CALI – Functional Skills for Independence Domain: Daily Living 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 *Daily Living 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

4.1 Self-Care

| 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 learner 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.1.1 Toileting Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Indicate the need to change wet/soiled pants |  |  |  |  |  |
| Indicate the need to go or be taken to the washroom |  |  |  |  |
| Go to the washroom when needed |  |  |  |  |
| Understand the difference between needing to urinate and needing to have a bowel movement |  |  |  |  |
| Ensure privacy when using the washroom |  |  |  |  |
| Tear toilet paper from a roll |  |  |  |  |
| Use a toilet for urine |  |  |  |  |
| Use a urinal |  |  |  |  |
| Use a toilet for bowel movements |  |  |  |  |
| Use toilet paper for wiping |  |  |  |  |
| Flush the toilet after each use |  |  |  |  |
| Put toilet seat down after using |  |  |  |  |
| Wash and dry hands after using the toilet |  |  |  |  |
| Exhibit bladder control |  |  |  |  |
| Exhibit bowel control |  |  |  |  |
| Identify washroom signs (i.e., male/female) |  |  |  |  |
| Identify where the washrooms are located in school and other familiar locations |  |  |  |  |
| Locate the appropriate washroom in unfamiliar places |  |  |  |  |
| Use public washroom facilities |  |  |  |  |
| 4.1.2 Eating and Drinking | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Indicate the need/want for food |  |  |  |  |  |
| Request specific foods or snacks |  |  |  |  |
| Eat finger foods |  |  |  |  |
| Drink through a straw |  |  |  |  |
| Drink from a cup |  |  |  |  |
| Drink from a container (e.g., drink box, can, water bottle) |  |  |  |  |
| Drink from a water fountain |  |  |  |  |
| Keep mouth closed while chewing |  |  |  |  |
| Remain at the table throughout a meal or snack |  |  |  |  |
| Eat with a spoon in an appropriate manner |  |  |  |  |
| Eat with a fork in an appropriate manner |  |  |  |  |
| Use the side of a fork for cutting soft foods |  |  |  |  |
| Use a knife (cutting, spreading) |  |  |  |  |
| Use a napkin |  |  |  |  |
| Eat in a safe and socially acceptable manner |  |  |  |  |
| Stir foods |  |  |  |  |
| Pour a drink |  |  |  |  |
| Pour solid food into a bowl or other container (e.g., cereal) |  |  |  |  |
| Open and close food containers |  |  |  |  |
| Refuse food and indicate when full |  |  |  |  |
| 4.1.3 Dressing Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Cooperate in dressing |  |  |  |  |  |
| Assist in dressing |  |  |  |  |
| Put on and remove clothing without fasteners |  |  |  |  |
| Put on and remove clothing with zippers |  |  |  |  |
| Put on and remove clothing with snaps |  |  |  |  |
| Put on and remove clothing with buttons |  |  |  |  |
| Put on and remove clothing with Velcro |  |  |  |  |
| Put on and remove clothing accessories (belt, watch, scarf, mittens, hats, etc.) |  |  |  |  |
| Adjust clothing when necessary |  |  |  |  |
| Fasten and unfasten Velcro on shoes |  |  |  |  |
| Tie and lace shoes |  |  |  |  |
| Choose appropriate clothing for the weather, trips or activities |  |  |  |  |
| Pack appropriate clothing for trips or activities |  |  |  |  |
| Identify when clothing is inside out and correct |  |  |  |  |
| Remove articles of clothing at appropriate times |  |  |  |  |
| Dress independently |  |  |  |  |
| Ensure privacy when dressing and undressing |  |  |  |  |
| 4.1.4 Healthy Living and Safety Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Participate in regular physical activity |  |  |  |  |  |
| Communicate when, who, and how to call in an emergency |  |  |  |  |
| Communicate information needed to emergency service provider |  |  |  |  |
| Demonstrate knowledge of services provided by a variety of medical care facilities (Where do you go when sick/ ill, injured, for teeth care, eye care, serious vs. mild accident) |  |  |  |  |
| Lock bathroom door / stall |  |  |  |  |
| Request privacy |  |  |  |  |
| Demonstrate behaviours intended to avoid spreading germs when coughing, sneezing, using the toilet, etc. |  |  |  |  |
| Accept medication in a variety of forms as needed (liquid, tablets, injection) |  |  |  |  |
| 4.1.5 Hygiene and Grooming Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Turn sink faucet on and off |  |  |  |  |  |
| Regulate water temperature |  |  |  |  |
| Wash their hands |  |  |  |  |
| Tolerate their teeth brushed by others |  |  |  |  |
| Brush their teeth |  |  |  |  |
| Complete oral hygiene process at least twice a day |  |  |  |  |
| Wash and dry their face |  |  |  |  |
| Blow their nose |  |  |  |  |
| Comb or brush their hair |  |  |  |  |
| 4.1.6 Bathing Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Put dirty clothes in hamper |  |  |  |  |  |
| Wash their body |  |  |  |  |
| Rinse their body in bathtub or shower |  |  |  |  |
| Drain the bathtub |  |  |  |  |
| Dry their body after bath or shower |  |  |  |  |
| Hang towel on rack or hook |  |  |  |  |
| 4.1.7 Sleeping Habits | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Go to bed at set time, as directed to do so, and as appropriate given age |  |  |  |  |  |
| Change into nighttime attire |  |  |  |  |
| Fall asleep without an adult present |  |  |  |  |
| Sleep in own bed all night |  |  |  |  |
| Sleep for an adequate amount of time |  |  |  |  |

