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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 incontinence  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** | | |
| 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: |