CALI – Functional Skills for Independence Domain: Daily Living Skills
Scoring Protocol ­­― Level 2

| 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 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.

|  |
| --- |
| 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 |  |  |  |  |
| Use a sanitary napkin/tampon |  |  |  |  |
| 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 |  |  |  |  |
| Plan ahead for bathroom needs |  |  |  |  |
| 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. |  |  |  |  |
| Identify foods that form a healthy diet  |  |  |  |  |
| Maintain a healthy diet |  |  |  |  |
| Treat minor cuts and bruises  |  |  |  |  |
| Label location of injury on self |  |  |  |  |
| Identify dangerous substances |  |  |  |  |
| Avoid dangerous substances and ask an adult for assistance |  |  |  |  |
| 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 |  |  |  |  |
| Use mouthwash |  |  |  |  |
| Floss their teeth |  |  |  |  |
| Complete oral hygiene process at least twice a day |  |  |  |  |
| Wash and dry their face |  |  |  |  |
| Blow their nose |  |  |  |  |
| Comb or brush their hair |  |  |  |  |
| Blow dry their hair |  |  |  |  |
| Apply chap stick |  |  |  |  |
| Apply body lotion |  |  |  |  |
| Care for their nails |  |  |  |  |
| Use deodorant |  |  |  |  |
| Pack toiletry bag for a trip |  |  |  |  |
| Shave their legs |  |  |  |  |
| Apply and remove make-up |  |  |  |  |
| Apply nail polish |  |  |  |  |
| Shave their face |  |  |  |  |
| Clean their dental/orthodontic appliances |  |  |  |  |
| Clean their eyeglasses or sunglasses |  |  |  |  |
| Put in and remove their contact lenses |  |  |  |  |
| Care for their contact lenses |  |  |  |  |
| 4.1.6 Bathing Skills |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Understand the need for regular bathing or showering |  |  |  |  |  |
| Ensure needed items are in bathroom |  |  |  |  |
| Ensure privacy according to context (e.g., locking the door prior to using shower; keeping shower door/curtain closed, etc.) |  |  |  |  |
| Put dirty clothes in hamper |  |  |  |  |
| Operate shower or bath tub faucet |  |  |  |  |
| Regulate water temperature |  |  |  |  |
| Fill bath tub with water when taking a bath |  |  |  |  |
| Wash their body |  |  |  |  |
| Rinse their body in bathtub or shower |  |  |  |  |
| Drain the bathtub |  |  |  |  |
| Keep the shower curtain/door closed |  |  |  |  |
| Wash their hair |  |  |  |  |
| 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 |  |  |  |  |
| Set alarm clock |  |  |  |  |
| Sleep for an adequate amount of time |  |  |  |  |
| Get up independently in the morning when alarm rings |  |  |  |  |
| Follow all steps to get ready for bed (e.g., close drapes or windows, turn off light, plug in night light, etc.) |  |  |  |  |
| Independently go to bed at appropriate 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 conformation | 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 |  |  |  |  |  |
| Use a sanitary napkin/tampon |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Plan ahead for bathroom needs |  |  |  |  |  |
| 4.1.2 Eating and Drinking |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires conformation | 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. |  |  |  |  |  |
| Identify foods that form a healthy diet  |  |  |  |  |  |
| Maintain a healthy diet |  |  |  |  |  |
| Treat minor cuts and bruises  |  |  |  |  |  |
| Label location of injury on self |  |  |  |  |  |
| Identify dangerous substances |  |  |  |  |  |
| Avoid dangerous substances and ask an adult for assistance |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Comb or brush their hair |  |  |  |  |  |
| Apply chap stick |  |  |  |  |  |
| Use deodorant |  |  |  |  |  |

