motion with hands		

Person Preference:

☐ Expresses preferences: _____

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Comments:

Examples: 1) Person has expressed fear that soap will burn eyes.
2) Person just received glasses. Could learn to take care of them.

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Restroom Use/Bowel & Bladder

Skills:

Circle the correct answer (Yes / No):

Yes / No **Continent of bladder**

Yes / No **Continent of bowel**

Yes / No **Recognizes wet/dry**

Yes / No

Episodes of daytime incontinence

Yes / No

Episodes of nighttime incontinence

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

1. **Total Assist**

2. **Maximal Assist**

3. **Moderate Assist**


4. **Minimal Assist**

5. **Independent**

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Indicates need for bathroom | <input type="checkbox"/> Knocks on bathroom door before entering | <input type="checkbox"/> Uses toilet paper to wipe self |
| <input type="checkbox"/> Uses the toilet | <input type="checkbox"/>  Shuts bathroom/stall door | <input type="checkbox"/> Flushes toilet |
| <input type="checkbox"/> Asks to be changed if wet or soiled | <input type="checkbox"/> Uses hand rails/grab bars as needed | <input type="checkbox"/> Washes hands after using bathroom |
| <input type="checkbox"/> Changes wet clothing | <input type="checkbox"/> Pulls clothes down before eliminating | <input type="checkbox"/> Uses towel to dry hands |
| <input type="checkbox"/> Knows location of bathroom | <input type="checkbox"/> Pulls clothes up after eliminating | <input type="checkbox"/> Adjusts clothing prior to leaving bathroom area |
| <input type="checkbox"/> Selects correct restroom from signs | | |

***Equipment Needed:** list all adaptive equipment used

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Adult Incontinence Briefs | <input type="checkbox"/> Commode chair | <input type="checkbox"/> 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.

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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**

2. **Maximal Assist**

3. **Moderate Assist**




4. **Minimal Assist**

5. **Independent**

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.

<input type="checkbox"/>	Locates where to eat	<input type="checkbox"/>	Discriminates appropriate utensil use	<input type="checkbox"/>	Pours liquids from pitcher
Y/N	Sits in preferred seat	<input type="checkbox"/>	Uses a knife to cut food	<input type="checkbox"/>	Opens sealed food items
					
Y/N	Is comfortable with mealtime activities	<input type="checkbox"/>	Butters bread/spreads	<input type="checkbox"/>	Uses condiments
Y/N	If needed, is comfortable with being fed	<input type="checkbox"/>	Uses fork	<input type="checkbox"/>	Takes item off a tray
N/A					
<input type="checkbox"/>	Eats without assistance	<input type="checkbox"/>	Uses spoon	<input type="checkbox"/>	Participates in cafeteria style dining / food line
<input type="checkbox"/>	Eats at a reasonable pace	<input type="checkbox"/>	Uses napkin	<input type="checkbox"/>	Dishes up an appropriate serving
<input type="checkbox"/>	Eats without spillage	<input type="checkbox"/>	Drinks from a cup / glass	<input type="checkbox"/>	Passes serving bowl / pitcher
<input type="checkbox"/>	Displays appropriate table manners	<input type="checkbox"/>	Drinks from a straw	<input type="checkbox"/>	Participates in family style dining
<input type="checkbox"/>	Discriminates finger food from non-finger food	<input type="checkbox"/>	Independently accesses food	<input type="checkbox"/>	Understands diet/diet consistency
<input type="checkbox"/>	Discriminates between hot/cold food	<input type="checkbox"/>	Opens drink / beverage container	<input type="checkbox"/>	Understands "healthy food" –vs– "junk food"

***Equipment Needed:** See Nutrition Assessment for all adaptive equipment

Person Preference:

Y/N Expresses preferences: _____

☐  Participates in making choices: _____

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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.

Independent Living Skill Assessment


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.

<input type="checkbox"/> Uses purse / wallet	Y/N	<input type="checkbox"/> Understands money is exchanged for goods or services.	<input type="checkbox"/> Purchases items from store
<input type="checkbox"/> Safeguards purse / wallet	<input type="checkbox"/>	<input type="checkbox"/> Recognizes coins -vs- bills	<input type="checkbox"/> Purchases items from vending machine
<input type="checkbox"/> Requests access to money	<input type="checkbox"/>	<input type="checkbox"/> Saves money for future purposes	<input type="checkbox"/> After shopping puts purchases away: ie food, personal items
<input type="checkbox"/>  Accesses money from staff/ Bank / or other sources	<input type="checkbox"/>	<input type="checkbox"/> Knows when to shop for needed clothing / incidentals	Y/N Reports missing money
<input type="checkbox"/> Signs / marks check	<input type="checkbox"/>	<input type="checkbox"/> Makes choices about what to spend money on	Y/N Understands that stealing is taking something that does not belong to you
<input type="checkbox"/> Cashes paycheck	<input type="checkbox"/>	<input type="checkbox"/> Identifies the cost of a purchase	Y/N Understands consequences of stealing
<input type="checkbox"/> Places money in purse / wallet	<input type="checkbox"/>	<input type="checkbox"/> 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:

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.

