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ABSTRACT

The document describes independent living skills, and provides information on how they can be measured. It is explained in an introductory chapter that the checklist is an extensive list of 343 independent living skill objectives specified in terms of conditions (antecedents or givens), behaviors, and standards. Objectives are classified and presented in Chapters 2 through 7 in six categories: mobility skills, self care skills, home maintenance and safety skills, food skills, social and communication skills, and functional academic skills. Skill summary charts are designed to be used as an overall record of all skill objectives achieved by the client in all six categories. An eighth chapter discusses the use of the checklist for an individualized education program, an individualized written rehabilitation program, and an individualized habilitation plan. A final chapter gives reliability and validity data. Following a list of references are appendixes which include skill summary chart forms and a blank skill objectives profile. (SEH).

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THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

(Experimental Edition)

Richard T. Walls
Thomas Zane
John E. Thvedt

West Virginia University

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TO
Pauline
and
Irene Hocker Zane
and
Ann and L.B.

4

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ILBC PREFACE

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If you ask the "man on the street" for definitions of independent living you are likely to get responses such as, "It means being on your own, taking care of yourself. You can go places and do things without the help of other people. You don't need anybody else. You've moved away from your parents' control and are making it in the world. You can maintain an apartment, do your own shopping, and generally get along independently."

Certain "independence" is not that clear-cut. Almost everyone is dependent on others to a greater or lesser extent. If you shop for groceries by yourself you still must depend on many other persons for the milk, produce, and packaged foods you buy. Even if you ride the bus by yourself, the bus wouldn't run without mechanics, drivers, owners, and manufacturers. Your dentist, drug-gist, landlord, and friends are all parts of a network of dependence within which you live.

Thus, dependence-independence is a continuum for us all. The objective of training for independent living is to move away from the former end of the continuum to a relatively more independent life style. Total dependence implies constant assistance and supervision. To the extent that an individual can begin to accomplish functions of everyday life such as mobility, home care, dressing, eating, and social communication without assistance and supervision, independent living skills are gained. Although a person may never achieve full mobility, progress in other life activities is attainable. It is not possible to document such progress without objective measures of skills relevant to independent living.

Various professionals associated with training for independent living have the need for clear specification of relevant behaviors:

The trainer or evaluator for independent living will find clear standards for determining client skills in six different areas of competence: Mobility Skills, Self Care Skills, Home Maintenance and Safety Skills, Food Skills, Social and Communication Skills, and Functional Academic Skills.

The teacher or counselor who is responsible for writing Individualized Education Programs (IEP) and/or Individualized Written Rehabilitation Programs (IWRP) will find objective documentation for legislative requirements as well as a means for goal setting and progress evaluation which is responsive to client needs.

The cottage or group home parent or supervisor will find specification of a broad range of adaptive skills applicable to a wide variety of living environments.

The program evaluation specialist will find skill objectives specified in terms of Conditions, Behaviors, and Standards to allow documentation of client or trainee progress and, accordingly, effectiveness of training procedures.

The administrator of an independent living training program will find an objective means for developing accountability, cost effectiveness, staffing patterns, state plans, and funding applications.

This checklist is about independent living skills, what they are, and how they can be measured. We are not born with such skills; we learn them through experience and training. *The Independent Living Behavior Checklist* presents skill objectives as clearly stated Conditions (settings, materials, instructions), Behaviors, and Standards (criteria for correct performance). If you are interested in clearly and carefully specified skills that have been designed for and used in training for independent living, this book is for you.

R.T.W.
T.Z.
J.E.T.

ILBC CHAPTER 1

WHAT ARE INDEPENDENT LIVING SKILLS

WHAT ARE INDEPENDENT LIVING SKILLS?

Max E. Mum had lived in a state institution for the emotionally and mentally handicapped for most of his 22 years. As part of the state's program for deinstitutionalization, he was training as a gas station attendant across town from the institution. Max was making good progress in learning the job. He was friendly to customers, was good at pumping gas and changing tires, was dependable, and the service station owner liked him.

Max and his friend, Jerome, were both making a regular salary and wanted to get an apartment and try living independently in the community. His cottage counselor at the institution encouraged Max and told him he had many of the skills needed to live independently. But, she said there were others he would need to learn. She indicated that his mobility skills were fine but that he needed to learn some things about the neighborhood where he would live. He needed to learn about fixing food to eat and how to change a burned-out fuse or reset a breaker. She said there were also lots of other things people need to be able to do if they are going to be out on their own.

Max wasn't sure what all these other things were, but he was eager to learn them so he could have his own place, watch TV when he wanted to, and go and come as he pleased.

The Relevant Skills Problem

What are the skills that Max and others in his training program should be learning? What are the skills that are relevant to the world of living independently? When is an individual ready to enter that world? Historically, the emphasis, number, and type of skills have varied almost as widely as the number of federal, state, and private training programs. Certain common activities of daily living or central skills have been evident across programs, but curriculum differences are as prevalent as commonalities.

Cost-effective independent living training programs can't teach everything to everyone. Some people will already "have" or "know how to do" some skills. And even if we wanted to teach everything, what is everything? That is, how many independent living skills are there? Are there 50 or 5,000? Where can we find a list of these skills so we can decide which ones are relevant for our students or clients?

Conditions, Behaviors, and Standards (CBS)

Apart from anecdotal or casual observation, there have been two types of formal observation tools: rating scales and behavior checklists. Rating scales are generally less objective than behavior checklists because they do not require direct observation and recording of behaviors. Although rating scales are often based on client or student behaviors, they rely heavily on clinical judgment. For example, a client may be rated by his/her counselor on "safety consciousness" on a five-point scale from excellent to poor. To give this rating, the counselor must put together a number of behaviors and impressions of the client to attempt to make a reasonable judgment of this concept of "safety consciousness."

In contrast, a behavior checklist is simply a list of carefully defined behaviors. Although different formats for behavior checklists exist, the primary concept is that the client or trainee either emits the individual *behaviors* or does not (Walls & Wemer, 1977). For example, does the client "buy clothes that are the correct size?" Does the client "cross the street at corners and cross walks when the light signal for cars is appropriate?"

Carefully defined behaviors should also include a *standard* of performance. Suppose the standard for buying clothes of the right size is, "the clothing selected, when measured, must be within one inch of the client's real measured size." Suppose the standard for crossing the street using the light includes, "the street must be crossed within 30 seconds, only when the light for cars on the street being crossed is red. The distance must be traveled without falling, and the client must continue to look both ways while crossing." The counselor or trainer observes

whether the standard is met and then simply checks "yes" or "no." A minimum of clinical judgment is involved since the *behavior* and *standard* (or criterion) are clearly stated.

Another feature of a carefully defined behavior that is often implied, but should be stated in a good definition, is the *condition* of performance. The condition is the setting (including tools, materials, instructions, or situations) in which the behavior occurs. It is the "given." For example, the *condition* for crossing the street might be, "Given a crosswalk or street corner with a traffic light controlling cars. . ." An example of the *condition* for buying clothes of the right size might be, "Given a clothing store containing an article of clothing the client wishes to buy. . ."

Thus, a *condition* (or given), a *behavior*, and a *standard* (or criterion) fully define what is expected of the client. The counselor, teacher, or supervisor is clear about what is required and can check either "yes" or "no." Just as important, it is easier for the client or student to understand what is expected and learn to meet these expectations.

The Independent Living Behavior Checklist

The Independent Living Behavior Checklist is an extensive list of 343 independent living skill objectives carefully specified in terms of conditions (antecedents or givens), behaviors, and standards. These objectives are classified and presented in six categories in Chapters 2 through 7.

The Independent Living Behavior Checklist can be used to: (1) define independent living skills clearly; (2) specify a broad range of skills applicable to a variety of necessary activities of daily living; (3) determine clear standards for mastery of skills; (4) document client or trainee progress and effectiveness of training procedures; (5) determine an objective means to accountability, cost-effectiveness, and appropriateness of programs and staffing; (6) determine an objective means of goal setting and documentation for legislative requirements; and (7) outline an objectively specified curriculum for independent living skills.

Sources and Scope

Just how comprehensive and inclusive is this list of behaviors (with conditions and standards of performance)?

The objective was to make it as comprehensive and inclusive as possible. In an attempt to determine the number of behavior checklists available and in use, an advertisement was placed in several periodicals requesting, ". . . behavior checklists used in tabulating behaviors or skills" or various populations. The same request was sent to a number of individuals as well as to 883 state schools and rehabilitation facilities.

