

INDEPENDENT LIVING ASSESSMENT

BARRIERS TO EMPLOYMENT

Name: _____ Date _____

ASSESSMENT CRITERIA	DIFFICULTIES AND RECOMMENDED SOLUTIONS
Time Management	<ul style="list-style-type: none"> <input type="checkbox"/> Tell time <input type="checkbox"/> Alarm clock <input type="checkbox"/> On time <input type="checkbox"/> Schedule and remember appointments <input type="checkbox"/> Calendar <input type="checkbox"/> Prioritize/delegate <input type="checkbox"/> Balance home and work activities <input type="checkbox"/> A second job <input type="checkbox"/> Assistive devicing or accommodations necessary
Money Management	<ul style="list-style-type: none"> <input type="checkbox"/> Count/make change <input type="checkbox"/> Payroll deductions <input type="checkbox"/> Buying/shopping <input type="checkbox"/> Banking/checking/savings <input type="checkbox"/> Bill paying <input type="checkbox"/> Budgeting/debts <input type="checkbox"/> Government benefits counseling (food stamps, Social Security, etc.)

<p>Money Management continued</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Advisor/payee <input type="checkbox"/> Moving and relocation costs <input type="checkbox"/> Assistive devicing replacements and maintenance <input type="checkbox"/> Assistive devicing and accommodations necessary
<p>Energy Management</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Dejunking <input type="checkbox"/> Work simplification, at home or on-the-job <input type="checkbox"/> Prioritize/delegate <input type="checkbox"/> Organizational skills at home or on-the-job <input type="checkbox"/> Assistive devicing and accommodations necessary
<p>Decision Making & Goal Setting</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give examples - difficult decision - describe the process <input type="checkbox"/> Give examples - poor decisions - what did you learn and how did you correct-it <input type="checkbox"/> Give examples - accomplishments – describe the planning process <input type="checkbox"/> How would you plan a move to a new physical location <input type="checkbox"/> Describe the total process of your decision making and the steps involved <input type="checkbox"/> Assistive devicing or accommodations necessary

<p>Community Resources</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation - <input type="checkbox"/> Child care <input type="checkbox"/> Medical <input type="checkbox"/> Emotional support <input type="checkbox"/> Volunteer opportunities <input type="checkbox"/> New community
<p>Support Systems - (In close vicinity)</p>	<p>Who would you contact in time of need or crisis?</p> <hr/> <p>Who is positive and encouraging and supports your work goal?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Church <input type="checkbox"/> Organizations/Clubs <input type="checkbox"/> Mentor(s) <input type="checkbox"/> Professionals