Independent Living Skill Assessment

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**
2. **Maximal Assist**
3. **Moderate Assist**

4. **Minimal Assist**
5. **Independent**
- 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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Knows when cleaning / organizing of personal space should be done | <input type="checkbox"/> Brings dirty laundry to laundry room | <input type="checkbox"/> Puts placemats on table |
| <input type="checkbox"/> Keeps own area tidy | <input type="checkbox"/> Sorts clothing | <input type="checkbox"/> Puts napkins on table |
| <input type="checkbox"/> Makes bed | <input type="checkbox"/> Loads/unloads washer and dryer | <input type="checkbox"/> Puts glasses on table |
| <input type="checkbox"/> Stores and maintains own property | <input type="checkbox"/> Folds clothing | <input type="checkbox"/> Puts silverware on table |
| <input type="checkbox"/> Dusts/wipes surfaces | <input type="checkbox"/> Hangs clothing | <input type="checkbox"/> Puts plates/bowls on table |
| <input type="checkbox"/> Empties trash | <input type="checkbox"/> Puts away own clothing | <input type="checkbox"/> Uses a napkin |
| <input type="checkbox"/> Turns on/off lights | <input type="checkbox"/> Wipes table | <input type="checkbox"/> Throws away trash |
| <input type="checkbox"/> Turns power on/off (TV, radio, etc.) | <input type="checkbox"/> Prepares a sandwich or food item. | <input type="checkbox"/> Cleans dishes from table |
| <input type="checkbox"/> Puts dirty laundry/clothes in hamper | <input type="checkbox"/> Puts centerpiece on table | <input type="checkbox"/> 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: _____
- _____

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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.

Independent Living Skill Assessment


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.

<input type="checkbox"/> Navigates on uneven surfaces	<input type="checkbox"/> Stays with familiar people when in the community	<input type="checkbox"/> Fastens seat belt
<input type="checkbox"/> Uses sidewalk	<input type="checkbox"/> Stops at curb	<input type="checkbox"/> Unfastens seat belt when appropriate
<input type="checkbox"/> Uses stairs	<input type="checkbox"/> Looks before crossing the street	<input type="checkbox"/> Recognize unsafe environments, e.g. / wet floor/ broken furniture
<input type="checkbox"/> Uses a w/c ramp	Y/N Understands traffic signals/signs	<input type="checkbox"/> Avoids aggressive peers
<input type="checkbox"/> Navigates safely through doorways	<input type="checkbox"/> Uses crosswalk	<input type="checkbox"/> Responds to directions in a fire/emergency
<input type="checkbox"/> Opens/Shuts doors safely	<input type="checkbox"/> Asks for directions	<input type="checkbox"/> Uses emergency numbers (911/3) appropriately
Y/N  Ability to live without right modifications (access to food, etc.)	<input type="checkbox"/> Communicates where they live	Y / N Recognizes inedible from edible items
	<input type="checkbox"/> Communicates that they are lost	

Person Preference:

<input type="checkbox"/> Expresses preferences	<input type="checkbox"/> 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.

Independent Living Skill Assessment

- | | |
|---------------------------|---------------------------|
| 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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Stores and maintains own hobby/leisure supplies | <input type="checkbox"/>  Maintains hobbies/collections | <input type="checkbox"/> Operates video games |
| <input type="checkbox"/>  Gathers supplies for specific activity | <input type="checkbox"/> Enjoys books/magazine | <input type="checkbox"/> Operates karaoke machine |
| <input type="checkbox"/> Uses supplies appropriately/safely | <input type="checkbox"/> Participates in discussion about current events | <input type="checkbox"/> Operates TV/VCR |
| <input type="checkbox"/> Is interested in sharing hobby/leisure supplies | <input type="checkbox"/> Decorates room | <input type="checkbox"/> Operates a computer |
| <input type="checkbox"/> Spends leisure time with other people | <input type="checkbox"/>  Spends time outside | <input type="checkbox"/> Operates iPad/cell phone or other technical/online devices |
| <input type="checkbox"/> Likes table games (e.g. cards, monopoly, etc.) | <input type="checkbox"/> 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.

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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 access the 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)

Independent Living Skill Assessment

Name and Title of Person(s) Completing Assessment:

Signature: _____

Date: _____