

**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