



Name: _____ Age : _____ Date: _____

The activities listed will help youth gain the skills and abilities needed to reach their highest level of independence and ability. Some of these activities may not apply to everyone.

COMMUNICATION Skills and Abilities:	YES	NO	N/A	Need More Info
1. Can you explain your needs to others and ask for help when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are persons close to you, like family, friends, and teachers, able to understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are other people outside of home and school able to understand what you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know the Human Rights Act says you cannot be denied or refused the use of any public place (restaurants, theaters, museums, libraries, parks, zoos, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know how to stand up for your rights (file a complaint)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL Skills and Abilities:	YES	NO	N/A	Need More Info
6. Do you have fun every day (reading, playing, singing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you join in family activities (playing games, reading together, going to sports events, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you spend time away from home (shopping, overnights with friends or relatives, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you spend time with others about your same age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have friends who don't have disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have someone to talk to when you are sad, upset or things aren't going well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you belong to clubs, groups, church, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you a leader in your community (team captain, event leader, head of a committee)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you help out or work without pay away from your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL Skills and Abilities:	YES	NO	N/A	Need More Info
16. Do you know how to cross the street safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Can you follow directions to get some place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Can you read a map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you wear your seat belt in the car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a state ID card or driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know how to use public transportation (busses, trains, taxis, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAVEL Skills and Abilities: (continued)	YES	NO	N/A	Need More Info
22. Can you move about in your community easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you know the laws about access to public places in the Americans with Disabilities Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have or plan to get a driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you know how to use public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PET CARE Skills and Abilities:	YES	NO	N/A	Need More Info
26. Do you feed and care for a pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you clean your pet and clean up after your pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY Skills and Abilities:	YES	NO	N/A	Need More Info
28. Do you know how to call 9-1-1 and provide information in case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you know how to practice "stranger danger"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you know about the dangers of alcohol, tobacco, and drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you know how to keep from getting pregnant, HIV/AIDS, or other diseases spread by sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECREATION Skills and Abilities:	YES	NO	N/A	Need More Info
32. Are you a sports fan (watch and talk about sports)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you get exercise at least several times a week so that you stay fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are you a leader in any sports or other groups or activities (team captain, classroom monitor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIPS FOR USING THIS SKILLS LIST:

Think about the skills you want to work on. Make notes of your needs and concerns. Then you can talk about the next steps to take with the people that are helping you prepare for your future.

Notes to Myself: For each "Need More Info" item you checked, list questions you or what you would like to know more about.

Next Steps – Goals: List what you need to work on to help you learn how to take care of yourself in the future. You can ask the people who are helping you plan for your future to work on this with you.

I want more information about: Recreation Programs Community Activities Safety Programs

We're here to help. To learn more about UIC-Specialized Care for Children's programs and services, check out our website at:

dsccl.uic.edu or like us on  facebook.com/dsccl.uic.edu