We received more than 200 checklists in return from individuals, facilities, and training programs. These lists varied widely in the extent to which they represented carefully specified and observable behaviors. Further, the item formats and scoring requirements differed markedly. In addition, while some were concerned with only one or two classes of behavior, others included behaviors in fifteen or more classes. Each of these classes of behavior might contain only a few specific behaviors or a hundred or more specific behaviors representative of that class. Some classes of behavior commonly represented in these checklists were: eating, toileting, dressing, health, grooming, communication, mobility, dexterity, vocational, recreational, socialization, orientation, motor skills, self-help, daily living, independence, alcohol or drug use, household, and work skills. Of the more than 200 checklists, 166 of them have been reviewed in an annotated bibliography (Walls, Werner, Bacon, and Zane, 1977).

Vocational behaviors are not included herein since they have previously been compiled in *The Vocational Behavior Checklist* (Walls, Zane, and Werner, 1978). All of the items related to assessment of home and community functioning were reviewed and evaluated. Although these classes of skills were sometimes labeled hygiene, health, adaptive behaviors, gross motor, personal welfare, and the like, any items associated with home and community functioning were considered to be in the broad "independent living" classification. Independent living items from 53

checklists (noted in the Checklist References section) were sorted into six categories, and overlapping or duplicate items eliminated. These six categories were Mobility Skills, Self Care Skills, Home Maintenance and Safety Skills, Food Skills, Social and Communication Skills, and Functional Academic Skills.

All of the items that were retained were used to guide the writing of the present behavioral definitions (skill objectives) to include *conditions* of performance, *specific behaviors*, and *standards* of performance. In almost all cases this rewriting and modification were extensive, since many of the checklists used only a short phrase to describe each behavior and/or did not include conditions and/or did not include standards. Further, many gaps were filled by creating completely new items. Many new skill objectives were derived from our work with vocational rehabilitation clients in sheltered workshops, deinstitutionalization training, rehabilitation facilities, and field based vocational rehabilitation programs.

How To Use The Independent Living Behavior Checklist

The chapters that follow provide extensive lists of independent living skills that are behaviorally defined. These lists may be used exactly as stated or they may be modified to suit a particular trainee, client, program, or setting. Existing skill objectives may be modified by adapting the conditions, behaviors, and/or standards to suit a client with particular needs or handicapping conditions. Particular skills may be selected that are relevant for that client or that training program. Particular standards of performance may be modified to reflect more clearly the objectives of the training. However, the behaviors and definitions should be used substantially as stated herein.

Specific Skill Objective Examples

As specific examples, consider two skill objectives, one from the Mobility Skills chapter and one from the Home Maintenance and Safety chapter.

LOCOMOTION 1

- CONDITION:** Given a level surface such as a floor or a sidewalk, a minimum of 10 feet long.
- BEHAVIOR:** Client walks or travels across the surface.
- STANDARD:** Behavior within 2 minutes. A distance of 50 feet must be traversed without anyone's assistance.*

**Clients must perform all behaviors without anyone's assistance, unless otherwise noted; however, adaptive and/or prosthetic devices may be used as needed.*

Let's return to Max. For this skill the counselor or instructor either watches as Max naturally walks along a flat surface, or tells him, "Walk over there." Max has little problem with this skill and walks the 50 feet within the 2 minutes allowed. Thus, he has accomplished this skill. This skill is no problem for Max. The instructor marks "+" and the date for the "INITIAL ASSESSMENT" and a "+" in the Summary column on the Skill Summary Chart (on the following page).

The Skill Summary Chart

The Skill Summary Chart is to be used as an overall record of all skill objectives achieved by the client, in all six categories. The skills mastered by the client in initial assessment and in training, as well as the date the skill was demonstrated or completed, are entered on the Skill Summary Chart. For any skill objective mastered, a "+" is entered. For any objective failed in initial assessment, a "-" is entered. As you can see from Max's Skill Summary Chart, currently he has mastered skills 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 27, 28, 30, 31, 33, and 39 in the Mobility Skills area. Although he has not yet mastered skills 24, 26, 32, 34, 35, 36, 38, 40, and 41, he will have a chance to master more skills as the training continues. The training staff has

decided that skills 37 and 42 are not relevant to this client's needs (or the needs of this client group or this training program) and has deleted these on the Skill Summary Chart.

As may be seen from the Skill Summary Chart for Mobility Skills, some skills such as numbers 1, 2, 3, and 4, were mastered in initial assessment. That is, no training was necessary since Max completed them successfully during pretraining assessment. Other skills such as 19, 28, and 30 were not passed in initial assessment and thus required training. The date training was begun and the date training was completed (the skill was mastered) were recorded. The summary column provides a concise view of the skill objectives mastered in either (a) initial assessment or (b) training and so summarizes Max's progress to date in Mobility Skills. Other blank Skill Summary Charts for Mobility Skills, Self Care Skills, Home Maintenance and Safety Skills, Food Skills, Social and Communication Skills, and Functional Academic Skills are found in their respective chapters, in the Appendix at the end of the book, and in accompanying booklets. A Skills Index lists the titles of the skill objectives in each chapter, and precedes the actual skill objectives of each chapter.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

■ Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

☒ Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	+ or -	Initial Assessment	Training	
			Date	Date Begun	Date Completed
☒	1 <u>Locomotion</u>	☒	<u>1 / 4 / 80</u>	<u> / /</u>	<u> / /</u>
☒	2 <u>Up Incline</u>	☒	<u>1 / 12 / 80</u>	<u> / /</u>	<u> / /</u>
☒	3 <u>Down Incline</u>	☒	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
☒	4 <u>Up Stairs</u>	☒	<u>2 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
☒	5 <u>Down Stairs</u>	☒	<u>2 / 2 / 80</u>	<u>2 / 3 / 80</u>	<u>2 / 10 / 80</u>
☒	6 <u>Push Door</u>	☒	<u>2 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
☒	7 <u>Pull Door</u>	☒	<u>2 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
☒	8 <u>Interior Door</u>	☒	<u>2 / 10 / 80</u>	<u>2 / 10 / 80</u>	<u>2 / 13 / 80</u>
☒	9 <u>Window</u>	☒	<u>2 / 13 / 80</u>	<u>2 / 15 / 80</u>	<u>2 / 28 / 80</u>
☒	10 <u>Step ladder</u>	☒	<u>3 / 10 / 80</u>	<u>3 / 12 / 80</u>	<u>3 / 15 / 80</u>
☒	11 <u>Kitchen Chair</u>	☒	<u>3 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
☒	12 <u>Stuffed Chair</u>	☒	<u>3 / 21 / 80</u>	<u> / /</u>	<u> / /</u>
☒	13 <u>Commode</u>	☒	<u>3 / 21 / 80</u>	<u>3 / 25 / 80</u>	<u>3 / 30 / 80</u>
☒	14 <u>Bed</u>	☒	<u>3 / 30 / 80</u>	<u>3 / 30 / 80</u>	<u>4 / 1 / 80</u>
☒	15 <u>Floor</u>	☒	<u>4 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
☒	16 <u>Bathtub</u>	☒	<u>4 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
☒	17 <u>Pincer Grasp</u>	☒	<u>4 / 2 / 80</u>	<u>4 / 4 / 80</u>	<u>4 / 4 / 80</u>
☒	18 <u>Counter-Table</u>	☒	<u>4 / 4 / 80</u>	<u>4 / 5 / 80</u>	<u>4 / 7 / 80</u>
☒	19 <u>Cabinet-Counter I</u>	☒	<u>4 / 13 / 80</u>	<u>4 / 15 / 80</u>	<u>4 / 17 / 80</u>
☒	20 <u>Cabinet-Counter II</u>	☒	<u>4 / 19 / 80</u>	<u> / /</u>	<u> / /</u>
☒	21 <u>Cabinet-Counter III</u>	☒	<u>4 / 19 / 80</u>	<u>4 / 20 / 80</u>	<u>4 / 23 / 80</u>
☒	22 <u>Drawer-Counter</u>	☒	<u>4 / 23 / 80</u>	<u>5 / 1 / 80</u>	<u>5 / 5 / 80</u>
☒	23 <u>Floor - Table</u>	☒	<u>5 / 1 / 80</u>	<u>5 / 3 / 80</u>	<u>5 / 5 / 80</u>
☐	24 <u>Room - Room I</u>	☒	<u>5 / 5 / 80</u>	<u>5 / 10 / 80</u>	<u> / /</u>
☒	25 <u>Room - Room II</u>	☒	<u>5 / 10 / 80</u>	<u>5 / 15 / 80</u>	<u>5 / 25 / 80</u>
☐	26 <u>Weight Pickup</u>	☒	<u>5 / 25 / 80</u>	<u>5 / 25 / 80</u>	<u> / /</u>

The Skill Objectives Profile

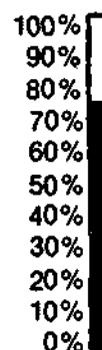
The Skill Objectives Profile (following page) allows for a quick survey of client progress in all six skill categories. The *percent* of skill objectives that have been mastered in each category is indicated by this profile. By looking at this form, one does not learn *which* specific skill objectives have been accomplished (The Skill Summary Chart is provided for that purpose), but rather one obtains an overall view of total client progress.

