

Assessment of Daily Living Skills



To be completed by parent/guardian.

Student's Name: _____

Please rate the applicant's level of independence in the following areas by using the scale below.

4 – Independent

3 – Minimal Assistance

2 – Assistance Needed

1 – Cannot Do

DK – Don't Know

NE – Has Not Experienced

Domestic Skills

- _____ prepares meals
- _____ cleans and puts away dishes
- _____ uses a dishwasher
- _____ cleans room
- _____ uses washer/dryer
- _____ uses a vacuum cleaner
- _____ cleans the bathroom
- _____ sets alarm clock
- _____ wakes up

Community Skills

- _____ can call 911
- _____ can get emergency help
- _____ crosses the street at a crosswalk
- _____ asks for help in the community
- _____ uses public transportation
- _____ shops for food
- _____ shops for clothing/personal items
- _____ can handle own money
- _____ knows approximate change

Social/Personal Skills

- _____ uses grooming, hygiene skills
- _____ chooses clean and neat clothing
- _____ keeps track of personal things
- _____ greets others in a friendly manner
- _____ initiates conversation
- _____ makes plans with friends

Recreation Skills

- _____ entertains oneself at home
- _____ stays home alone
- _____ motivated to join a club
- _____ participates in required activities
- _____ motivated to do new activities
- _____ gets involved in social activities

Academic Skills

- _____ can read a short chapter book
- _____ can write a one-page essay
- _____ can use Microsoft Word
- _____ can navigate the internet
- _____ completes homework
- _____ accesses help appropriately

Vocational Skills

- _____ arranges transportation to work
- _____ dresses appropriately for job
- _____ follows directions
- _____ completes required tasks
- _____ can deal with change in schedule
- _____ accepts constructive criticism

Time Management Skills

- _____ budgets/prioritizes time
- _____ uses a daily planner
- _____ arrives on time for events
- _____ plans and carries out activities
- _____ makes medical appointments

ADDITIONAL INFORMATION

Please describe your child's strengths. _____

Please describe your child's challenges. _____

Please describe your child's learning style. _____



ADDITIONAL INFORMATION (CONTINUED)

In which ways does she/he compensate for learning disabilities? _____

Describe any assistive technology or computer programs that the applicant has used to assist in learning. _____

Describe the applicant's abilities in social interaction with peers. _____

Describe the applicant's abilities in social interactions with adults and teachers. _____

Give an example to describe the applicant's level of maturity. _____

Why do you think your child would be a good fit for the College Experience Program? _____

Please explain any special considerations that we should be aware of in regard to your student, i.e., personal habits; sensory issues; behavioral difficulties; suicidal thoughts, gestures, or attempts; medical conditions; anger management issues; use of illegal substances; and/or the potential for or history of self harm, violence to others and/or property. (Attach additional sheets, if necessary):

PARENT/GUARDIAN INFORMATION

Last Name

First Name

Middle Initial

Phone Number

Email Address

Occupation

By signing below, I certify all information is true and correct to the best of my knowledge. Omission to information or false reporting could lead to dismissal after admission.

Parent/Guardian Signature

Date