CALI – Functional Skills for Independence Domain: Community Skills
Scoring Protocol ­­― Level 1

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |
| Setting: |
| Name of Assessor: | Dates: |

Directions

* Administer the items as indicated in the Administration Guide for the domain *Community Skills*
* It may not be necessary to administer certain items if the learner has been observed to demonstrate the particular skill in the natural environment, or if a given section is not required to inform programming. If applicable, record it accordingly in the Notes column.

Scoring

Questionnaire

* The parent/guardian and teacher/caregiver will choose from the following options:
	+ **Independently**: the learner demonstrates the skill independently, without support or reminders;
	+ **With support**: the learner demonstrates the skill, but needs assistance to do so;
	+ **Does not demonstrate:** the learner does not demonstrate the skill even with support.
* The teacher/caregiver can check the box “Requires confirmation” if they are uncertain or have never observed the learner demonstrate a particular skill.
* Review and compare the questionnaires. Follow up with the parent/guardian and teacher/caregiver if needed.
* Confirmation: for items requiring confirmation, observe the learner as they demonstrate the skill.
	+ Indicate “Y” if the learner demonstrates the skill in their natural environment.
	+ Indicate “N” if the learner does not demonstrate the skill in their natural environment.
	+ Leave the box blank if the skill was not observed.

Interview

* Record responses in the scoring protocol.
* **Confirmation**: for skills, evaluated through an interview, that require further assessment or observation to obtain a more complete picture of the learner’s capabilities, observe the learner in their natural environment or set up an opportunity to observe them demonstrate a particular skill. If such an observation is impossible, seek further information from an individual who has observed the learner demonstrate the skill.

Notes

* Record observations such as the learner’s strengths and challenges, specific materials used to assess the item, behaviour, information about the type of support required for the learner to demonstrate the skill, and other relevant information.

**Parent/Guardian Questionnaire**

7.3 Mobility and Travel

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |
| Respondent’s name: | Relationship to learner: |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

* **Independently**: the learner demonstrates the skill independently, without support or reminders
* **With support**: the learner demonstrates the skill, but needs assistance to do so
* **Does not demonstrate**: the child does not demonstrate the skill even with support
* **Confirmation**: the assessor will confirm (“Y”) or disconfirm (“N”) the learner’s mastery of the competency by obtaining further information or by observing the learner in another context and will leave the box blank if an observation was not conducted to confirm the skill.
* If the item is **not applicable**, write N/A next to it.

The learner’s team will follow up with you to further discuss goals selection and teaching strategies. Some concepts or skills may not be taught by the team, but resources and teaching strategies may be suggested to support you in helping the learner grasp the concept or master a skill at home.

|  |
| --- |
| 7.3.1 Passenger |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Buckle and unbuckle a seatbelt/harness |  |  |  |  |  |
| Keep their seatbelt on |  |  |  |  |
| Remain seated for duration of the trip |  |  |  |  |
| Refrain from distracting the driver (e.g., sitting quietly, avoiding to shout or throw things, keeping hands to self) |  |  |  |  |
| Tolerate having an individual sit next to them |  |  |  |  |
| Adjust voice volume |  |  |  |  |
| Tolerate or use strategies to cope with noise |  |  |  |  |
| Follow common safety rules and rules established by the driver |  |  |  |  |
| Climb up and down the stairs |  |  |  |  |
| Walk and wait at the bus stop |  |  |  |  |
| Select correct bus |  |  |  |  |
| Greet bus driver |  |  |  |  |
| Enter and exit the bus safely and appropriately |  |  |  |  |
| Sit in the appropriate seat (e.g. assigned seat) |  |  |  |  |
| Stand to exit when the bus has come to a complete stop |  |  |  |  |
| Hold personal belongings or place them under the seat (i.e., out of the aisle) for the duration of the trip |  |  |  |  |
| 7.3.2 Walking |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Walk next to an adult with an appropriate pace |  |  |  |  |  |
| Walk in a line/group |  |  |  |  |
| Follow verbal directions to get from room to room in afamiliar setting |  |  |  |  |
| Follow verbal directions to go to a location in the buildingwith directions including left and right |  |  |  |  |
| Display appropriate social behaviour toward peers andadults encountered while walking |  |  |  |  |
| Walk to identified location without stopping unnecessarily |  |  |  |  |
| Walk on sidewalk or path |  |  |  |  |
| Adjust position when walking past others in a limitedspace (e.g., adjusting speed and going around others, saying excuse me, moving to the right) |  |  |  |  |
| Walk on side of the road |  |  |  |  |
| Walk appropriately past other walkers with dogs (e.g., does not approach a dog without asking owner) |  |  |  |  |
| 7.3.3 Mobility Aids |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Sit in a wheelchair |  |  |  |  |  |
| Move the wheelchair forward |  |  |  |  |
| Move to the left and right in a wheelchair |  |  |  |  |
| Stop the motion of a wheelchair |  |  |  |  |
| Move the wheelchair in a backward motion |  |  |  |  |
| Push/pull a door while in a wheelchair |  |  |  |  |
| Open/close a door while in a wheelchair |  |  |  |  |
| Get through doors while in a wheelchair |  |  |  |  |
| Control the speed of their wheelchair when moving up or down a ramp |  |  |  |  |
| Transition in and out of their wheelchair with support |  |  |  |  |
| Stand upright using a walker |  |  |  |  |
| Walk forward using a walker |  |  |  |  |
| Turn to the left and right using a walker |  |  |  |  |
| Move around an object using a walker |  |  |  |  |
| Walk backward using a walker |  |  |  |  |
| Walk through a doorway using a walker |  |  |  |  |
| Manoeuvre around classroom |  |  |  |  |
| Manoeuvre around school grounds |  |  |  |  |
| Demonstrate safe outdoor travel skills (e.g., using a walker, wheelchair) |  |  |  |  |
| Demonstrate safe indoor travel skills (e.g., using a walker, wheelchair) |  |  |  |  |