The profile is constructed by dividing the number of skill objectives mastered in a category by the total number of skill objectives considered applicable to the client in that category, multiplied by 100. For example, if Max has mastered 30 of the Mobility Skill Objectives, and of the 42 objectives in that category only 40 are applicable to the client, the computation and graphic representation is as follows:

Skill Objectives Mastered

Total skill objectives
considered applicable

$$30/40 \times 100 = 75\%$$



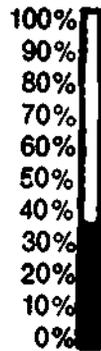
Additional blank Skill Objectives Profile sheets may be found in the Appendix at the end of the book and in accompanying booklets.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST SKILL OBJECTIVES PROFILE

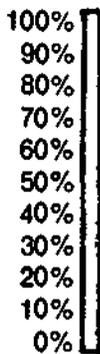
This general profile is constructed by dividing the number of skill objectives mastered in each category by the total number of skill objectives considered applicable in that category, multiplied by 100. For example, if a client had mastered 20 of the Self Care skill objectives, and only 52 of those objectives are considered applicable, the computation and graphic representation would be as follows:

Skill Objectives Mastered
Total Skill Objectives
Considered Applicable

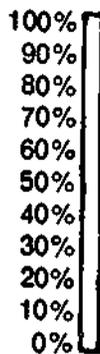
$$= 20/52 \times 100 = 38\%$$



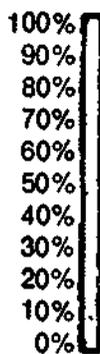
Trainee _____



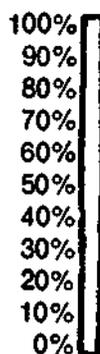
MOBILITY



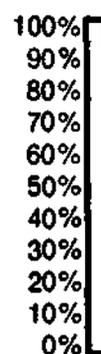
SELF CARE



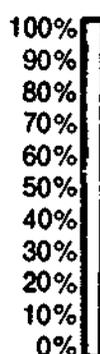
**HOME MAINTENANCE
AND SAFETY**



FOOD



**SOCIAL AND
COMMUNICATION**



**FUNCTIONAL
ACADEMIC**

We now return to the second example, a skill objective from Home Maintenance and Safety.

CLIMATE CONSERVATION 16

CONDITION:	Given a heater or air conditioner in operation.
BEHAVIOR:	Client closes all windows and exterior doors or leaves them closed.
STANDARD:	Behavior within 10 minutes. All windows and exterior doors must remain closed during the operation of the heater or air conditioner.

For this skill objective the counselor or instructor notes whether Max closes doors and windows during operation of the heater or air conditioner. She notices that the bedroom window is up and the front door is ajar while the furnace is running. She marks “.” and the date for the INITIAL ASSESSMENT. She decides to begin instruction two days later and so records the “Date Begun” on the Skill Summary Chart. After some explanation and practice, the counselor notes that Max always keeps doors and windows closed when the furnace is operating. Several days later, after an unannounced visit, if she finds the standard for this skill objective is met, she would write Date Completed and marks “+” in the Summary column of the Skill Summary Chart (see the following pages).

Criterion Referenced Rather than Norm Referenced

In general, these examples illustrate one use of this checklist. However, a staff member or training team may delete items without doing violence to any global score of competence in living independently. Thus, there is not a norm-referenced “independence quotient.” Rather, the construction and use of these behavior definitions reflect a *criterion referenced* rationale. Does the client or student emit these skills or not? One may wish to simply count the behaviors accomplished and indicate that Max has accomplished 32 skills to this point in time. There is no standardized weighting to indicate, for example, that skill objective number 35 is any more or less valuable than skill objective number 18. And there is little reason to suppose that every behavior will be relevant to every client, trainee, or student in every setting.

Additional blanks for other independent living skill objectives are provided at the end of each section. These blanks allow for other skill objectives to be written for a given client, training program, or setting. For example, the staff may determine that Max needs the separate skill of phoning the counselor’s office at scheduled times. They should write this additional objective by carefully specifying (a) the condition, (b) the behavior, and (c) the standard.

Other modifications may need to be considered for trainees with special needs or handicaps. For example, in reading phone numbers, a blind client would require braille instead of printed letters and numbers.

Frequency and Type of Assessment

In considering how often a client or trainee should be assessed, again the recommendation is flexible. Assessment should be made “as often as necessary” to maintain a clear view of the client’s competence. If a client performs flawlessly in initial assessment, it is probable that the skill is a reliable part of the individual’s repertoire. That is, if asked two more times or ten more times to perform the skill, it would probably be done perfectly each time. However, a recently learned skill is often not as reliable, and a single performance may not be a sufficient sample of the client’s behavior to determine if the skill has truly been mastered. In such a case the counselor, trainer, or evaluator may wish to observe several correct performances of the skill before certifying mastery. The standard might be changed to include the phrase, “. . . on three consecutive occasions” or “. . . on 9 out of 10 attempts” or some other criterion including more than one occasion.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	+ or -	Initial Assessment	Training	
			Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Door Unlock</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	2 <u>Door Lock</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	3 <u>Furniture</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	4 <u>Dust</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	5 <u>Cleaner Instructions</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	6 <u>Dirty Windows</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	7 <u>Dirty Bathroom</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	8 <u>Dirty Kitchen</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	9 <u>Items Misplaced</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	10 <u>Floor Care</u>	<input type="checkbox"/>	<u>1 / 23 / 80</u>	<u>1 / 30 / 80</u>	<u>2 / 15 / 80</u>
<input checked="" type="checkbox"/>	11 <u>Carpet Care</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	12 <u>Vacuum Bag</u>	<input type="checkbox"/>	<u>1 / 23 / 80</u>	<u>1 / 30 / 80</u>	<u>2 / 15 / 80</u>
<input checked="" type="checkbox"/>	13 <u>Area Rug</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	14 <u>Garbage</u>	<input checked="" type="checkbox"/>	<u>2 / 1 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	15 <u>Unmade Bed</u>	<input checked="" type="checkbox"/>	<u>2 / 1 / 80</u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	16 <u>Climate Conservation</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / / </u>
<input type="checkbox"/>	17 <u>Thermostat</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / / </u>
<input type="checkbox"/>	18 <u>Appliances</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / / </u>
<input checked="" type="checkbox"/>	19 <u>Appliance Storage</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	20 <u>Appliances Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	21 <u>Lights Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	22 <u>Water Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	23 <u>Safe Cut</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / / </u>	<u> / / </u>
<input checked="" type="checkbox"/>	24 <u>Flashlight Repair</u>	<input type="checkbox"/>	<u>2 / 3 / 80</u>	<u>2 / 7 / 80</u>	<u>2 / 19 / 80</u>
<input type="checkbox"/>	25 <u>Minor Repair</u>	<input type="checkbox"/>	<u>2 / 5 / 80</u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	26 <u>Utility Valves</u>	<input type="checkbox"/>	<u>2 / 5 / 80</u>	<u> / / </u>	<u> / / </u>

When evaluating skill objectives, it is important to actually observe the client perform the behavior or observe the product or consequence of the behavior. That is, unless the item calls for a verbal answer by the client to a question, the trainer should evaluate by observation rather than interview. For example, when determining whether or not the client can prepare a hot meal, the evaluator should actually observe the client cooking (or the finished product) rather than asking a neighbor or the client about his/her cooking skills. In some cases, as with dangerous situations (fire, poison, etc.) a verbal report is the most realistic and safe way to assess client skill.

Once a client demonstrates mastery of a skill objective, the trainer may interview friends or co-workers of the client for the purpose of ascertaining whether the client *continues to perform* the skill routinely. Interviews are not as valid as direct observation, but they do constitute a form of evaluation that may be helpful. But direct observation of the actual performance or the product (or consequence) of that performance is the optimal evaluation strategy.

