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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Comprehensive Functional Assessment of Direct Care Independent Living Skills** |
| RESIDENT’S NAME | RESIDENCE |
| ASSESSMENT DATE | DSHS NUMBER |
| **Assessor’s Name** | **Assessor’s Job Title** | **Shift** | **ACM’s Initials** |
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| **Directions** |
| Use the codes below, unless otherwise specified, to complete the “Skills” section on each page. If you have questions or need clarification contact your Supervisor or HPA.1. **Physical** Resident does **0% - 24%** of task by themselves. Hand over hand and verbal assistance is provided to complete the task.
2. **Gestural** Resident performs task approximately **25% - 49%** by themselves. Hand over hand and/or verbal assist is provided. Staff assists to initiate or carry out skill.
3. **Verbal** Resident performs approximately **50% - 74%** of task by themselves. Physical prompt and/or verbal assist is provided.
4. **Independent** Resident performs approximately **75% - 99%** of task by themselves. Verbal assist, no physical assist is provided.
5. **Self-Reliant** Resident performs **100%** of task by themselves. Does not require prompting and manages all steps in the skill.

**Not Applicable or N/A** Does not apply to the individuals function in daily life or the individual has not had the opportunity to use the skill in their daily environment. **Designates and Area of Resident’s Rights:**After initial assessment, subsequent assessors are to identify the assistance required, if the assistance required is different from the initial assessment. |

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| **Socialization****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Uses greeting to start conversation[ ]  Y [ ]  N Listens when others speak   Ends conversation appropriately[ ]  Y [ ]  N Initiates interaction with peers[ ]  Y [ ]  N Initiates interaction with staff   Gets attention calmly by gesture (i.e., touches other person on arm) | [ ]  Y [ ]  N Participates in Advocacy Services (i.e., Peoples First, Voter Training)   Gets attention by speaking calmly (i.e., waits for pause, says excuse me)   Interacts with peers   Interacts with staff[ ]  Y [ ]  N Likes to be near preferred peer[ ]  Y [ ]  N Likes to be near preferred staff |    Moves away from stressful situations / interactions   Respects others’ personal space   Respects others’ possessions   Sends mail   Uses the phone |
| COMMENTS / IMPORTANT TO AND FOR / OPPOORTUNITIES TO INCREASE INDEPENDENCE AND RIGHTS |

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| **Bathing****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
| [ ]  Y [ ]  N Communicates need for bathing   Cooperates with bathing tasks   Gathers / puts away bathing items   Safely enters / exits the tub / shower   Turns water on / off |    Opens containers   Pours shampoos   Shampoos hair   Rinses hair   Applies soap to wash cloth   Uses washcloth   Washes face |    Washes front of body   Washes back of body   Rinses self   Dries self   Maintains privacy during shower / bath   Picks up after self (towels, shampoo, dirty laundry) |
| **Bathing Safety Issues / Risks** [ ]  Y [ ]  N Has a seizure disorder [ ]  Y [ ]  N Displays hazard awareness in bathing area (wet floor, etc.) [ ]  Y [ ]  N Uses grab bars |
| **Resident Preferences** [ ]  Shower [ ]  Tub  [ ]  Expresses preferences:  |
| **Level of Supervision for Bathing:**[ ]  Please specify:  |
| COMMENTS (EXAMPLES: 1) Resident fell four times this year in the bathing area; 2) Resident’s bath recently moved to PM’s and is doing much better with their bathing routine; and 3).resident can put shampoo in hair but should work on rinsing hair): |

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| **Dressing****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
| [ ]  Y [ ]  N Tolerates dressing process   Selects appropriate color combinations   Selects appropriate clothing for season / activity   Knows when clothing needs to be changed   Grasps / holds clothing articles   Knows when clothes are right side out vs. inside out   Recognizes modesty issues during dressing   Puts on bra |    Puts on shirt   Puts on underwear   Puts on pants   Puts on socks   Puts on shoes on correct feet   Uses Velcro closures   Ties laces   Wears appropriate footwear in the daytime   Wears appropriate footwear at night |    Maintains privacy during dressing   Removes shoes   Removes socks   Removes pants   Removes shirt   Removes bra   Removes underwear   Fastens buttons   Zips zipper   Applies / removes belt |
| **Resident Preferences** [ ]  Selects own clothing  [ ]  Uses adaptive / assistive device(s). If yes, specify:  [ ]  Expresses preferences:  |
| COMMENTS (EXAMPLES: 1) Resident would benefit from learning how to put shoes on correct feet; 2) Resident should not wear clothing with buttons or snaps; and 3) It is important that the resident wears baseball hats): |

