

Comprehensive Functional Assessment of Direct Care Independent Living Skills

RESIDENT'S NAME		RESIDENCE		
ASSESSMENT DATE		DSHS NUMBER		
Assessor's Name	Assessor's Job Title	Shift	ACM's Initials	
Directions				

Use the codes below, unless otherwise specified, to complete the "Skills" section on each page. If you have questions or need clarification contact your Supervisor or HPA.

1. **Physical**Resident does **0% - 24%** of task by themselves. Hand over hand and verbal assistance is provided to complete the task.
 2. **Gestural**Resident performs task approximately **25% - 49%** by themselves. Hand over hand and/or verbal assist is provided. Staff assists to initiate or carry out skill.
 3. **Verbal**Resident performs approximately **50% - 74%** of task by themselves. Physical prompt and/or verbal assist is provided.
 4. **Independent**Resident performs approximately **75% - 99%** of task by themselves. Verbal assist, no physical assist is provided.
 5. **Self-Reliant**Resident performs **100%** of task by themselves. Does not require prompting and manages all steps in the skill.
- Not Applicable or N/A**Does not apply to the individuals function in daily life or the individual has not had the opportunity to use the skill in their daily environment.

Designates and Area of Resident's Rights:

After initial assessment, subsequent assessors are to identify the assistance required, if the assistance required is different from the initial assessment.

Socialization

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____	Uses greeting to start conversation	<input type="checkbox"/> Y <input type="checkbox"/> N	Participates in Advocacy Services (i.e., Peoples First, Voter Training)	_____	Moves away from stressful situations / interactions
<input type="checkbox"/> Y <input type="checkbox"/> N	Listens when others speak	_____	Gets attention by speaking calmly (i.e., waits for pause, says excuse me)	_____	Respects others' personal space
_____	Ends conversation appropriately	_____	Interacts with peers	_____	Respects others' possessions
<input type="checkbox"/> Y <input type="checkbox"/> N	Initiates interaction with peers	_____	Interacts with staff	_____	Sends mail
<input type="checkbox"/> Y <input type="checkbox"/> N	Initiates interaction with staff	<input type="checkbox"/> Y <input type="checkbox"/> N	Likes to be near preferred peer	_____	Uses the phone
_____	Gets attention calmly by gesture (i.e., touches other person on arm)	<input type="checkbox"/> Y <input type="checkbox"/> N	Likes to be near preferred staff		

COMMENTS / IMPORTANT TO AND FOR / OPPORTUNITIES TO INCREASE INDEPENDENCE AND RIGHTS

Bathing

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<input type="checkbox"/> Y <input type="checkbox"/> N	Communicates need for bathing	_____	Opens containers	_____	Washes front of body
_____	Cooperates with bathing tasks	_____	Pours shampoos	_____	Washes back of body
_____	Gathers / puts away bathing items	_____	Shampoos hair	_____	Rinses self
_____	Safely enters / exits the tub / shower	_____	Rinses hair	_____	Dries self
_____	Turns water on / off	_____	Applies soap to wash cloth	_____	Maintains privacy during shower / bath
			Uses washcloth		Picks up after self (towels, shampoo, dirty laundry)
			Washes face		

Bathing Safety Issues / Risks

- Y N Has a seizure disorder
- Y N Displays hazard awareness in bathing area (wet floor, etc.)
- Y N Uses grab bars

Resident Preferences

- Shower Tub
- Expresses preferences:

Level of Supervision for Bathing:

- Please specify:

COMMENTS (EXAMPLES: 1) RESIDENT FELL FOUR TIMES THIS YEAR IN THE BATHING AREA; 2) RESIDENT'S BATH RECENTLY MOVED TO PM'S AND IS DOING MUCH BETTER WITH THEIR BATHING ROUTINE; AND 3).RESIDENT CAN PUT SHAMPOO IN HAIR BUT SHOULD WORK ON RINSING HAIR):

Dressing

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<input type="checkbox"/> Y <input type="checkbox"/> N	Tolerates dressing process	_____ _____ _____	Puts on shirt	_____ _____ _____	Maintains privacy during dressing
	Selects appropriate color combinations		Puts on underwear		Removes shoes
	Selects appropriate clothing for season / activity		Puts on pants		Removes socks
	Knows when clothing needs to be changed		Puts on socks		Removes pants
	Grasps / holds clothing articles		Puts on shoes on correct feet		Removes shirt
	Knows when clothes are right side out vs. inside out		Uses Velcro closures		Removes bra
	Recognizes modesty issues during dressing		Ties laces		Removes underwear
	Puts on bra		Wears appropriate footwear in the daytime		Fastens buttons
			Wears appropriate footwear at night		Zips zipper
					Applies / removes belt

Resident Preferences

- Selects own clothing
- Uses adaptive / assistive device(s). If yes, specify:
- Expresses preferences:

COMMENTS (EXAMPLES: 1) RESIDENT WOULD BENEFIT FROM LEARNING HOW TO PUT SHOES ON CORRECT FEET; 2) RESIDENT SHOULD NOT WEAR CLOTHING WITH BUTTONS OR SNAPS; AND 3) IT IS IMPORTANT THAT THE RESIDENT WEARS BASEBALL HATS):

