

Independent Living Skills Assessment Form

Name: _____ Phone #: _____

Email address (optional): _____

Mailing Address: _____

City: _____ Town: _____ Zip: _____

Date of birth: _____ Gender: _____

Name of school: _____ Grade: _____

Disability information: Check all that apply

- ☐ Physical disability
- ☐ Sensory disability
- ☐ Learning disability
- ☐ Other: _____

Self-Determination/Consumer choice:

How much do you know about the independent living movement and the principles of independent living (i.e. "consumer choice, self-determination, etc.)

☐ Not much ☐ Some knowledge ☐ Very knowledgeable

Do you understand what "accommodations" you need to succeed in school or the workplace (i.e. extra time on tests, adaptive equipment, PCA, etc.)?

☐ Not much ☐ Some knowledge ☐ Very knowledgeable

Home management skills:

Do you perform any of these tasks independently?

- ☐ Money management, budgeting, paying bills
- ☐ Laundry
- ☐ Meal preparation
- ☐ Housekeeping chores (i.e. cleaning)
- ☐ Shopping