Caregiver/Teacher Questionnaire

4.1 Self-Care

| 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
* **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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4.1.1 Toileting Skills | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Indicate the need to change wet/soiled pants |  |  |  |  |  |  |
| Indicate the need to go or be taken to the washroom |  |  |  |  |  |
| Go to the washroom when needed |  |  |  |  |  |
| Understand the difference between needing to urinate and needing to have a bowel movement |  |  |  |  |  |
| Ensure privacy when using the washroom |  |  |  |  |  |
| Tear toilet paper from a roll |  |  |  |  |  |
| Use a toilet for urine |  |  |  |  |  |
| Use a urinal |  |  |  |  |  |
| Use a toilet for bowel movements |  |  |  |  |  |
| Use toilet paper for wiping |  |  |  |  |  |
| Flush the toilet after each use |  |  |  |  |  |
| Put toilet seat down after using |  |  |  |  |  |
| Wash and dry hands after using the toilet |  |  |  |  |  |
| Exhibit bladder control |  |  |  |  |  |
| Exhibit bowel control |  |  |  |  |  |
| Identify washroom signs (i.e., male/female) |  |  |  |  |  |
| Identify where the washrooms are located in school and other familiar locations |  |  |  |  |  |
| Locate the appropriate washroom in unfamiliar places |  |  |  |  |  |
| Use public washroom facilities |  |  |  |  |  |
| 4.1.2 Eating and Drinking | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Indicate the need/want for food |  |  |  |  |  |  |
| Request specific foods or snacks |  |  |  |  |  |
| Eat finger foods |  |  |  |  |  |
| Drink through a straw |  |  |  |  |  |
| Drink from a cup |  |  |  |  |  |
| Drink from a container (e.g., drink box, can, water bottle) |  |  |  |  |  |
| Drink from a water fountain |  |  |  |  |  |
| Keep mouth closed while chewing |  |  |  |  |  |
| Remain at the table throughout a meal or snack |  |  |  |  |  |
| Eat with a spoon in an appropriate manner |  |  |  |  |  |
| Eat with a fork in an appropriate manner |  |  |  |  |  |
| Use the side of a fork for cutting soft foods |  |  |  |  |  |
| Use a knife (cutting, spreading) |  |  |  |  |  |
| Use a napkin |  |  |  |  |  |
| Eat in a safe and socially acceptable manner |  |  |  |  |  |
| Stir foods |  |  |  |  |  |
| Pour a drink |  |  |  |  |  |
| Pour solid food into a bowl or other container (e.g., cereal) |  |  |  |  |  |
| Open and close food containers |  |  |  |  |  |
| Refuse food and indicate when full |  |  |  |  |  |
| 4.1.3 Dressing Skills | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Cooperate in dressing |  |  |  |  |  |  |
| Assist in dressing |  |  |  |  |  |
| Put on and remove clothing without fasteners |  |  |  |  |  |
| Put on and remove clothing with zippers |  |  |  |  |  |
| Put on and remove clothing with snaps |  |  |  |  |  |
| Put on and remove clothing with buttons |  |  |  |  |  |
| Put on and remove clothing with Velcro |  |  |  |  |  |
| Put on and remove clothing accessories (belt, watch, scarf, mittens, hats, etc.) |  |  |  |  |  |
| Adjust clothing when necessary |  |  |  |  |  |
| Fasten and unfasten Velcro on shoes |  |  |  |  |  |
| Tie and lace shoes |  |  |  |  |  |
| Choose appropriate clothing for the weather, trips or activities |  |  |  |  |  |
| Pack appropriate clothing for trips or activities |  |  |  |  |  |
| Identify when clothing is inside out and correct |  |  |  |  |  |
| Remove articles of clothing at appropriate times |  |  |  |  |  |
| Dress independently |  |  |  |  |  |
| Ensure privacy when dressing and undressing |  |  |  |  |  |
| 4.1.4 Healthy Living and Safety Skills | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Participate in regular physical activity |  |  |  |  |  |  |
| Communicate when, who, and how to call in an emergency |  |  |  |  |  |
| Communicate information needed to emergency service provider |  |  |  |  |  |
| Demonstrate knowledge of services provided by a variety of medical care facilities (Where do you go when sick/ ill, injured, for teeth care, eye care, serious vs. mild accident) |  |  |  |  |  |
| Lock bathroom door / stall |  |  |  |  |  |
| Request privacy |  |  |  |  |  |
| Demonstrate behaviours intended to avoid spreading germs when coughing, sneezing, using the toilet, etc. |  |  |  |  |  |
| Accept medication in a variety of forms as needed (liquid, tablets, injection) |  |  |  |  |  |
| 4.1.5 Hygiene and Grooming Skills | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Turn sink faucet on and off |  |  |  |  |  |  |
| Regulate water temperature |  |  |  |  |  |
| Wash their hands |  |  |  |  |  |
| Tolerate their teeth brushed by others |  |  |  |  |  |
| Brush their teeth |  |  |  |  |  |
| Wash and dry their face |  |  |  |  |  |
| Blow their nose |  |  |  |  |  |

