

PERSONAL CARE

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Have good personal hygiene skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use toiletries appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know which personal care items to buy that will improve my appearance and fit within my budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take pride in my appearance; wear clean and neat clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know which clothes should be hand-washed, dry-cleaned, or machine-washed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can wash my own clothes using a washing machine, correct water temperatures, detergent, bleach, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know how to iron clothes and sew on buttons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know where to take my clothes if they need to be dry cleaned and know how much it will cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Know whom to call and where to go for emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can take care of myself when I get colds, the flu, minor cuts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know how to use an oral thermometer to take my temperature and know when a fever is serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know which non-prescription medications to take for colds, fever, headache, diarrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to be sure that the tamper-proof seal has not been broken on a medication container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to get a medication prescription filled and follow the instructions on the label properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Able to use prescription and non-prescription medication appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand why smoking is harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Keep my Medical Passport up to date and know my own medical history, as well as health risks specific to my racial/ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know when a medical problem requires emergency room treatment instead of a scheduled appointment with the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
11. Understand the importance of regular medical and dental care and have chosen a doctor and dentist for ongoing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know how and when to call a doctor or a dentist for an appointment for a checkup or for treatment of a medical or dental problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know what medical insurance is, why it's necessary, and that it can be purchased individually or through many employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Know that drug and alcohol abuse is very harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Know what first aid kit items I should have at home and know how to use them properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Understand what sexually transmitted diseases are and how to prevent getting or spreading them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know what the functions are of the various parts of the body, including sexual organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Understand how pregnancy occurs and know how to prevent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Know the importance of good nutrition and proper exercise in maintaining health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Take some time and answer the questions below with a foster parent, staff, or social worker to evaluate your personal health care needs. Mark those questions that need some follow-up, and plan with your foster parent, program staff, and/or social worker how you will get the information or services you need.

	<u>YES</u>	<u>NO</u>
Do you have a Medical Passport?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any questions about the information in the passport?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone gone over the information in the Passport with you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last medical checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last dental checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Is your general health good?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of any particular disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking medication or getting any regular treatments?	<input type="checkbox"/>	<input type="checkbox"/>
Did either the doctor or dentist suggest you make another appointment to have a problem followed?	<input type="checkbox"/>	<input type="checkbox"/>
Do health problems often interfere with your daily activities (keep you out of work, school, sports, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lot accidents or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do the people you live with or your friends think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use birth control?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a doctor that you feel comfortable seeing?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any health problem you'd like to have checked or a question you'd like to ask if the service was free and confidential (just between you and the doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you see a counselor or therapist?	<input type="checkbox"/>	<input type="checkbox"/>
If not, would you like to have someone with whom you could discuss your feelings and concerns?	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY SKILLS

SKILL ASSESSMENT

The following questions will help you identify safety skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Know what telephone numbers to call for medical emergencies, fire, and/or for police assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Know what to do/whom to call if I think someone (child or adult) has ingested a poisonous substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know what to do or whom to call if I think someone is following me or trying to hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know what gas smells like, what to do, and the telephone number to call if I suspect a gas leak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know the importance of learning the best fire escape routes in the house/apartment in case of fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use preventive safety measures to keep myself safe at home, i.e. lock doors and windows when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know and follow the basic rules for preventing fires at home: no smoking in bed, frayed electrical cords should not be used, gas stove should not be used for heat, extension cords should be used properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand the importance of having a smoke detector in my home, how to check it and replace the battery when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use caution when throwing away matches, smoking materials, or any hot substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
10. Understand the importance of safely storing cleaning, painting, and other toxic materials away from children and pets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know what to do if caught in a fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know which type of fire not to use water to extinguish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know how to use a fire extinguisher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have successfully completed a First Aid course and/or CPR training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SKILLS

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Can communicate and interact appropriately in various social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can tell others when I am upset or angry and express my feelings appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can start conversations with new acquaintances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know how to handle conflicts with a friend, teacher, supervisor, or family member without using physical aggression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Am aware of my values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to make good decisions by weighing the pros and cons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Am aware of my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know what is important to me in friend/relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can participate in social activities with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know where and how to get help if cannot handle or end an argument with a friend, teacher, employer, family member, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know how to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can set appropriate goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
13. Can set personal goals and work to accomplish them with minimal help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can make/keep friendships with people of the opposite sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can be honest with friends and say what is on my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can set limits and boundaries with friends/peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know how to say “No” to a boyfriend/girlfriend who wants to get more sexually involved than I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Aware of the consequences of teenage pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Can plan and invite peers to social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Know how to prevent pregnancy and sexually transmitted diseases including HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>