**Community Living Skills Program Survey**

Student Name: Date: Home School:

Complete the survey using the following key: I Student can complete task independently

 A Student needs some assistance to complete task

 N Student is not able to complete task

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I | A | N | Comments |
| **Money/Consumer Skills** |  |  |  |  |
| *Count Money* |  |  |  |  |
| *Make Correct Change* |  |  |  |  |
| *Make Reasonable Expenditures(identify prices, find best price, needs v. wants)* |  |  |  |  |
| *Keep Basic Financial Records* |  |  |  |  |
| *Use Banking Services* |  |  |  |  |
|  |  |  |  |  |
| **Grooming/Clothing** |  |  |  |  |
| *Exhibit proper hygiene and grooming* |  |  |  |  |
| *Dress Appropriately (choose appropriate clothing for occasion or weather)* |  |  |  |  |
| *Purchase Clothing* |  |  |  |  |
| *Wash/Clean Clothing* |  |  |  |  |
| *Iron/Mend/Store Clothing* |  |  |  |  |
|   |  |  |  |  |
| **Food/Cooking** |  |  |  |  |
| *Clean Food Preparation Area* |  |  |  |  |
| *Store Food* |  |  |  |  |
| *Prepare Meals* |  |  |  |  |
| *Plan and Eat Balanced Meals* |  |  |  |  |
| *Purchase Food* |  |  |  |  |
|   |  |  |  |  |
| **Eating** |  |  |  |  |
| *Demonstrate appropriate eating habits* |  |  |  |  |
|  |  |  |  |  |
| **Home Appliances** |  |  |  |  |
| *Use Basic Appliances (please identify specific appliances your student can not use independently in the comment section)* |  |  |  |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I | A | N | Comments |
| **Housing** |  |  |  |  |
| *Select Appropriate Housing* |  |  |  |  |
| *Set Up a Household* |  |  |  |  |
| *Maintain Home Grounds* |  |  |  |  |
| *Maintain Home Exterior/Interior* |  |  |  |  |
|   |  |  |  |  |
| **Home Safety** |  |  |  |  |
| *Practice Personal Safety* |  |  |  |  |
|  |  |  |  |  |
| **Self Care** |  |  |  |  |
| *Knowledge of Physical Fitness/Nutrition/Weight* |  |  |  |  |
| *Knowledge of Common Illnesses/Prevention/Treatment* |  |  |  |  |
|  |  |  |  |  |
| **Community Safety** |  |  |  |  |
| *Demonstrate knowledge of traffic rules and safety* |  |  |  |  |
| *Knowledge of the law and ability to follow the law* |  |  |  |  |
| *Knowledge of Available Community Resources* |  |  |  |  |
|   |  |  |  |  |
| **Community Recreation** |  |  |  |  |
| *Choose and Plan Activities* |  |  |  |  |
| *Engage in Group and Individual Activities* |  |  |  |  |
|  |  |  |  |  |
| **Community Travel** |  |  |  |  |
| *Knowledge of Use of Various Means of Transportation* |  |  |  |  |
| *Find a Way Around the Community.* |  |  |  |  |

To be filled out by the person who completed the survey:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_