**Parent/Guardian Questionnaire**

7.2 Household Skills

| 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
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* **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.2.1 Household Maintenance | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Sort silverware |  |  |  |  |  |
| Retrieve dishes from cupboards |  |  |  |  |
| Select appropriate dishes for food items |  |  |  |  |
| Set the table with appropriate items |  |  |  |  |
| Take dirty dishes to the sink |  |  |  |  |
| Put away utensils and dishes |  |  |  |  |
| Make their bed |  |  |  |  |
| Put dirty linens in clothing bin |  |  |  |  |
| Hang towels/facecloth on rack |  |  |  |  |
| Tidy indoor and outdoor public spaces |  |  |  |  |
| 4.2.3 Food Storage and Cooking Skills | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Get pre-prepared snack |  |  |  |  |  |
| Prepare a simple snack |  |  |  |  |
| Find and return items in refrigerator and cabinet |  |  |  |  |
| Open and close containers and food packages |  |  |  |  |
| Pour liquids into bowls and glasses |  |  |  |  |
| Identify when stovetop and appliances are hot |  |  |  |  |
| Set the table with utensils, dishes, and napkins according to the number of people dining |  |  |  |  |

Interview

Daily Living Skills

|  |  |
| --- | --- |
| Learner’s name: | Name of interviewee: |
| Date: | Relationship to learner: |

4.1.1 Toileting Skills

Describe the learner’s ability to identify where the washrooms are located in school and other familiar locations (e.g., the grocery store or the church). Can they locate the washrooms in an unfamiliar place (e.g., airport)?

Describe the learner’s behaviour while using community facilities. Do they demonstrate the same skills that they would at home or in a familiar environment? Can they ask for help if needed?

Can the learner care for their toileting needs independently? If not, describe some of their challenges.

4.1.2 Eating and Drinking Skills

Describe the learner’s abilities and difficulties during meal time.

4.1.3 Dressing Skills

Describe the learner’s dressing abilities and difficulties.

4.1.4 Healthy Living and Safety Skills

Describe the learner’s physical activity level and the types of activities they participate in.

Describe the learner’s understanding of privacy.

Describe the learner’s behaviours when medication needs to be administered (liquid, gel, injection and tablets).

Describe how well the learner understands the notion of emergency and how they would react in such a situation.

4.2 Household Skills

How does the learner help around the house?