### 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:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Verbal</th>
<th>Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses greeting to start conversation</td>
<td>3. Listens when others speak</td>
<td>5. Participates in Advocacy Services (i.e., Peoples First, Voter Training)</td>
</tr>
<tr>
<td>2. Ends conversation appropriately</td>
<td>4. Initiates interaction with peers</td>
<td>6. Gets attention by speaking calmly (i.e., waits for pause, says excuse me)</td>
</tr>
<tr>
<td>3. Initiates interaction with staff</td>
<td>5. Sends mail</td>
<td>7. Interacts with peers</td>
</tr>
<tr>
<td>4. Gets attention calmly by gesture (i.e., touches other person on arm)</td>
<td>6. Likes to be near preferred peer</td>
<td>8. Interacts with staff</td>
</tr>
<tr>
<td>N/A Not Applicable</td>
<td>N/A Not Applicable</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

- **Communicates need for bathing:**  
  - □ Y □ N
  - □ □ □

- **Opens containers:**  
  - □ □ □

- **Washes front of body:**  
  - □ □ □

- **Pours shampoos:**  
  - □ □ □

- **Washes back of body:**  
  - □ □ □

- **Shampoos hair:**  
  - □ □ □

- **Rinses self:**  
  - □ □ □

- **Turns water on / off:**  
  - □ □ □

- **Opens containers:**  
  - □ □ □

- **Gathers / puts away bathing items:**  
  - □ □ □

- **Rinses hair:**  
  - □ □ □

- **Dries self:**  
  - □ □ □

- **Washes face:**  
  - □ □ □

- **Maintains privacy during shower / bath:**  
  - □ □ □

- **Washes front of body:**  
  - □ □ □

- **Washes back of body:**  
  - □ □ □

- **Rinses self:**  
  - □ □ □

- **Maintains privacy during shower / bath:**  
  - □ □ □

- **Washes face:**  
  - □ □ □

- **Washes front of body:**  
  - □ □ □

- **Washes back of body:**  
  - □ □ □

- **Rinses self:**  
  - □ □ □

- **Maintains privacy during shower / bath:**  
  - □ □ □

- **Washes face:**  
  - □ □ □

- **Washes front of body:**  
  - □ □ □

- **Washes back of body:**  
  - □ □ □

- **Rinses self:**  
  - □ □ □

- **Maintains privacy during shower / bath:**  
  - □ □ □

- **Washes face:**  
  - □ □ □

- **Washes front of body:**  
  - □ □ □

- **Washes back of body:**  
  - □ □ □

- **Rinses self:**  
  - □ □ □

- **Maintains privacy during shower / bath:**  
  - □ □ □

- **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:

<table>
<thead>
<tr>
<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

- **Tolerates dressing process:**
- **Selects appropriate color combinations:**
- **Selects appropriate clothing for season/ activity:**
- **Knows when clothing needs to be changed:**
- **Grasps/ holds clothing articles:**
- **Knows when clothes are right side out vs. inside out:**
- **Recognizes modesty issues during dressing:**
- **Puts on bra:**
- **Puts on shirt:**
- **Puts on underwear:**
- **Puts on pants:**
- **Puts on socks:**
- **Puts on shoes on correct feet:**
- ** Uses Velcro closures:**
- **Ties laces:**
- **Wears appropriate footwear in the daytime:**
- **Wears appropriate footwear at night:**
- **Maintains privacy during dressing:**
- **Removes shoes:**
- **Removes socks:**
- **Removes pants:**
- **Removes shirt:**
- **Removes bra:**
- **Removes underwear:**
- **Fastens buttons:**
- **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:

<table>
<thead>
<tr>
<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

### Hygiene / Grooming Skills:

- **Knows when to brush teeth**
- **Opens toothpaste tube**
- **Puts toothpaste on toothbrush**
- **Tolerates toothbrush**
- **Makes brushing motions**
- **Uses dental floss**
- **Rinses mouth**
- **Turns on water**
- **Rinses toothbrush and puts away**
- **Applies soap to hands**
- **Makes rubbing motion with hands**