The Independent Living Behavior Checklist is designed to provide a flexible and extensive guide to competence and training. Everyone is dependent on others to a greater or lesser degree, and independent living does not connote hermit-like existence. Social and communication skills are a part of independence. *The Independent Living Behavior Checklist* simply defines the degree to which a client or trainee, using whatever adaptive devices required, can function without the constant aid and supervision of other persons. Client or trainee skills are the focus. A broad range of independent living skills are carefully specified so that preparation for taking care of one's self may be unambiguously assessed and individually planned. The authors would appreciate receiving a copy of any adaptations of current skill objectives or the addition of new ones.

Summary

1. Clients or trainees should not be retaught independent living skills they already have.
2. Rating scales are generally less objective and involve more clinical judgment than behavior checklists.
3. Skills or independent living behaviors should be carefully defined to include (a) conditions of performance (setting, materials and/or tools), (b) specific behaviors, and (c) standards of performance (criterion of success).
4. One hundred sixty-six behavior checklists that are being used in a wide variety of training programs were examined to determine behaviors considered relevant to successful independent living.
5. The checklists of independent living behaviors in Chapters 2 through 7 are written to allow accurate behavioral assessment of Mobility Skills, Self Care Skills, Home Maintenance and Safety Skills, Food Skills, Social and Communication Skills, and Functional Academic Skills.
6. The selection of skills to be assessed may be adjusted to suit the type of training and the individual needs of the client or trainee.
7. *The Independent Living Behavior Checklist* is criterion-referenced (specific behavioral competencies) rather than norm-referenced (scores compared to those of a norm group).
8. In some instances a single assessment of a skill objective may be sufficient, but in other cases, periodic assessment of client or trainee skills is desirable.

ILBC CHAPTER 2

MOBILITY SKILLS

21

MOBILITY SKILLS

Mobile means moveable. Mobility in independent living means being able to move about one's home and community. Getting in and out of bed, transferring to a chair, traveling up and down steps, moving through a doorway, carrying a bag of groceries, getting items out of a cabinet, picking up things from the floor, and the like are significant mobility concerns if the person is to be independent. Mobility also involves being able to get from one place to another in the community. Sidewalks, curbs, traffic lights, respecting private or dangerous areas, finding the post office or address, riding elevators, and riding busses are also important.

Often mobility involves more than simply the motor ability to accomplish the task. For example, a client might be able to board a bus but not have the skill to board the correct bus and arrive at the intended destination. Thus, knowing when and how to use a mobility skill may be required.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways:

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose.
3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, with a blind client, the objective that requires looking at the traffic light or "walk-don't walk" signal might be deleted (1) as not appropriate. A new skill objective might be added (2) in which the client uses other means for safe street crossing. For the objective in which the client is given a piece of paper with an address written on it, the condition might be modified (3) to include an orally given address.

Intended use of the mobility skill objectives is provided by the following illustration.

PINCER GRASP 17

CONDITION: Given a needle, pin, piece of 6 inch thread, button, pencil, and container.

BEHAVIOR: Client picks up each item and puts it in the container.

STANDARD: Behavior within 30 seconds. All items must be picked up with a pincer grasp (between thumb and index finger) and placed in the container.

When the client first tried this objective, he easily picked up the button and pencil but was unable to grasp the needle, pin, and thread. The trainer would record the date and "." under "INITIAL ASSESSMENT." She showed the client how to get his fingernail under the small items. He was then able to reliably pick up the needle, pin, and thread and put them in the container in the time allowed. So the trainer would record the date training began, the date it was completed, and a "+" in the Summary column on the Skill Summary Chart for + #17 (Pincer Grasp). If the client had demonstrated mastery of the skill in initial assessment, the instructor or counselor would have marked "+" under "INITIAL ASSESSMENT," recorded the date, and marked "+" in the Summary column.

MOBILITY SKILLS INDEX

1. Locomotion
2. Up Incline
3. Down Incline
4. Up Stairs
5. Down Stairs
6. Push Door
7. Pull Door
8. Interior Door
9. Window
10. Step/ladder
11. Kitchen Chair
12. Stuffed Chair
13. Commode
14. Bed
15. Floor
16. Bathtub
17. Pincer Grasp
18. Counter-Table
19. Cabinet-Counter I
20. Cabinet-Counter II
21. Cabinet-Counter III
22. Drawer-Counter
23. Floor-Table
24. Room-Room I
25. Room-Room II
26. Weight Pickup
27. Weight Carry
28. Weight Set Down
29. Sidewalk
30. Curb
31. Traffic Light
32. Crosswalk
33. Safe Walking
34. Neighborhood Objects
35. Neighborhood Locations
36. Elevator
37. Escalator
38. Address
39. Bus I
40. Bus II
41. Taxi
42. Driver's License

LOCOMOTION 1

- CONDITION:** Given a level surface such as a floor or a sidewalk, a minimum of 10 feet long.
- BEHAVIOR:** Client walks or travels across the surface.
- STANDARD:** Behavior within 2 minutes. A distance of 50 feet must be traveled without anyone's assistance.*

UP INCLINE 2

- CONDITION:** Given a small hill or ramp with an incline of 10 to 20 degrees, a minimum of 3 feet long.
- BEHAVIOR:** Client walks or travels up the incline.
- STANDARD:** Behavior within 30 seconds. A distance of 3 feet must be traveled up the incline.

DOWN INCLINE 3

- CONDITION:** Given a small hill or ramp with an incline of 10 to 20 degrees, a minimum of 3 feet long.
- BEHAVIOR:** Client walks or travels down the incline.
- STANDARD:** Behavior within 30 seconds. A distance of 3 feet must be traveled down the incline.

UP STAIRS 4

- CONDITION:** Given a flight of stairs of 5 steps or more with a handrail.
- BEHAVIOR:** Client climbs or travels up the stairs.
- STANDARD:** Behavior within 1 minute. Five steps must be traveled up the stairs.

**Client must perform all behaviors without anyone's assistance unless otherwise noted; however, adaptive and/or prosthetic devices may be used as needed.*

DOWN STAIRS 5

- CONDITION:** Given a flight of stairs of 5 steps or more with a handrail.
- BEHAVIOR:** Client climbs or travels down the stairs.
- STANDARD:** Behavior within 1 minute. Five steps must be traveled down the stairs.

PUSH DOOR 6

- CONDITION:** Given a self-closing door (e.g., screen door, fire door, etc.) which must be unfastened by a bar, knob, or latch.
- BEHAVIOR:** Client unfastens and pushes the door open and moves through the doorway.
- STANDARD:** Behavior within 30 seconds. The door may be opened by pushing on either the bar, knob, or latch or the door itself. The door must close after the client passes through.

PULL DOOR 7

- CONDITION:** Given a self-closing door (e.g., screen door, fire door, etc.) which must be unfastened by a handle, knob, or latch.
- BEHAVIOR:** Client unfastens and pulls the door open and moves through the doorway.
- STANDARD:** Behavior within 30 seconds. The door may be opened by pulling on either the handle, knob, or latch or the door itself. The door must close after the client passes through.

INTERIOR DOOR 8

- CONDITION:** Given a regular interior door with a knob or handle.
- BEHAVIOR:** Client opens the door, moves through the doorway, and closes the door.
- STANDARD:** Behavior within 30 seconds. The door must be closed at the start and end of the sequence.

WINDOW 9

CONDITION: Given a window that is locked or latched.

BEHAVIOR: Client unlocks the window, opens it, and then closes and locks the window.

STANDARD: Behavior within 2 minutes. The window must be opened at least 2 inches, and then closed and locked so that it cannot be pushed open from the outside.

STEPLADDER 10

CONDITION: Given a stepladder of 5 steps or more.

BEHAVIOR: Client climbs up and back down the stepladder.

STANDARD: Behavior within 1 minute. The ladder must be climbed to the third step. The ladder, walls, or other objects may be used to aid climbing up or down.

KITCHEN CHAIR 11

CONDITION: Given a kitchen chair.

BEHAVIOR: Client sits down and gets up from the chair.

STANDARD: Behavior within 30 seconds. A table or other objects may be used to aid sitting down or getting up.

STUFFED CHAIR 12

CONDITION: Given a stuffed living room chair or sofa.

BEHAVIOR: Client sits down and gets up from the chair or sofa.

STANDARD: Behavior within 30 seconds. A table or other objects may be used to aid sitting down or getting up.

COMMODE 13

CONDITION: Given a toilet.

BEHAVIOR: Client sits down and gets up from the toilet.

STANDARD: Behavior within 30 seconds. A handrail or other objects may be used to aid sitting down or getting up.

BED 14

CONDITION: Given a bed.

BEHAVIOR: Client lies down on and gets up from the bed.

STANDARD: Behavior within 30 seconds. A table or other objects may be used to aid lying down or getting up.

FLOOR 15

CONDITION: Given a floor of a room.

BEHAVIOR: Client sits down and gets up from the floor.

STANDARD: Behavior within 30 seconds. A table, a chair, or other objects may be used to aid sitting down or getting up.

BATHTUB 16

CONDITION: Given a bathtub.

BEHAVIOR: Client steps into the tub, sits down, stands up, and steps out of the tub.

STANDARD: Behavior within 30 seconds. A handrail or other objects may be used to aid stepping into the tub, sitting down, standing up, or stepping out of the tub.

PINCER GRASP 17

CONDITION: Given a needle, pin, piece of 6 inch thread, button, pencil, and container

BEHAVIOR: Client picks up each item and puts it in the container

STANDARD: Behavior within 30 seconds. All items must be picked up with a pincer grasp (between thumb and index finger) and placed in the container.

COUNTER-TABLE 18

CONDITION: Given a soup can, drinking glass, and plate (or similar items) on a kitchen counter, and a table 3 to 6 feet away.

BEHAVIOR: Client picks up each item and places it on the table.

STANDARD: Behavior within 30 seconds. All items must be placed on the table without dropping.

CABINET-COUNTER I 19

CONDITION: Given a soup can, drinking glass, and plate (or similar items) in a kitchen cabinet above a counter and within reach.

BEHAVIOR: Client opens cabinet, picks up each item, places it on the counter, and closes cabinet.

STANDARD: Behavior within 30 seconds. All items must be placed on the counter without dropping.

CABINET-COUNTER II 20

CONDITION: Given a soup can, drinking glass, and plate (or similar items) in a kitchen cabinet above a counter and out of reach, and step ladder of five steps or more (or stool or chair).

BEHAVIOR: Client climbs up the step ladder, opens cabinet, picks up each item, climbs down, places it on the counter, and closes cabinet.

STANDARD: Behavior within two minutes. All items must be placed on the counter without dropping. The ladder, walls, or other objects may be used to aid climbing up or down.

CABINET-COUNTER III 21

- CONDITION:** Given a soup can, drinking glass, and plate (or similar items) in a kitchen cabinet below a counter.
- BEHAVIOR:** Client opens cabinet, picks up each item, places it on the counter, and closes cabinet.
- STANDARD:** Behavior within 30 seconds. All items must be placed on the counter without dropping.

DRAWER-COUNTER 22

- CONDITION:** Given three or more items in a kitchen or dresser drawer.
- BEHAVIOR:** Client opens drawer, picks up each item, places it on the counter or dresser top, and closes drawer.
- STANDARD:** Behavior within 30 seconds. All items must be placed on the counter or dresser without dropping.

FLOOR-TABLE 23

- CONDITION:** Given a sock, book, and penny (or similar items) on the floor, and a table 3 to 6 feet away.
- BEHAVIOR:** Client picks up each item and places it on the table.
- STANDARD:** Behavior within 1 minute. All items must be picked up without dropping.

ROOM-ROOM I 24

- CONDITION:** Given a bucket containing window cleaner, sink cleaner, and rags (or similar items).
- BEHAVIOR:** Client carries bucket from one room to another.
- STANDARD:** Behavior within 1 minute. A minimum distance of 20 feet must be traveled, and no items must be spilled.

ROOM-ROOM II 25

CONDITION: Given a vacuum cleaner.

BEHAVIOR: Client pushes, pulls, or carries vacuum cleaner from one room to another.

STANDARD: Behavior within 1 minute. A minimum distance of 20 feet must be traveled.

WEIGHT PICKUP 26

CONDITION: Given a bag of groceries (or a similar item) weighing 10 to 15 pounds, placed on the floor, and a table or counter 3 to 6 feet away.

BEHAVIOR: Client picks up the bag and places it on the table or counter.

STANDARD: Behavior within 30 seconds. The bag must be placed on the table or counter without dropping the bag or items.

WEIGHT CARRY 27

CONDITION: Given a bag of groceries (or a similar item) weighing 10 to 15 pounds.

BEHAVIOR: Client picks up (from either a floor or counter) and carries the bag.

STANDARD: Behavior within 3 minute. A minimum distance of 50 feet must be traveled without dropping the bag or items.

WEIGHT SET DOWN 28

CONDITION: Given a bag of groceries (or similar item) weighing 10 to 15 pounds, placed on a table or counter.

BEHAVIOR: Client picks up the bag and places it on the floor.

STANDARD: Behavior within 30 seconds. The bag must be placed on the floor without dropping the bag or items.

SIDEWALK 29

- CONDITION:** Given a sidewalk 50 feet long containing a minimum of 10 holes, cracks, or other potential pedestrian hazards.
- BEHAVIOR:** Client walks or travels along the sidewalk.
- STANDARD:** Behavior within 3 minutes. The distance must be traveled without falling.

CURB 30

- CONDITION:** Given a sidewalk curb 4 to 8 inches high on both sides of a street and no traffic on the street.
- BEHAVIOR:** Client steps or travels down over the curb, crosses the street, and steps or travels up over the curb.
- STANDARD:** Behavior within 30 seconds. The curbs and street must be traveled without falling.

TRAFFIC LIGHT 31

- CONDITION:** Given a crosswalk or street corner with a traffic light controlling cars.
- BEHAVIOR:** Client crosses the street.
- STANDARD:** Behavior within 30 seconds. The street must be crossed only when the light for cars on the street being crossed is red. The distance must be traveled without falling, and the client must continue to look both ways while crossing.

CROSSWALK 32

- CONDITION:** Given a crosswalk or street corner with a pedestrian "walk-don't walk" light.
- BEHAVIOR:** Client crosses the street when the light signals "walk."
- STANDARD:** Behavior within 30 seconds. The street must be crossed only when the light signals "walk." The distance must be traveled without falling, and the client must continue to look both ways while crossing.

SAFE WALKING 33

- CONDITION:** Given the client walking or traveling around the neighborhood.
- BEHAVIOR:** Client walks or travels on sidewalks, crosswalks, or on the roadside facing traffic.
- STANDARD:** Behavior on 1 occasion around the neighborhood. No traveling across streets at places other than crosswalks, on lawns, on roadsides with back to traffic, or in other dangerous or restricted areas must be observed.

NEIGHBORHOOD OBJECTS 34

- CONDITION:** Given requests to point to and/or verbally identify the following objects in the neighborhood: tree, bush, flower bed, lawn, fence, sidewalk, curb, driveway, city block, corner, traffic light, "walk-don't walk" light, crosswalk, stop sign, storm sewer, ramp, street, parking lot, parking meter, fire alarm box, phone booth, street signs, telephone pole, bench, bus stop, taxi stand, railroad crossing.
- BEHAVIOR:** Client points to or verbally identifies each of the objects.
- STANDARD:** Behavior within 30 seconds of seeing each object. Each object must be identified correctly.

NEIGHBORHOOD LOCATIONS 35

- CONDITION:** Given the following places in the neighborhood: police station, fire station, post office, church, hospital, doctor's office, dentist's office, electric company, water company, gas company, bank, bus station, train station, park, movie theatre, restaurant, grocery store, drug store, and other relevant recreation, service, or business places.
- BEHAVIOR:** Client describes or demonstrates the route to travel from home to these locations.
- STANDARD:** Each place must be located, and the most efficient (time and/or distance) route from the client's home must be described or demonstrated.

ELEVATOR 36

- CONDITION:** Given a building at least 3 stories high, an elevator, and a specified floor.
- BEHAVIOR:** Client enters the elevator, goes to the specified floor, and gets off.
- STANDARD:** Behavior within 5 minutes. The elevator must reach the specified floor, and the client exits the elevator at that floor.

ESCALATOR 37

- CONDITION:** Given an escalator.
- BEHAVIOR:** Client steps onto the escalator, rides either up or down, and steps off.
- STANDARD:** Behavior within 1 minute. The next level must be reached without falling.

ADDRESS 38

- CONDITION:** Given a piece of paper with an address of a place located within 3 blocks of the client.
- BEHAVIOR:** Client finds the appropriate location with or without assistance.
- STANDARD:** Behavior within 1 hour. The appropriate location must be found. The location may be found by the client alone or by the client with assistance (e.g., asking directions) from others (e.g., policeman).