**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
* **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.

|  |
| --- |
| 4.2.1 Household Maintenance |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Empty the garbage |  |  |  |  |  |
| Change the garbage bag |  |  |  |  |
| Clean the garbage can |  |  |  |  |
| Identify recyclable materials |  |  |  |  |
| Dispose of recyclables materials properly |  |  |  |  |
| Sort recycling and garbage |  |  |  |  |
| Sweep the floors |  |  |  |  |
| Sort the silverware |  |  |  |  |
| Retrieve dishes from cupboards |  |  |  |  |
| Handle fragile dishes |  |  |  |  |
| Select appropriate dishes for food items |  |  |  |  |
| Set the table with appropriate items |  |  |  |  |
| Take the dirty dishes to the sink |  |  |  |  |
| Operate the dishwasher |  |  |  |  |
| Wash and dry dishes by hand |  |  |  |  |
| Put away utensils and dishes |  |  |  |  |
| Wipe the counter and appliances’ surfaces |  |  |  |  |
| Make their bed |  |  |  |  |
| Put dirty linens in clothing bin |  |  |  |  |
| Use a vacuum cleaner |  |  |  |  |
| Select and use appropriate tools and products for the task |  |  |  |  |
| Dust surfaces |  |  |  |  |
| Hang towels/facecloth on rack |  |  |  |  |
| Tidy indoor and outdoor public spaces |  |  |  |  |
| Water a lawn and outdoor plants |  |  |  |  |
| Use a shovel, scoop, or snow-blower to remove snow |  |  |  |  |
| 4.2.2 Laundry and Clothes Maintenance |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Identify items in need of washing |  |  |  |  |  |
| Load clothing into the washer  |  |  |  |  |
| Select the correct washer setting for materials and colour and starts the wash cycle |  |  |  |  |
| Measure detergent correctly  |  |  |  |  |
| Select the correct dryer cycle and starts the dryer |  |  |  |  |
| Transfer items from washer to dryer  |  |  |  |  |
| Use anti-static sheet or another form of fabric softener |  |  |  |  |
| Remove clothing from the dryer at proper time  |  |  |  |  |
| Clean the dryer lint trap after each use |  |  |  |  |
| Fold clothing correctly  |  |  |  |  |
| Hang clothing on hangers  |  |  |  |  |
| Store clothing appropriately (drawers, closet)  |  |  |  |  |
| Store dirty clothing in a laundry basket |  |  |  |  |
| 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 |  |  |  |  |
| Follow a simple recipe |  |  |  |  |
| Identify when stovetop and appliances are hot |  |  |  |  |
| Check the temperature before handling cooking dishes |  |  |  |  |
| Use oven mitts for hot items |  |  |  |  |
| Open and close food packages using scissors and various can and bottle openers |  |  |  |  |
| Measure with measuring cups (1/4, 1/3, ½, 1 cup) and spoons (1/8, ¼, ½, 1 tsp.,1tbsp.) |  |  |  |  |
| Use hand or power tools for stirring, beating, cutting, slicing, mixing, and dicing  |  |  |  |  |
| Use kitchen utensils and tools, effectively and safely (e.g., spatula, peeler, ice cream scoop, grater, can opener) |  |  |  |  |
| Operate simple appliances including a toaster, hand blender, etc. effectively and safely |  |  |  |  |
| Identify microwave safe dishes |  |  |  |  |
| Operate major appliances including a stove, microwave oven and dishwasher, effectively and safely  |  |  |  |  |
| Boil water |  |  |  |  |
| Avoid steam while cooking |  |  |  |  |
| Cook a variety of meals successfully |  |  |  |  |
| Prepare the correct quantity of food according to the number of people being served |  |  |  |  |
| Set the table with utensils, dishes, and napkins according to the number of people dining |  |  |  |  |
| Serve prepared meals using trays, platters, bowls, or serving utensils |  |  |  |  |
| Clear the table after a meal and returns items to the proper storage location |  |  |  |  |
| Scrape, rinse, and stack dishes after a meal  |  |  |  |  |
| Wipe the table and chairs after a meal  |  |  |  |  |
| Use food wrap/storage products correctly (e.g., plastic wrap, plastic bags, aluminum foil, small containers with lids) |  |  |  |  |
| Select foods from different food groups to plan or prepare balanced meals and snacks |  |  |  |  |
| Store purchased food appropriately (e.g., refrigerator or cupboard)  |  |  |  |  |

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

Are there any chores that the learner enjoys doing? Are they able to complete those chores independently?

Are there any chores that you would like the learner to be able to do to increase their independence level?