

INDEPENDENT LIVING CHOICES

Independent Living Skills Training Evaluation and Summary

Name _____

ADLS Referral? No

Disability COPD (on oxygen), Asthma, Diabetes, Facet Disease, Osteoarthritis

Evaluator Beth Lalim

Date 5/15/14

SELF CARE/PERSONAL HYGIENE					
Activity	I	A	D	N/A	Notes
ambulation: walks, wheelchair or walker/canes		X			uses walker or scooter
transfer:					
-bed	X				
-toilet/tub/shower		X			grab bars
-wheelchair/car	X				
feeding skills	X				
toileting	X				
hygiene:					
-brush teeth	X				
-wash face/hands	X				
-shave/make-up	X				
-nail care	X				
-bathe/shower self		X			shower chair needed
-wash hair		X			hand held
dressing (on & off):					
-shoes/socks	X				
-underwear/T-shirt/bra					
-slacks					
-pullover shirt/button front shirt					
-fasteners					

Key: I – Independent A – Assistance needed D – Dependent w/family, friends, PA N/A – Not Applicable

ADAPTIVE DEVICES

cane		walker	H	wheelchair	
bathseat/transfer bench	H	long handled shoehorn		dressing aids	
sock aid		bed rails		reacher	H
toilet riser	H	grab bars/rails	H	commode	
hand held shower	H	hygiene aids		other	

Key: N – Needs item H – Has item

* May need transfer bench but might not be enough room.

MONEY HANDLING			
Activity	Yes	No	Notes
has payee		X	
writes out checks	X		
knows personal income/bills			
writes/handles a budget			
pays bills when due			
maintains checking account	-		

MOBILITY/TRANSPORTATION			
Activity	Yes	No	Notes
uses accessible community/facilities	X		
possesses driver's license/identification	X		
knows how to use public transportation		N/A	Not driving though. Family
current vehicle appropriate for needs	X		drives as there is
certificate for Para-transit/other transport		N/A	no public transit in Willow Lake

ADAPTIVE DEVICES

ramp		lift chair		stair lift	
vertical lift		vehicle modification		other	

Key: N - Needs item H - Has item

COMMUNICATIONS/ASSISTIVE TECHNOLOGY			
Activity	Yes	No	Notes
able to use the telephone- land line or cell	X		
knows emergency numbers	X		
has and is able to use computer	X		

ADAPTIVE DEVICES

non monitored ERS		monitored ERS	H	big button cordless	
picture phone		flashing doorbell		flashing fire alarm	
bed shaker alarm		other			

Key: N - Needs item H - Has item

CLOTHING CARE			
Activity	Yes	No	Notes
strip and make bed	X		
sort clothes			Family will assist
wash/dry laundry	-		where needed

ADAPTIVE DEVICES

utility cart		reacher		other	
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Key: N - Needs item H - Has item

COOKING			
Activity	Yes	No	Notes
healthy meal planning	X		
knows utensils & kitchen equipment			
reads/comprehends recipes			May have to sit d/or take breaks when cooking
stores, refrigerates, freezes foods			
uses oven/stove/microwave correctly			
knows how to extinguish a fire			
knows how to prepare food			
washes/dries dishes			

ADAPTIVE DEVICES

jar opener		adaptive silverware		rocking knife	
one touch/electric can opener		other			

Key: N - Needs item H - Has item

HOUSE CLEANING			
Activity	Yes	No	Notes
accesses housekeeping services			
sweep with broom/uses dust pan		X	Family assists w/ these tasks but she knows how to do them
dust furniture			
uses vacuum cleaner			
clean tub, shower, sink, toilet			
wet mop floor			
empty/clean trash can			

SHOPPING

Activity	Yes	No	Notes
knows location of stores	X		
can get around in store	X		w/walker or electric cart asks for assistance when needed
can reach items from shelves	X		
knows location of items in store	X		
payment for items	X		
transports purchased items into home		X	family helps

ADAPTIVE DEVICES

utility cart		reacher		other	
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Key: N - Needs item H - Has item

MEDICAL RESOURCES			
Activity	Yes	No	Notes
has Medicare/Medicaid	X		
has health insurance	X		
has a primary care physician	X		Doctors in Watertown
has dental care	X		
has eye care	X		
has hearing care	X		
	X		

COMMUNITY RESOURCES			
Activity	Yes	No	Notes
are you a veteran?		X	
accesses Social Security	X		
accesses ASA, SBVI, CSD	X		ASA
accesses SNAP	X		
accesses fuel assistance/weatherization	X		
accesses food assistance programs (Meals on Wheels, Food Pantry, etc.)		X	
accesses toiletry assistance programs		X	
accesses free directory assistance		X	
accesses Link-Up America / Lifeline		X	Needs information
accesses local support groups		X	
accesses emergency rescue registration		X	
accesses free clinics, free meds, counseling services, etc.		X	
accesses household furnishings programs		X	

HOUSING			
Activity	Yes	No	Notes
current housing appropriate to needs	X		
accesses low income housing		X	
able to complete housing application			owns her home.
knows where to look for an apartment		N/A	
knows tenants responsibilities & lease			
communicates with landlord adequately			
pays rent on time			

SELF-ADVOCACY			
Activity	Yes	No	Notes
do you know how to explain your disability to others?	X		
do you know how to ask for an accommodation?	X		
do you know your rights?	X		
do you know when or who to ask for help?	X		
do you speak up or make decisions for yourself?	X		