BUS I 39

- CONDITION:** Given a bus stop within 4 blocks of the client's home, a card with the bus timetable, and a destination (within 10 miles) that involves no change in busses.
- BEHAVIOR:** Client boards the bus at the bus stop, pays the fare, and gets off at the destination.
- STANDARD:** Behavior within 1 hour. The bus must be boarded at the bus stop, the proper fare paid, and the destination reached.

BUS II 40

- CONDITION:** Given a bus stop within 4 blocks of the client's home, a card with the bus timetable, and a destination (within 10 miles) that involves 1 change in busses.
- BEHAVIOR:** Client boards the bus at the bus stop, pays the fare, gets a transfer (if needed), changes busses, and gets off at the destination.
- STANDARD:** Behavior within 90 minutes. The bus must be boarded at the bus stop, the proper fare(s) paid, the change in busses made, and the destination reached.

CONDITION: Given a specific destination (within 10 miles) and a telephone

BEHAVIOR: Client telephones for a taxi or locates one on the street, takes taxi to the destination, pays fare, and gets out.

STANDARD: Behavior within 1 hour. Taxi must be phoned for or located on the street. The place and address of the destination must be stated, the proper fare paid, and the destination reached.

DRIVER'S LICENSE 42

CONDITION: Given some form of driving instruction, a learner's permit, car, and a driving test

BEHAVIOR: Client passes the driving test.

STANDARD: Behavior within one or more driving tests. A valid operator's license must be obtained.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee : _____
Trainer(s): _____

Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Locomotion</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Up Incline</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Down Incline</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Up Stairs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Down Stairs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Push Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Pull Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Interior Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Window</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Stepladder</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Kitchen Chair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Stuffed Chair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Commode</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Bed</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Floor</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Bathtub</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Pincer Grasp</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Counter - Table</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Cabinet - Counter I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Cabinet - Counter II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Cabinet - Counter III</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Drawer - Counter</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Floor - Table</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Room - Room I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Room - Room II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Weight Pickup</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Weight Carry</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	28 <u>Weight Set Down</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	29 <u>Sidewalk</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	30 <u>Curb</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	31 <u>Traffic Light</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	32 <u>Crosswalk</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	33 <u>Safe Walking</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	34 <u>Neighborhood Objects</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	35 <u> " Locations</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	36 <u>Elevator</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	37 <u>Escalator</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	38 <u>Address</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	39 <u>Bus I</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	40 <u>Bus II</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	41 <u>Taxi</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	42 <u>Driver's License</u>	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __
<input type="checkbox"/>	_____	<input type="checkbox"/>	__ / __ / __	__ / __ / __	__ / __ / __



ILBC CHAPTER 3

SELF CARE SKILLS

39

SELF CARE SKILLS

Self care skills are those behaviors involved in taking care of one's personal needs. A client may have good mobility but be deficient in some aspects of clothing, health, or personal hygiene. If a client is to be welcomed by employers and others in the community, attention to such skills is crucial.

Self care behaviors include various facets of dressing, wearing appropriate clothing, caring for clothes, dental needs, medical needs, toileting, washing, hair care, and grooming. Some skill objectives require only verbal behaviors such as contrasting what should be done in the event of minor versus major cuts, burns, bites, splinters, and nosebleeds. Most skill objectives, however, require demonstration of the behavior by the client in the natural setting.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways:

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. (These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose).
3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, with a male client, the objective that requires appropriate use of menstrual aids would be deleted (1) as not appropriate. A new skill objective might be added (2) in which the client opens and applies a Band-aid to a minor cut or scratch. If the client uses a catheter, the condition, behavior, and standard of the urination skill objective might be modified (3).

Intended use of the self care skill objectives is provided by the following illustration.

DRYER 14

CONDITION:	Given a load of clean wet clothes, ready to be dried, and a coin-operated or home automatic dryer.
BEHAVIOR:	Client places the clothes in the dryer and operates the machine.
STANDARD:	Behavior within 10 minutes (for starting the machine). The clothes must be added and the machine operated according to the laundromat's or the machine manufacturer's instructions. When the clothes are removed, they must be dry to the touch.

An INITIAL ASSESSMENT of "+" on the Skill Summary Chart would indicate that the client put the wet clothes in the dryer and operated it correctly. When the client removed the clothes, they were dry. Thus, the trainer would enter a "+" and date under "INITIAL ASSESSMENT", and a "+" in the Summary column. No additional training on this skill objective would be required. If the client had not demonstrated mastery of the skill in the initial assessment, the trainer or counselor would have marked "-" under "INITIAL ASSESSMENT" and then begun training at that time or on some later date.

SELF CARE SKILLS INDEX

1. Adaptive Device
2. Dressing
3. Clothes-Fasteners
4. Shoe Tie
5. Clothes-Winter
6. Clothes-Size
7. Clothes-Weather
8. Clothes-Occasion
9. Clothes-Coordination
10. Clothes-Clean
11. Clothes-Dirty
12. Clothes-Sorting
13. Washer
14. Dryer
15. Clothes-Storage
16. Clothes-Hand Wash
17. Clothes Line
18. Electric Iron
19. Dry Cleaning I
20. Dry Cleaning II
21. Clothing Labels
22. Mending
23. Button
24. Clothes-Personal
25. Clean Shoes
26. Clothes Purchase
27. Toothbrush
28. Dental Floss
29. Mouthwash
30. Dentist
31. Dental Check
32. Hand Washing
33. Shower Temperature
34. Bath Temperature
35. Shower or Bath
36. Hair Drier
37. Comb
38. Hair Set
39. Hair Cut
40. Shaving
41. Beard Trim
42. Deodorant
43. Cosmetics
44. Nails
45. Menstrual Aids
46. Toilet I
47. Toilet II
48. Toilet III
49. Public Toilet
50. Alarm Clock
51. Alcohol
52. Prescription
53. Medicine
54. Child-Proof Cap
55. Temperature
56. Sneeze
57. Handkerchief
58. Medical Bracelet
59. Colds
60. Sick
61. Physical Checkup
62. Injuries
63. Ambulance

ILBC 35

ADAPTIVE DEVICE 1

- CONDITION:** Given an adaptive device or prosthesis (e.g., artificial limb, hearing aid, wheelchair, speaker phone, mouth stick, opticon, eye glasses, dentures, etc.).
- BEHAVIOR:** Client puts on, uses, takes off, and/or cares for the device or prosthesis.
- STANDARD:** Behavior when needed. The device must be used and cared for according to the manufacturer's specifications, and must remain functional for the client.*

DRESSING 2

- CONDITION:** Given underwear, outer wear, socks, and shoes.
- BEHAVIOR:** Client takes off and puts on clothes.
- STANDARD:** Behavior within 30 minutes. All under and outer wear garments must be put on and taken off correctly. No fastening, zipping, buttoning, or tying is required.

CLOTHES-FASTENERS 3

- CONDITION:** Given garments worn by the client that require buttoning, zipping, snapping, buckling, hooking, and/or fastening (e.g., vel-cro).
- BEHAVIOR:** Client buttons, zips, snaps, buckles, hooks, and/or fastens the garments, and then performs the opposite operations (e.g., unzips).
- STANDARD:** Behavior within 10 minutes. The zippers must be zipped all the way up, and the buttons, snaps, buckles, hooks, and fasteners must be matched with their mates and then disconnected.

SHOE TIE 4

- CONDITION:** Given tie shoes and laces.
- BEHAVIOR:** Client puts on shoes, draws laces tight, ties bow knots, unties bow knots, and removes shoes.
- STANDARD:** Behavior within 5 minutes. The shoes must be on the correct feet, and the bow knots tied correctly with one or two loops. The shoes must stay on when the client walks.

*Client must perform all behaviors without anyone's assistance, unless otherwise noted; however, adaptive and/or prosthetic devices may be used as needed.

CLOTHES-WINTER 5

CONDITION: Given a hat, coat, and pair of gloves.

BEHAVIOR: Client puts on and takes off the hat, coat, and gloves.

STANDARD: Behavior within 5 minutes. The hat must face forward on the head, the arms must be in the correct sleeves and the coat completely fastened; the gloves must be on the correct hands with all fingers placed properly.

CLOTHES-SIZE 6

CONDITION: Given a closet containing clothing of various sizes.

BEHAVIOR: Client selects garments appropriate for his/her size.

STANDARD: Behavior within 15 minutes. At least 2 garments must be selected. The clothing selected, when measured, must be within 1 inch of the client's real measured size.

CLOTHES-WEATHER 7

CONDITION: Given a closet containing clothing appropriate to different seasons of the year.

BEHAVIOR: Client selects garments appropriate for the weather.

STANDARD: Behavior within 5 minutes. Light-weight clothing without a coat (or with a light coat) must be selected for temperatures above 60°F. A medium-weight coat or sweater must be selected for temperatures between 40° and 60°F. Heavy clothing including hat, gloves, and heavy coat must be selected for temperatures below 40°F. A rain coat must be selected when raining.

CLOTHES-OCCASION 8

CONDITION: Given clothing appropriate for work, leisure, and social activities (e.g., sweat-shirt for leisure, dress clothes for social occasions).

BEHAVIOR: Client selects clothing appropriate for the occasion.

STANDARD: Behavior within 15 minutes. Dress-up attire must be selected for church and dressy social occasions, and leisure clothes must be selected for only social or leisure occasions. Appropriate work clothes must be selected.

CLOTHES-COORDINATION 3

- CONDITION:** Given a closet containing clothing of various patterns, colors, and styles.
- BEHAVIOR:** Client selects clothing which is coordinated in color and pattern.
- STANDARD:** Behavior within 15 minutes. Clothing must be coordinated in color (e.g., blues, grays, and blacks together, but not orange and red together) and patterns (e.g., plaids with solids, stripes with solids, but not plaids with stripes).

CLOTHES-CLEAN 10

- CONDITION:** Given clothing, some of which are clean and some of which are soiled.
- BEHAVIOR:** Client selects only clean clothing to wear.
- STANDARD:** Behavior within 15 minutes. Clothing selected must be free of dirt, spots, stains, and odor.

CLOTHES-DIRTY 11

- CONDITION:** Given a laundry bag or clothes hamper and at least 5 dirty articles of clothing within a given week.
- BEHAVIOR:** Client puts clothes in the laundry bag or clothes hamper.
- STANDARD:** Behavior within 1 week. All dirty clothes and no clean ones must be in the laundry bag or clothes hamper.

CLOTHES-SORTING 12

- CONDITION:** Given a pile of dirty clothes with at least 5 white and at least 5 articles of various colors.
- BEHAVIOR:** Client sorts into two categories (white and colored).
- STANDARD:** Behavior within 5 minutes. All white clothing must be in one pile and all colored clothing must be in the other pile.

WASHER 13

- CONDITION:** Given a pile of dirty clothes (at least 5), all of which can be washed together, and either a coin-operated or home automatic washing machine.
- BEHAVIOR:** Client places clothes and soap into washer, and operates washing machine.
- STANDARD:** Behavior within 10 minutes (for starting the machine). The clothes and soap must be added and the machine operated according to the laundromat's or the machine manufacturer's instructions.

DRYER 14

- CONDITION:** Given a load of clean, wet clothes, ready to be dried, and a coin-operated or home automatic dryer.
- BEHAVIOR:** Client places the clothes in the dryer and operates the machine.
- STANDARD:** Behavior within 10 minutes (for starting the machine). The clothes must be added, and the machine operated according to the laundromat's or the machine manufacturer's instructions. When the clothes are removed they must be dry to the touch.

CLOTHES-STORAGE 15

- CONDITION:** Given a load of washed and dried clothes.
- BEHAVIOR:** Client hangs shirts, dresses, and pants on hangers, folds other clothes, and places them in a dresser.
- STANDARD:** Behavior within 15 minutes. Clothes must be right side out. They must not fall off hangers, and when placed in drawers, the drawers must close.

CLOTHES-HAND WASH 16

- CONDITION:** Given at least 5 items to be washed by hand (e.g., socks, underwear), a sink, and laundry soap.
- BEHAVIOR:** Client fills the sink with water, washes the clothes, and rinses the clothes.
- STANDARD:** Behavior within 15 minutes. All dirt and soap must be removed.

CLOTHES LINE 17

CONDITION: Given a load of at least 5 clean, wet clothes ready to be dried, a clothes line, and clothespins (at least 15).

BEHAVIOR: Client hangs the clothes on the line with the clothespins.

STANDARD: Behavior within 15 minutes. All clothes must be hung on the line with at least 1 pin per item, and each item must remain on the line without falling for at least 10 minutes.

ELECTRIC IRON 18

CONDITION: Given an ironing board, a hot electric iron, and at least 5 items of clothing requiring ironing.

BEHAVIOR: Client irons each item.

STANDARD: Behavior within 30 minutes. No wrinkles must remain on the clothes, and the iron must be operated according to the manufacturer's instructions.

DRY CLEANING I 19

CONDITION: Given at least 10 items of clothing, some of which require dry cleaning.

BEHAVIOR: Client sorts the clothes which require dry cleaning.

STANDARD: Behavior within 10 minutes. All items with dry cleaning labels must be selected.

DRY CLEANING II 20

CONDITION: Given clothes to be dry cleaned, and dry cleaners in the neighborhood.

BEHAVIOR: Client takes the clothes to the cleaners, gets a receipt slip, and picks them up when ready.

STANDARD: Behavior within 5 days. The bill must be paid, and the client must receive the same clothes, cleaned.

CLOTHING LABELS 21

- CONDITION:** Given at least 5 articles of clothing with various instructions on labels, e.g., Dry Clean Only, Wash and Wear.
- BEHAVIOR:** Client cares for clothing.
- STANDARD:** Behavior during cleaning. The label instructions must be followed.

MENDING 22

- CONDITION:** Given an article of clothing with a tear or separated seam, and a threaded needle.
- BEHAVIOR:** Client mends the tear or the separation.
- STANDARD:** Behavior within 30 minutes. The mend must remain closed and no skin or undergarment must show through when the article is worn.

BUTTON 23

- CONDITION:** Given a shirt with a button missing, a threaded needle, and a button.
- BEHAVIOR:** Client sews the button on the shirt.
- STANDARD:** Behavior within 15 minutes. The button must be opposite the button hole on the place it had originally been sewn. When the shirt is put on and buttoned, the button must remain sewen to the shirt.

CLOTHES-PERSONAL 24

- CONDITION:** Given a pile of clothes (at least 10), some of which belong to the client.
- BEHAVIOR:** Client sorts out his/her own clothes.
- STANDARD:** Behavior within 5 minutes. All of the client's clothes and no others must be selected.

CLEAN SHOES 25

CONDITION: Given a pair of dirty shoes, a rag, and shoe polish.

BEHAVIOR: Client wipes off or polishes and shines the shoes.

STANDARD: Behavior within 15 minutes. No dirt must be on the uppers and the edges of the soles.

CLOTHES-PURCHASE 26

CONDITION: Given a clothing store containing an article of clothing the client wishes to buy.

BEHAVIOR: Client selects the correct size and pays for the article.

STANDARD: Behavior within 30 minutes. The clothing selected, when measured, must be within 1 inch of the client's real measured size. The proper amount must be paid, and the correct change received.

TOOTHBRUSH 27

CONDITION: Given a toothbrush, toothpaste, and sink.

BEHAVIOR: Client puts toothpaste on the toothbrush, wets the brush, brushes all teeth, and then rinses the toothbrush and mouth.

STANDARD: Behavior within 10 minutes. There must be no food particles visible on the teeth, no toothpaste on the face, and no noticeable mouth odor. Teeth must be brushed at least once each day.

DENTAL FLOSS 28

CONDITION: Given a container of dental floss.

BEHAVIOR: Client cuts a piece of floss and flosses all teeth.

STANDARD: Behavior within 10 minutes. No food particles must be visible in the mouth.

MOUTHWASH 29

- CONDITION:** Given a bottle of mouthwash and a sink
- BEHAVIOR:** Client puts mouthwash in the mouth and rinses.
- STANDARD:** Behavior within 1 minute. Approximately 2 tablespoons of mouthwash must be placed in the mouth. After rinsing, the mouthwash must be spit into the sink.

DENTIST 30

- CONDITION:** Given the instruction. "What should you do if your teeth hurt?"
- BEHAVIOR:** Client answers that a dentist should check the teeth.
- STANDARD:** Behavior within 10 seconds.

DENTAL CHECK 31

- CONDITION:** Given the instruction. "How often should you have your teeth checked by a dentist?"
- BEHAVIOR:** Client answers that a dentist should check teeth at least once a year
- STANDARD:** Behavior within 10 seconds.

