

Skills Checklist - Social

Name _____ **Age** _____ **Date** _____

These activities 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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you have fun every day (reading, playing, singing, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 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"/> |
| Do you spend time with others about your same age? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have close friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have friends who don't have disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Do you belong to clubs, groups, church, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Do you help out or work without pay away from your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| TRAVEL - Skills and Abilities | YES | NO | N/A | Need More Info |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you know how to cross the street safely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you follow directions to get someplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you read a map? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear your seat belt in the car? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a state ID card or driver's license? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know how to use public transportation (busses, trains, taxis, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you move about in your community easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Do you have or plan to get a driver's license? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| Do you feed and care for a pet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| Do you know how to call 911 and provide information in case of an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know how to practice "stranger danger"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know about the dangers of alcohol, tobacco, and drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| Are you a sports fan (watch and talk about sports)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you play sports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 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"/> |

