

INDEPENDENT LIVING CHOICES

Independent Living Skills Training  
Evaluation and Summary

Name \_\_\_\_\_ ADLS Referral? No

Disability Cognitive

Evaluator Both Lalim Date 1/29/15

SELF CARE/PERSONAL HYGIENE					
Activity	I	A	D	N/A	Notes
ambulation: walks, wheelchair or walker/canes	X				
transfer:					
-bed					
-toilet/tub/shower					
-wheelchair/car					
feeding skills					
toileting					
hygiene:					
-brush teeth					
-wash face/hands					
-shave/make-up					
-nail care					
-bathe/shower self		X			prompt: needed
-wash hair		X			" "
dressing (on & off):	X				
-shoes/socks					
-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	wheelchair
bathseat/transfer bench	long handled shoehorn	dressing aids
sock aid	bed rails	reacher
toilet riser	grab bars/rails	commode
hand held shower	hygiene aids	other

Key: N – Needs item H – Has item

MONEY HANDLING			
Activity	Yes	No	Notes
has payee	X		Darla Beyson
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		X	
current vehicle appropriate for needs			
certificate for Para-transit/other transport		X	

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	Does not have

ADAPTIVE DEVICES

non monitored ERS		monitored ERS		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	Needs IL Skills
sort clothes		X	
wash/dry laundry		X	

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	Needs ILSkills
knows utensils & kitchen equipment			
reads/comprehends recipes			
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		X	Needs ILSkills
sweep with broom/uses dust pan			
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		Darla helping with this skill
can get around in store	X		
can reach items from shelves			
knows location of items in store			
payment for items		X	
transports purchased items into home	X		

**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	Info on free clinic Info on Lioné Club
has health insurance		X	
has a primary care physician			
has dental care			
has eye care			
has hearing care			

ACTIVITY	Yes	No	Notes
are you a veteran?		X	
accesses Social Security		X	
accesses ASA, SBVI, CSD		X	
accesses SNAP	X	X	
accesses fuel assistance/weatherization			
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	
accesses local support groups		X	
accesses emergency rescue registration		X	
accesses free clinics, free meds, counseling services, etc.		X	
accesses household furnishings programs		X	Needs

HOUSING			
Activity	Yes	No	Notes
current housing appropriate to needs	X		
accesses low income housing	X		
able to complete housing application		X	
knows where to look for an apartment			With Assistance
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?			
do you know your rights?			
do you know when or who to ask for help?			
do you speak up or make decisions for yourself?			