Hygiene / Grooming

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

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

Expresses preferences:

COMMENTS (EXAMPLES: 1) RESIDENT HAS EXPRESSED FEAR THAT SOAP WILL BURN EYES; AND 2) RESIDENT JUST RECEIVED GLASSES. COULD LEARN TO STORE PROPERLY):

Toileting

Skills:

Check yes or no below:

- | YES | NO | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Continent of bladder |
| <input type="checkbox"/> | <input type="checkbox"/> | Continent of bowel |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes wet / dry |
| <input type="checkbox"/> | <input type="checkbox"/> | Episodes of daytime incontinence |
| <input type="checkbox"/> | <input type="checkbox"/> | Episodes of nighttime incontinence |

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

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

Equipment Needed:

Check all adaptive equipment used:

- Adult incontinence briefs
 Commode chair
 Urinal
 Bed pan

Resident Preferences:

- Expresses preferences:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS FOR SELF-CARE SKILLS (**TOILETING, DRESSING, HYGIENE AND BATHING**) (EXAMPLES: 1) RESIDENT PREFERS FAMILIAR STAFF TO ASSIST; 2) COMMUNICATES NEED TO USE BATHROOM BY AGITATION; AND 3) RESIDENT SHOULD LEARN TO USE A SIGN FOR BATHROOM TO INCREASE SUCCESS):

Eating / Dining

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____	Locates dining room	_____	Discriminates appropriate utensil use	_____	Opens sealed food items
<input type="checkbox"/> Y <input type="checkbox"/> N	Sits in preferred seating location in dining room	_____	Uses a knife to cut food	_____	Uses condiments
<input type="checkbox"/> Y <input type="checkbox"/> N	Tolerates mealtime activities	_____	Butters bread / spreads	_____	Takes item of a tray
<input type="checkbox"/> Y <input type="checkbox"/> N	Cooperates with being fed	_____	Uses fork	_____	Participates in cafeteria style dining / food line
_____	Feeds self	_____	Uses spoon	_____	Dishes up appropriate serving
_____	Eats at a reasonable pace	_____	Uses napkin	_____	Passes serving bowl / pitcher
_____	Eats without spillage	_____	Drinks from a cup / glass	_____	Participates in family style dining
_____	Displays appropriate table manners	_____	Drinks from a straw	_____	Understands diet / diet consistency
_____	Discriminates finger food from non-finger food	_____	Drinks from a water fountain	_____	Understands "healthy food" vs "junk food"
_____	Discriminates between hot / cold food	_____	Opens drink / beverage container	_____	
		_____	Pours liquid from pitcher		

Equipment Needed: See OT Assessment for all adaptive equipment.

Meal Preparation:

Y N Resident assists with meal preparation; if yes, specify:

Resident Preferences:

Y N Expresses preferences:

Participates in making choices:

COMMENTS (EXAMPLES: 1) RESIDENT IS ONLY PROVIDED SPOON. COULD USE TRAINING IN THE USE OF A FORK; 2) HAS TENDENCY TO THROW ITEMS; AND 3) RESIDENT COULD BENEFIT FROM LEARNING TO POUR HIS / HER OWN LIQUIDS):

Household Management

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Knows when cleaning / organizing of personal space should be done</p> <p>_____ Keeps own area tidy</p> <p>_____ Makes bed</p> <p>_____ Stores and maintains own property</p> <p>_____ Dust / wipes surfaces</p> <p>_____ Empties trash</p> <p>_____ Turns on / off lights</p> <p>_____ Turns power on / off (TV, radio, etc.)</p> <p>_____ Puts dirty laundry / clothes in hamper</p>	<p>_____ Brings dirty laundry to laundry room</p> <p>_____ Sorts clothing</p> <p>_____ Loads / unloads washer and dryer</p> <p>_____ Folds clothing</p> <p>_____ Hangs clothing</p> <p>_____ Puts away own clothing</p> <p>_____ Wipes table</p> <p>_____ Prepares a sandwich or food item</p> <p>_____ Puts centerpiece on table</p> <p>_____ Puts placemats on table</p>	<p>_____ Puts napkins on table</p> <p>_____ Puts glasses on table</p> <p>_____ Puts silverware on table</p> <p>_____ Puts plates / bowls on table</p> <p>_____ Selects clothing protector / napkin</p> <p>_____ Places clothing protector / napkin in hamper</p> <p>_____ Busses dishes from table</p> <p>_____ Locks / unlocks lock with key</p>
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Y N Understands responsibility of key possession (i.e., does not give key to others, keeps key safe, uses it for intended use.