### Grooming Skills:

- **Washes face**
- **Rinses hands**
- **Dries hands**
- **Gathers / puts away grooming items**
- **Brushes / combs hair**
- **Styles hair**
- **Tolerates beautician / barber cutting hair**
- **Requests hair appointment**
- **Applies deodorant**
- **Aware of when to be shaved**
- **Shaves self with electric razor**
- **Mouth wash (fluoride rinse)**
- **Applies aftershave / cologne / perfume**
- **Provides own fingernail care**
- **Uses nail clippers**
- **Blows nose with tissue**
- **Understands need for good hygiene / grooming**
- **Uses mirror during care**
- **Applies make-up**
- **Cleans dentures**
- **Cleans glasses**
- **Cares for hearing aid**
- **Provides own Menses care**

### 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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Continent of bladder</td>
<td>Continent of bowel</td>
</tr>
<tr>
<td>Recognizes wet / dry</td>
<td>Episodes of daytime incontinence</td>
</tr>
<tr>
<td>Episodes of nighttime incontinence</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicates needs for bathroom</td>
<td>3. Uses the toilet</td>
<td>5. Knocks on bathroom door before entering</td>
<td>2. Asks to be changed if wet or soiled</td>
<td>4. Changes wet clothing</td>
<td></td>
</tr>
<tr>
<td>1. Uses the toilet</td>
<td>3. Shuts bathroom / stall door / curtain</td>
<td>5. Uses hand rails / grab bars as needed</td>
<td>2. Asks to be changed if wet or soiled</td>
<td>4. Changes wet clothing</td>
<td></td>
</tr>
<tr>
<td>1. Adjusts clothing prior to leaving bathroom area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Locates dining room</th>
<th>Discriminates appropriate utensil use</th>
<th>Opens sealed food items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sits in preferred seating location in dining room</th>
<th>Uses a knife to cut food</th>
<th>Uses condiments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Tolerates mealtime activities</th>
<th>Butters bread / spreads</th>
<th>Takes item of a tray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cooperates with being fed</th>
<th>Uses fork</th>
<th>Participates in cafeteria style dining / food line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Feeds self</th>
<th>Uses spoon</th>
<th>Dishes up appropriate serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Eats at a reasonable pace</th>
<th>Uses napkin</th>
<th>Passes serving bowl / pitcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Eats without spillage</th>
<th>Drinks from a cup / glass</th>
<th>Participates in family style dining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Displays appropriate table manners</th>
<th>Drinks from a straw</th>
<th>Understands diet / diet consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Discriminates finger food from non-finger food</th>
<th>Drinks from a water fountain</th>
<th>Understands “healthy food” vs “junk food”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Discriminates between hot / cold food</th>
<th>Opens drink / beverage container</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pours liquid from pitcher</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

### Equipment Needed:
See OT Assessment for all adaptive equipment.

### Meal Preparation:

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

### Resident Preferences:

- Expresses preferences:
  - Y N
- Participates in making choices:
  - Y N

**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:

<table>
<thead>
<tr>
<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

- [ ] Knows when cleaning / organizing of personal space should be done
- [ ] Keeps own area tidy
- [ ] Makes bed
- [ ] Stores and maintains own property
- [ ] Dust / wipes surfaces
- [ ] Empties trash
- [ ] Turns on / off lights
- [ ] Turns power on / off (TV, radio, etc.)
- [ ] Puts dirty laundry / clothes in hamper

- [ ] Brings dirty laundry to laundry room
- [ ] Sorts clothing
- [ ] Loads / unloads washer and dryer
- [ ] Folds clothing
- [ ] Hangs clothing
- [ ] Puts away own clothing
- [ ] Prepares a sandwich or food item
- [ ] Puts centerpiece on table

- [ ] Puts napkins on table
- [ ] Puts glasses on table
- [ ] Puts silverware on table
- [ ] Puts plates / bowls on table
- [ ] Selects clothing protector / napkin
- [ ] Places clothing protector / napkin in hamper
- [ ] Busses dishes from table
- [ ] Locks / unlocks lock with key

- [ ] Brings dirty laundry to laundry room
- [ ] Sorts clothing
- [ ] Loads / unloads washer and dryer
- [ ] Folds clothing
- [ ] Hangs clothing
- [ ] Puts away own clothing
- [ ] Prepares a sandwich or food item
- [ ] Puts centerpiece on table

- [ ] Puts napkins on table
- [ ] Puts glasses on table
- [ ] Puts silverware on table
- [ ] Puts plates / bowls on table
- [ ] Selects clothing protector / napkin
- [ ] Places clothing protector / napkin in hamper
- [ ] Busses dishes from table
- [ ] Locks / unlocks lock with key

### Resident Preferences:

- [ ] Expresses preferences:

- [ ] 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

**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:

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

### 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

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigates on uneven surfaces</td>
<td></td>
</tr>
<tr>
<td>Uses sidewalk</td>
<td></td>
</tr>
<tr>
<td>Uses stairs</td>
<td>Y</td>
</tr>
<tr>
<td>Uses a w/c ramp</td>
<td></td>
</tr>
<tr>
<td>Navigates safely through doorways</td>
<td></td>
</tr>
<tr>
<td>Open / shuts door safely</td>
<td></td>
</tr>
<tr>
<td>Ability to live in a unlocked home</td>
<td></td>
</tr>
<tr>
<td>Stays with the group when translocating / outings</td>
<td></td>
</tr>
<tr>
<td>Stops at curb</td>
<td></td>
</tr>
<tr>
<td>Looks before crossing the street</td>
<td></td>
</tr>
<tr>
<td>Understands traffic signals / signs</td>
<td></td>
</tr>
<tr>
<td>Uses crosswalk</td>
<td></td>
</tr>
<tr>
<td>Asks for directions</td>
<td></td>
</tr>
<tr>
<td>Communicates where they live</td>
<td></td>
</tr>
<tr>
<td>Fastens seat belt</td>
<td>Y</td>
</tr>
<tr>
<td>Unfastens seat belt when appropriate</td>
<td></td>
</tr>
<tr>
<td>Recognizes unsafe environments, e.g. wet floor / broken furniture</td>
<td></td>
</tr>
<tr>
<td>Avoids aggressive peers</td>
<td></td>
</tr>
<tr>
<td>Responds to directions in a fire / emergency</td>
<td></td>
</tr>
<tr>
<td>Uses emergency numbers (911) appropriately</td>
<td></td>
</tr>
<tr>
<td>Recognizes inedible from edible items</td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Verbal</th>
<th>Self-Reliant</th>
<th>N/A</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>5</td>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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**Stores and maintains own leisure supplies**

**Gathers supplies for specific activity**

**Uses leisure supplies appropriately / safely**

**Shares leisure supplies**

**Spends leisure time with other people**

**Uses tabletop games / puzzles, sensory items**

**Maintains hobbies / collections**

**Uses books / magazines**

**Participates in current events**

**Decorates environment holiday / seasonal**

**Spends time outside**

**Participates in exercise or sports**

**Operates video games**

**Operates karaoke machine**

**Operates TV / VCR**

**Operates a computer**

**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:

<table>
<thead>
<tr>
<th></th>
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<th>1. Physical</th>
<th>3. Verbal</th>
<th>5. Self-Reliant</th>
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</thead>
<tbody>
<tr>
<td>2. Gestural</td>
<td>4. Independent</td>
<td>N/A Not Applicable</td>
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</table>

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

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.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Toileting</td>
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<tr>
<td>Bathing</td>
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<td>Personal Hygiene</td>
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<td>Dental Hygiene</td>
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<td>Dressing</td>
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<td>Eating Skills</td>
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<tr>
<td>Socialization / Recreation</td>
<td></td>
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<tr>
<td>Other</td>
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