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| **Hygiene / Grooming****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Knows when to brush teeth   Opens toothpaste tube   Puts toothpaste on toothbrush[ ]  Y [ ]  N Tolerates toothbrush   Makes brushing motions   Brushes teeth / gums   Uses dental floss   Rinses mouth   Turns on water   Rinses toothbrush and puts away   Applies soap to hands   Makes rubbing motion with hands |    Washes face   Rinses hands   Dries hands   Gathers / puts away grooming items   Brushes / combs hair   Styles hair[ ]  Y [ ]  N Tolerates beautician / barber cutting hair   Requests hair appointment   Applies deodorant   Aware of when to be shaved   Shaves self with electric razor   Mouth wash (fluoride rinse) |    Applies aftershave / cologne / perfume   Provides own fingernail care   Uses nail clippers   Blows nose with tissue   Understands need for good hygiene / grooming   Uses mirror during care   Applies make-up   Cleans dentures   Cleans glasses   Cares for hearing aid   Provides own Menses care |
| **Resident Preferences**[ ]  Expresses preferences:  |
| COMMENTS (EXAMPLES: 1) Resident has expressed fear that soap will burn eyes; AND 2) Resident just received glasses. Could learn to store properly): |

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| **Toileting****Skills:**Check yes or no below: YES NO [ ]  [ ]  Continent of bladder [ ]  [ ]  Continent of bowel [ ]  [ ]  Recognizes wet / dry [ ]  [ ]  Episodes of daytime incontinence [ ]  [ ]  Episodes of nighttime incontinenceOn each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Indicates needs for bathroom   Uses the toilet   Asks to be changed if wet or soiled   Changes wet clothing   Knows location of bathroom   Selects correct restroom from signs |    Knocks on bathroom door before entering   Shuts bathroom / stall door / curtain   Uses hand rails / grab bars as needed   Pulls clothes down before eliminating   Pulls clothes up after eliminating |    Uses toilet paper to wipe self   Flushes toilet   Washes hands after using bathroom   Uses towel to dry hands   Adjust clothing prior to leaving bathroom area |
| **Equipment Needed:** Check all adaptive equipment used:[ ]  Adult incontinence briefs [ ]  Commode chair [ ]  Urinal [ ]  Bed pan |
| **Resident Preferences:** [ ]  Expresses preferences:  |
| COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS FOR SELF-CARE SKILLS **(TOILETING, DRESSING, HYGIENE AND BATHING)** (EXAMPLES: 1) Resident prefers familiar staff to assist; 2) Communicates need to use bathroom by agitation; AND 3) Resident should learn to use a sign for bathroom to increase success): |

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| **Eating / Dining****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Locates dining room[ ]  Y [ ]  N Sits in preferred seating location in dining room[ ]  Y [ ]  N Tolerates mealtime activities[ ]  Y [ ]  N Cooperates with being fed   Feeds self   Eats at a reasonable pace   Eats without spillage   Displays appropriate table manners   Discriminates finger food from non-finger food   Discriminates between hot / cold food |    Discriminates appropriate utensil use   Uses a knife to cut food   Butters bread / spreads   Uses fork   Uses spoon   Uses napkin   Drinks from a cup / glass   Drinks from a straw   Drinks from a water fountain   Opens drink / beverage container   Pours liquid from pitcher |    Opens sealed food items   Uses condiments   Takes item of a tray   Participates in cafeteria style dining / food line   Dishes up appropriate serving   Passes serving bowl / pitcher    Participates in family style dining   Understands diet / diet consistency   Understands “healthy food” vs “junk food” |
| **Equipment Needed: See OT Assessment for all adaptive equipment.**  |
| **Meal Preparation:** [ ]  Y [ ]  N Resident assists with meal preparation; if yes, specify:  |
| **Resident Preferences:** [ ]  Y [ ]  N Expresses preferences:  [ ]  Participates in making choices:  |
| COMMENTS (EXAMPLES: 1) Resident is only provided spoon. Could use training in the use of a fork; 2) Has tendency to throw items; AND 3) Resident could benefit from learning to pour his / her own liquids): |

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| **Household Management****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Knows when cleaning / organizing of personal space should be done   Keeps own area tidy   Makes bed   Stores and maintains own property    Dust / wipes surfaces   Empties trash   Turns on / off lights   Turns power on / off (TV, radio, etc.)    Puts dirty laundry / clothes in hamper |    Brings dirty laundry to laundry room   Sorts clothing   Loads / unloads washer and dryer    Folds clothing    Hangs clothing   Puts away own clothing   Wipes table   Prepares a sandwich or food item    Puts centerpiece on table   Puts placemats on table |    Puts napkins on table   Puts glasses on table   Puts silverware on table    Puts plates / bowls on table   Selects clothing protector / napkin   Places clothing protector / napkin in hamper   Busses dishes from table    Locks / unlocks lock with key |
| [ ]  Y [ ]  N Understands responsibility of key possession (i.e., does not give key to others, keeps key safe, uses it for intended use. Tells time: [ ]  by event [ ]  by timepiece |
| **Resident Preferences:** [ ]  Expresses preferences:  |
| COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) Activates electronics with use of a switch; AND 2) Resident can fold clothes but could work on putting them away in his / her drawers): |

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| **Money Management****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Can identify numbers   Identifies money from non-money   Matches coins   Matches bills    Identifies coins   Identifies bills |    Finds appropriate combination of change for items   Understands exchange   Understands value of money   Counts to  (fill in the blank)    Uses vending machine |    Makes purchase in store / restaurant   Keeps money on person safely   Can budget money   Can keep a resister of money   Deposits money    Withdrawals money |
| **Money Safety Issues / Risks** [ ]  Y [ ]  N Tears money [ ]  Y [ ]  N Misplaces money [ ]  Y [ ]  N Swallows money |
| **Resident Preferences:** [ ]  Expresses preferences [ ]  Uses adaptive / assistive device(s). If yes, specify:  |
| COMMENTS (EXAMPLES: 1) Can hand money to cashier but may not wait for change; 2) Knows that money is used to exchange for preferred item(s); AND 3) Understands coins are used to make a purchase from vending machine but does not know the value of money): |

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| **Safety Awareness****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Navigates on uneven surfaces   Uses sidewalk   Uses stairs   Uses a w/c ramp    Navigates safely through doorways   Open / shuts door safely[ ]  Y [ ]  N Ability to live in a unlocked home   Stays with the group when translocating / outings |    Stops at curb   Looks before crossing the street[ ]  Y [ ]  N Understands traffic signals / signs    Uses crosswalk   Asks for directions   Communicates where they live   Fastens seat belt |    Unfastens seat belt when appropriate   Recognizes unsafe environments, e.g. wet floor / broken furniture   Avoids aggressive peers   Responds to directions in a fire / emergency   Uses emergency numbers (911) appropriately[ ]  Y [ ]  N Recognizes inedible from edible items |
| **Resident Preferences:** [ ]  Expresses preferences [ ]  Uses adaptive / assistive device(s). If yes, specify:  |
| COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLE: Resident could increase street crossing skills by consistently stopping and looking both ways. Resident is currently inconsistent with this skill): |

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| **Leisure****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Stores and maintains own leisure supplies   Gathers supplies for specific activity   Uses leisure supplies appropriately / safely   Shares leisure supplies    Spends leisure time with other people   Uses tabletop games / puzzles, sensory items |    Maintains hobbies / collections   Uses books / magazines   Participates in current events   Decorates environment holiday / seasonal    Spends time outside |    Participates in exercise or sports   Operates video games   Operates karaoke machine   Operates TV / VCR   Operates a computer    Operates IPod / MP3 / CD / radio player |
| **Resident Preferences:** [ ]  Expresses preferences [ ]  Uses adaptive / assistive device(s). If yes, specify:  [ ]  Participates in preferred leisure locations:  [ ]  Y [ ]  N Expresses preferences in leisure locations:  [ ]  Participates in preferred leisure locations:  |
| COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS(EXAMPLES: 1) Resident likes drawing and has own supplies of markers in room; 2) Could work on operating personal radio; AND 3) Resident loves to be outside. Could use more opportunities to choose when to be out): |

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| **Community Facilities and Services****Skills:**On each line below, **enter the number** that best represents the resident’s present level of ability for each skill:**1. Physical 3. Verbal 5. Self-Reliant****2. Gestural 4. Independent N/A Not Applicable** |
|    Makes appointment for services (i.e., hair , nails)   Requests to go on community outing   Displays appropriate behavior for various settings   Utilizes campus resources (library, activity rooms)  |    Attends preferred religious services   Utilizes community resources (i.e., post office, library, stores)   Identifies signs (i.e., stop, male / female bathroom)   Waits in line   Takes turns |    Uses public transportation   Orders from a menu in a restaurant   Discriminates between staff and strangers   Initiates interaction with community members |
| Check the level of support needed to access the community: [ ]  Independent [ ]  Group [ ]  1-staff [ ]  2-staff |
| **Resident Preferences:** [ ]  Y [ ]  N Expresses preference of outings  [ ]  Participates in preferred outings:  |
| COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) Resident is capable of waiting appropriately in a line for approximately two minutes; AND 2) Resident should work to sit for longer periods of time, especially in restaurants): |

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|  **Recommendations for Habilitation**State in specific functional terms. (Skills the Resident needs to learn based on strengths as well as weaknesses.) |
| Toileting:  |
| Bathing:  |
| Personal Hygiene:  |
| Grooming:  |
| Dental Hygiene:  |
| Dressing:  |
| Easting Skills:  |
| Socialization / Recreation:  |
| Other:  |