_____ Tells time: by event by timepiece

Resident Preferences:

Expresses preferences:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) ACTIVATES ELECTRONICS WITH USE OF A SWITCH; AND 2) RESIDENT CAN FOLD CLOTHES BUT COULD WORK ON PUTTING THEM AWAY IN HIS / HER DRAWERS):

Money Management

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical 2. Gestural	3. Verbal 4. Independent	5. Self-Reliant N/A Not Applicable
_____ Can identify numbers	_____ Finds appropriate combination of change for items	_____ Makes purchase in store / restaurant
_____ Identifies money from non-money	_____ Understands exchange	_____ Keeps money on person safely
_____ Matches coins	_____ Understands value of money	_____ Can budget money
_____ Matches bills	_____ Counts to _____ (fill in the blank)	_____ Can keep a register of money
_____ Identifies coins	_____ Uses vending machine	_____ Deposits money
_____ Identifies bills		_____ Withdrawals money

Money Safety Issues / Risks

- Y N Tears money
 Y N Misplaces money
 Y N Swallows money

Resident Preferences:

- Expresses preferences
 Uses adaptive / assistive device(s). If yes, specify:

COMMENTS (EXAMPLES: 1) CAN HAND MONEY TO CASHIER BUT MAY NOT WAIT FOR CHANGE; 2) KNOWS THAT MONEY IS USED TO EXCHANGE FOR PREFERRED ITEM(S); AND 3) UNDERSTANDS COINS ARE USED TO MAKE A PURCHASE FROM VENDING MACHINE BUT DOES NOT KNOW THE VALUE OF MONEY):

Safety Awareness

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical 2. Gestural	3. Verbal 4. Independent	5. Self-Reliant N/A Not Applicable
_____ Navigates on uneven surfaces	_____ Stops at curb	_____ Unfastens seat belt when appropriate
_____ Uses sidewalk	_____ Looks before crossing the street	_____ Recognizes unsafe environments, e.g. wet floor / broken furniture
_____ Uses stairs	<input type="checkbox"/> Y <input type="checkbox"/> N Understands traffic signals / signs	_____ Avoids aggressive peers
_____ Uses a w/c ramp	_____ Uses crosswalk	_____ Responds to directions in a fire / emergency
_____ Navigates safely through doorways	_____ Asks for directions	_____ Uses emergency numbers (911) appropriately
_____ Open / shuts door safely	_____ Communicates where they live	_____ Recognizes inedible from edible items
<input type="checkbox"/> Y <input type="checkbox"/> N Ability to live in a unlocked home	_____ Fastens seat belt	<input type="checkbox"/> Y <input type="checkbox"/> N
_____ Stays with the group when translocating / outings		

Resident Preferences:

- Expresses preferences
- Uses adaptive / assistive device(s). If yes, specify:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLE: RESIDENT COULD INCREASE STREET CROSSING SKILLS BY CONSISTENTLY STOPPING AND LOOKING BOTH WAYS. RESIDENT IS CURRENTLY INCONSISTENT WITH THIS SKILL):

Leisure

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____	Stores and maintains own leisure supplies	_____	Maintains hobbies / collections	_____	Participates in exercise or sports
_____	Gathers supplies for specific activity	_____	Uses books / magazines	_____	Operates video games
_____	Uses leisure supplies appropriately / safely	_____	Participates in current events	_____	Operates karaoke machine
_____	Shares leisure supplies	_____	Decorates environment holiday / seasonal	_____	Operates TV / VCR
_____	Spends leisure time with other people	_____	Spends time outside	_____	Operates a computer
_____	Uses tabletop games / puzzles, sensory items			_____	Operates iPod / MP3 / CD / radio player

Resident Preferences:

- Expresses preferences
- Uses adaptive / assistive device(s). If yes, specify:
- Participates in preferred leisure locations:
- Y N Expresses preferences in leisure locations:
- Participates in preferred leisure locations:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS(EXAMPLES: 1) RESIDENT LIKES DRAWING AND HAS OWN SUPPLIES OF MARKERS IN ROOM; 2) COULD WORK ON OPERATING PERSONAL RADIO; AND 3) RESIDENT LOVES TO BE OUTSIDE. COULD USE MORE OPPORTUNITIES TO CHOOSE WHEN TO BE OUT):

Community Facilities and Services

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____	Makes appointment for services (i.e., hair , nails)	_____	Attends preferred religious services	_____	Uses public transportation
_____	Requests to go on community outing	_____	Utilizes community resources (i.e., post office, library, stores)	_____	Orders from a menu in a restaurant
_____	Displays appropriate behavior for various settings	_____	Identifies signs (i.e., stop, male / female bathroom)	_____	Discriminates between staff and strangers
_____	Utilizes campus resources (library, activity rooms)	_____	Waits in line	_____	Initiates interaction with community members
		_____	Takes turns		

Check the level of support needed to access the community: Independent Group 1-staff 2-staff

Resident Preferences:

- Y N Expresses preference of outings
- Participates in preferred outings:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) RESIDENT IS CAPABLE OF WAITING APPROPRIATELY IN A LINE FOR APPROXIMATELY TWO MINUTES; AND 2) RESIDENT SHOULD WORK TO SIT FOR LONGER PERIODS OF TIME, ESPECIALLY IN RESTAURANTS):

Recommendations for Habilitation

State in specific functional terms. (Skills the Resident needs to learn based on strengths as well as weaknesses.)

Toileting:

Bathing:

Personal Hygiene:

Grooming:

Dental Hygiene:

Dressing:

Eating Skills:

Socialization / Recreation:

Other: