



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.

I plan on living: with my parents on my own group home other _____

	YES	NO	N/A	Need More Info
NUTRITION Skills and Abilities:				
1. Do you eat a variety of foods (or take tube feedings well)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to feed yourself (or do tube feedings), once your food is set on the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you fix a meal without help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know about the need for good nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL CARE Skills and Abilities:	YES	NO	N/A	Need More Info
6. Do you brush and floss your own teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you dress yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you bathe yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you brush/fix your own hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have regular sleep times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know how much sleep you need each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you put yourself to bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you wake up on your own (with the alarm clock)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel you get plenty of rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL HYGIENE Skills and Abilities:	YES	NO	N/A	Need More Info
15. Can you tell when you need to go to the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you go to the bathroom on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you handle your clothing, wipe yourself and flush the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you need a personal assistant to help you with activities of daily living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOBILITY/EXERCISE Skills and Abilities:	YES	NO	N/A	Need More Info
19. Can you get out of bed, or the tub or shower, on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you exercise on a regular basis (walk, lift weights, stretching exercises, swim, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENCE Skills and Abilities:	YES	NO	N/A	Need More Info
21. Do you do your share of family chores (clean up after yourself, set the table, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are you learning to do things around the house (laundry, fixing meals, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you keep home and/or room clean or clean up after meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you use nearby stores and services (know what to buy, where to find things, and how to pay for groceries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you help plan or fix meals or food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you spent nights away from your family (camp, sleepover with friends, school trips)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you happy with how you are able to get around (home to school or work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you call and use community services (accessible transportation) and advocacy services (legal services) when you need them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have a plan for where you will live when you leave your family home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you know how to go places on your own (bus, follow directions or maps)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have a state identification (ID) card or driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you manage your own money (make change, use debit or checks, balance checkbook, follow a budget)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you found housing that meets your health and safety needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you know your fair housing rights that are listed in the Fair Housing Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you have a plan for housekeeping help, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you know how to locate disability support and counseling services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you need help making major decisions with living or health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you have a legal guardian or power of attorney, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Do you know about the Americans with Disabilities Act?	<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 have 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 would like more information about: Independent Living Transportation Other _____

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