Caregiver/Teacher Questionnaire

7.3 Mobility and Travel

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |
| Respondent’s name: | Relationship to learner: |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

* **Independently**: the learner demonstrates the skill independently, without support or reminders
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* **Requires confirmation**: the caregiver/teacher is unsure about the learner’s ability to demonstrate the skill
* **Confirmation**: the assessor will confirm (“Y”) or disconfirm (“N”) the learner’s mastery of the competency by obtaining further information or by observing the learner in another context and will leave the box blank if an observation was not conducted to confirm the skill.
* If the item is **not applicable**, write N/A next to it.

|  |
| --- |
| 7.3.1 Passenger |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmatin | Completed by evaluator: Confirmation | Notes |
| Buckle and unbuckle a seatbelt/harness |  |  |  |  |  |  |
| Keep their seatbelt on |  |  |  |  |  |
| Remain seated for duration of the trip |  |  |  |  |  |
| Refrain from distracting the driver (e.g., sitting quietly, avoiding to shout or throw things, keeping hands to self) |  |  |  |  |  |
| Tolerate having an individual sit next to them |  |  |  |  |  |
| Adjust voice volume |  |  |  |  |  |
| Tolerate or use strategies to cope with noise |  |  |  |  |  |
| Follow common safety rules and rules established by the driver |  |  |  |  |  |
| Climb up and down the stairs |  |  |  |  |  |
| Walk to the bus stop and waits |  |  |  |  |  |
| Select correct bus |  |  |  |  |  |
| Greet bus driver |  |  |  |  |  |
| Enter and exit the bus safely and appropriately |  |  |  |  |  |
| Sit in the appropriate seat (e.g. assigned seat) |  |  |  |  |  |
| Stand to exit when the bus has come to a complete stop |  |  |  |  |  |
| Hold personal belongings or place them under the seat(i.e., out of the aisle) for the duration of the trip |  |  |  |  |  |
| 7.3.2 Walking |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Walk next to an adult with an appropriate pace |  |  |  |  |  |  |
| Walk in a line/group |  |  |  |  |  |
| Follow verbal directions to get from room to room in afamiliar setting |  |  |  |  |  |
| Follow verbal directions to go to a location in the buildingwith directions including left and right |  |  |  |  |  |
| Display appropriate social behaviour toward peers andadults encountered while walking |  |  |  |  |  |
| Walk to identified location without stopping unnecessarily |  |  |  |  |  |
| Walk on sidewalk or path |  |  |  |  |  |
| Adjust position when walking past others in a limitedspace (e.g., adjusting speed and going around others, saying excuse me, moving to the right) |  |  |  |  |  |
| Walk on side of the road |  |  |  |  |  |
| Walk appropriately past other walkers with dogs (e.g., does not approach a dog without asking owner) |  |  |  |  |  |
| 7.3.3 Mobility Aids |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Sit in a wheelchair |  |  |  |  |  |  |
| Move the wheelchair forward |  |  |  |  |  |
| Move to the left and right in a wheelchair |  |  |  |  |  |
| Stop the motion of a wheelchair |  |  |  |  |  |
| Move the wheelchair in a backward motion |  |  |  |  |  |
| Push/pull a door while in a wheelchair |  |  |  |  |  |
| Open/close a door while in a wheelchair |  |  |  |  |  |
| Get through doors while in a wheelchair |  |  |  |  |  |
| Control the speed of their wheelchair when moving up or down a ramp |  |  |  |  |  |
| Transition in and out of their wheelchair with support |  |  |  |  |  |
| Stand upright using a walker |  |  |  |  |  |
| Walk forward using a walker |  |  |  |  |  |
| Turn to the left and right using a walker |  |  |  |  |  |
| Move around an object using a walker |  |  |  |  |  |
| Walk backward using a walker |  |  |  |  |  |
| Walk through a doorway using a walker |  |  |  |  |  |
| Manoeuvre around classroom |  |  |  |  |  |
| Manoeuvre around school grounds |  |  |  |  |  |
| Demonstrate safe outdoor travel skills (e.g., using a walker, wheelchair) |  |  |  |  |  |
| Demonstrate safe indoor travel skills (e.g., using a walker, wheelchair) |  |  |  |  |  |

