

# INDEPENDENT LIVING ASSESSMENT

## SCHOOL NEEDS

Name: \_\_\_\_\_ Date \_\_\_\_\_

<b>ASSESSMENT CRITERIA</b>	<b>DIFFICULTIES AND RECOMMENDED SOLUTIONS</b>
Are you planning to attend a training program? If so, where?	
What means of transportation would you use to attend training?	
Are the campuses and/or buildings/classrooms accessible to your disability-related needs?	
Have you made an on-site visit? What problems, if any, did you encounter? How will you deal with these problems?	
How will you carry books/supplies?	
Does the individual experience fatigue that might interfere in persistent effort at work or home?	
Are there any other mobility issues?	
If you are considering living in a dorm, have you made a visit to the dorm? Do you have any issues or concerns? Do you have any solutions for these problems?	
Have you been in contact with the Special Needs Office at the college?	
Are there classroom accommodations you are requesting?	