

INDEPENDENT LIVING ASSESSMENT

MENU PLANNING/PREPARATION, LAUNDRY/CLOTHING CARE, DAYCARE

Name: _____ Date _____

Disability: Do you have limitations or restrictions with lifting, fine motor coordination, stooping or bending? If yes, please describe: _____

ASSESSMENT CRITERIA	DIFFICULTIES AND RECOMMENDED SOLUTIONS		
MENU PLANNING/PREPARATION	Who takes primary responsibility?	Can you do the task independently?	Comments
Carry pan from sink to stove			
Open jars and boxes			
Remove items from low/high cupboards			
Drain food using colander			
Handle, sharp tools safely			
Carry hot/cold items			

Wash, dry and put away dishes			
Dispose of garbage			
Read/follow recipes & package directions			
Write up grocery list			
Knowledgeable of balanced meals			
Develop daily meal plan			
Shopping for groceries and other household items			
LAUNDRY/CLOTHING CARE	Who takes primary responsibility?	Can you do the task independently?	Comments
Set knobs/controls on machines			
Load/unload machines			
Is laundry facility accessible?			
Carry laundry			
Can follow garment/label instructions			
Can choose proper wash & dry settings			

DAYCARE (CHILD AND ADULT)

Child/Adult Name	Age	Male/Female	Preschool/School Information	Special Needs
<p>What childcare arrangements/options would you use for childcare if you worked the</p> <p>DAY SHIFT (7 a.m. - 3 p.m.)</p> <p>EVENING SHIFT (3 p.m. - 11 p.m.)</p> <p>NIGHT SHIFT (11 p.m. - 7 a.m.)</p>				
<p>How will you arrange your childcare if your work schedule varies from week to week?</p>				
<p>Who will watch your children when they are sick?</p>				
<p>Who watches your children during school vacations, holidays, snow days, and during summer vacation?</p>				
<p>What is your backup plan if your provider is not available (30 minutes to get to work and the childcare provider calls to say he/she is sick)?</p>				
<p>How will you pay for childcare costs until you receive your first paycheck?</p>				