**Parent/Guardian Questionnaire**

7.4 Safety

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |
| Respondent’s name: | Relationship to learner: |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

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| --- |
| 7.4.2 Community Safety |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Walk/stay with an adult |  |  |  |  |  |
| Follow instructions like “come here” and “stop” |  |  |  |  |
| Wait in a designated area |  |  |  |  |
| Follow safety practices associated with physical activities (e.g., riding bike, swimming, skating) |  |  |  |  |
| Identify community helpers responsible for safety in the community |  |  |  |  |
| State personal information, as appropriate, with adequate articulation (e.g., name, address, phone number, family information, etc.) |  |  |  |  |
| Follow a safety procedure when lost |  |  |  |  |
| Exchange communication card in response to questions such as “What’s your name?”, “Are you lost?”, “Do youneed help?” |  |  |  |  |
| Call adult if they get separated or lost |  |  |  |  |
| Identify common dangers to self and others (e.g., touching a hot stove) |  |  |  |  |
| Identify possible lures by a stranger and communicatewhat to do in such a situation (saying “no”, running away, and telling an adult) |  |  |  |  |
| 7.4.4 Fire Safety7.4.5 Water Safety |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Follow fire evacuation procedures |  |  |  |  |  |
| Put on and remove a lifejacket and/or personal flotationdevice correctly |  |  |  |  |
| Recite and demonstrate basic safety rules for boating(e.g., remaining seated in a canoe, keeping lifejacket on) |  |  |  |  |
| Recite and demonstrate water safety rules (e.g., walkingon the pool deck) |  |  |  |  |
| Know how to swim |  |  |  |  |
| Ask permission from an adult before going in the water |  |  |  |  |
| Identify where swimming is permitted and where it is not |  |  |  |  |
| Demonstrate water safety skills such as treading waterand floating |  |  |  |  |
| Keep their mouth closed and keep water from entering their nose when submerged |  |  |  |  |
| Understand the dangers of swimming alone |  |  |  |  |

Caregiver/Teacher Questionnaire
7.4 Safety

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |
| Respondent’s name: | Relationship to learner: |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

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* If the item is **not applicable**, write N/A next to it.

|  |
| --- |
| 7.4.1 School Safety7.4.4 Fire Safety |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Walk/stay with an adult |  |  |  |  |  |  |
| Follow instructions like “come here” and “stop” |  |  |  |  |  |
| Follow routines for fire and other safety drills at school |  |  |  |  |  |
| Respond to fire alarm by standing up and going to the appropriate location without additional adult assistance |  |  |  |  |  |
| Move between locations in the school safely without unnecessary stops, and without entering rooms or other spaces for which permission was not granted |  |  |  |  |  |
| Remain in the classroom and other school settings unless a permission is granted to leave or unless they are accompanied by a known adult |  |  |  |  |  |
| Follow playground/school ground safety rules |  |  |  |  |  |
| Remain within the boundaries of the playground/schoolground unless a permission is granted to go elsewhere or unless they are accompanied by a known adult |  |  |  |  |  |
| Follow fire evacuation procedures  |  |  |  |  |  |  |

Interview

Community Skills

|  |  |
| --- | --- |
| Learner’s name: | Relationship to learner: |
| Date: |

**7.1 Social Behaviours and Community Outings**

What are some outings you enjoy as a family and that are successful? Are there any specific parts of some outings that are more difficult for the learner (e.g., long car rides, waiting in line, loud noises, etc.)? Are there any specific parts of some outings that they particularly enjoy? What level of support do they need during these outings?

What are some outings that you would like to do as a family? Are there specific skills that your child would need to learn in order to be able to participate fully in these outings?

7.3 Mobility and Travel

Are there specific skills from this questionnaire that are particularly difficult for the learner and/or important and that you would like to prioritize as goals?

7.4 Safety

Are there specific skills from this questionnaire that are particularly difficult for the learner and/or important and that you would like to prioritize as goals?