HANDWASHING 32

- CONDITION:** Given a bathroom sink and soap.
- BEHAVIOR:** Client turns on the hot and cold water, washes hands, and turns off the water when finished.
- STANDARD:** Behavior within 5 minutes. The water must be warm to the touch. During the washing no water must be splashed out of the sink. No soap or dirt must be left on the hands.

SHOWER TEMPERATURE 33

- CONDITION:** Given a shower stall, with either a shower curtain or shower doors.
- BEHAVIOR:** Client closes shower curtain or doors, turns on the hot and cold water, and then turns off the water when finished showering.
- STANDARD:** Behavior within 15 minutes. The water must be warm to the touch. During showering no water must be splashed out of the stall.

BATH TEMPERATURE 34

- CONDITION:** Given a bathtub.
- BEHAVIOR:** Client plugs the drain, turns on the hot and cold water, fills the bathtub, turns off the water, and unplugs the drain when finished bathing.
- STANDARD:** Behavior within 30 minutes. The water must be warm to the touch. The bathtub must contain a minimum of 2 inches of water, and when the client sits in the bathtub, water must not reach the overflow valve. During bathing, no water must be splashed out of the bathtub. All water must be drained from the bathtub when finished.

SHOWER OR BATH 35

- CONDITION:** Given a bathtub or shower prepared for bathing, soap, washcloth, and towel.
- BEHAVIOR:** Client undresses, washes the entire body including soaping the body and shampooing the hair, and then rinses and dries off the body.
- STANDARD:** Behavior within 30 minutes. No soap or water must remain on the body, and no dirt must be visible.

HAIRDRYER 36

- CONDITION:** Given wet hair and a hairdryer.
- BEHAVIOR:** Client plugs in hairdryer and dries hair.
- STANDARD:** Behavior within 15 minutes. The hair must be dry to the touch.

COMB 37

- CONDITION:** Given a client with hair long enough to comb, and a comb or brush
- BEHAVIOR:** Client combs or brushes the hair.
- STANDARD:** Behavior within 10 minutes. After combing or brushing, no snags must be in the hair.

HAIR SET 38

- CONDITION:** Given hair rollers, curlers, and/or bobbie pins.
- BEHAVIOR:** Client wets and sets hair.
- STANDARD:** Behavior within 8 hours. When the rollers and/or curlers are taken out, the hair must be more curly than before setting.

HAIR CUT 39

- CONDITION:** Given a hair cutting establishment.
- BEHAVIOR:** Client gets hair cut.
- STANDARD:** Behavior within 1 hour. The hair must be cut with full cooperation of the client, the fee paid, and the correct change received.

SHAVING 40

- CONDITION:** Given an electric or safety razor (with shaving soap or cream) and stubble on face, underarms, or legs.
- BEHAVIOR:** Client shaves the face, underarms, or legs.
- STANDARD:** Behavior within 15 minutes. The face, underarms, or legs must be clear of stubble when the hand is drawn against the grain.

BEARD TRIM 41

- CONDITION:** Given a beard and/or mustache and scissors or an electric trimmer.
- BEHAVIOR:** Client trims the beard and/or mustache.
- STANDARD:** Behavior within 15 minutes. Both sides must be symmetrical and of equal length.

DEODORANT 42

- CONDITION:** Given spray, roll-on stick, or cream deodorant.
- BEHAVIOR:** Client applies deodorant under arms.
- STANDARD:** Behavior within 2 minutes. No evidence of underarm odor must be present after use.

COSMETICS 43

- CONDITION:** Given facial cosmetics (e.g., make-up base, lipstick, powder, rouge, eye shadow, and/or mascara).
- BEHAVIOR:** Client applies cosmetics.
- STANDARD:** Behavior within 15 minutes. It must not be evident whether cosmetics have been used when observed from a distance of 20 feet.

NAILS 44

- CONDITION:** Given a nail clipper and file.
- BEHAVIOR:** Client trims, files, and cleans the finger and toe nails.
- STANDARD:** Behavior within 15 minutes. There must be no jagged edges that will catch when rubbed against clothing and no dirt under the nails.

MENSTRUAL AIDS 45

CONDITION: Given menstrual aids (e.g., tampons or pads).

BEHAVIOR: Client uses menstrual aids when needed.

STANDARD: Behavior within 10 minutes. No blood must appear on the client's outer garment.

TOILET I 46

CONDITION: Given the client using the toilet for urination.

BEHAVIOR: Client lifts seat (if male), urinates, wipes self (if female), flushes toilet, and washes hands.

STANDARD: Behavior within 5 minutes. All urine must be directed into the toilet. Both hands must be washed with soap and water.

TOILET II 47

CONDITION: Given the client using the toilet for defecation.

BEHAVIOR: Client sits on the toilet seat, defecates, wipes self, flushes toilet, and washes hands.

STANDARD: Behavior within 15 minutes. Wiping must be complete so that the under-pants are not soiled. Both hands must be washed with soap and water.

TOILET III 48

CONDITION: Given the client living independently.

BEHAVIOR: Client self-initiates all urination and defecation responses.

STANDARD: Behavior during each day. No prompts or cues to tell the client when to use the toilet must be given, and no accidents must occur.

PUBLIC TOILET 49

- CONDITION:** Given an unfamiliar location.
- BEHAVIOR:** Client locates bathroom for his/her sex.
- STANDARD:** Behavior within 15 minutes. The bathroom must be located by the client with or without assistance, and before a toileting accident occurs.

ALARM CLOCK 50

- CONDITION:** Given an alarm clock and a scheduled time to get up.
- BEHAVIOR:** Client sets the alarm before going to sleep and gets up to the alarm.
- STANDARD:** Behavior within 2 minutes for setting the alarm. The time the client gets up must be within 15 minutes of the scheduled time.

ALCOHOL 51

- CONDITION:** Given an instruction, "How much beer or alcohol is too much?"
- BEHAVIOR:** Client answers that too much is when walking or talking is impaired, when a hangover occurs, or when obligations (e.g., appointments or work) are not met.
- STANDARD:** Behavior within 30 seconds.

PRESCRIPTION 52

- CONDITION:** Given a prescription to be filled or refilled and a pharmacy.
- BEHAVIOR:** Client gets the prescription filled.
- STANDARD:** Behavior within 1 day. The prescription must be obtained, the bill paid, and the correct change received.

MEDICINE 53

- CONDITION:** Given a filled prescription and a prescribed dosage.
- BEHAVIOR:** Client takes the medicine as scheduled and then stores it.
- STANDARD:** Behavior over the period prescribed. Medicine must be taken according to the instructions (doctor or label), and must be stored in the proper place (e.g., refrigerator, medicine cabinet, or out of children's reach).

CHILD-PROOF CAP 54

- CONDITION:** Given a filled prescription in a medicine container with a child-proof cap.
- BEHAVIOR:** Client opens/closes the container.
- STANDARD:** Behavior within 30 seconds. The container must not be broken during opening and closing.

TEMPERATURE 55

- CONDITION:** Given an oral Fahrenheit thermometer.
- BEHAVIOR:** Client takes own temperature and states the correct reading.
- STANDARD:** Behavior within 5 minutes. The thermometer must be lowered to below 96°F before the temperature is taken. The thermometer must be placed under the tongue and remain there for at least 3 minutes. The reading must be correctly stated within .5 degrees.

SNEEZE 56

- CONDITION:** Given a cough or sneeze.
- BEHAVIOR:** Client covers mouth and/or nose with hand, handkerchief, or tissue.
- STANDARD:** Behavior simultaneous with cough or sneeze. The nose or mouth must be covered when the cough or sneeze occurs.

HANDKERCHIEF 57

CONDITION: Given a handkerchief or tissue.

BEHAVIOR: Client blows or wipes nose.

STANDARD: Behavior within 5 seconds. No mucus must be on the face after blowing or wiping the nose.

MEDICAL BRACELET 58

CONDITION: Given a medical alert bracelet describing a certain medical condition (e.g., diabetes).

BEHAVIOR: Client wears the bracelet.

STANDARD: The bracelet must be worn at all times when observed during a one month period.

COLDS 59

CONDITION: Given an instruction, "What are some ways to keep from getting a cold?"

BEHAVIOR: Client answers that warm clothing should be worn in cold weather and one should not go out in cold weather with wet hair.

STANDARD: Behavior within 20 seconds.

SICK 60

CONDITION: Given an instruction. "What should you do if you are very sick or have been sick for a couple of days and aren't feeling better?"

BEHAVIOR: Client answers that a doctor should be visited.

STANDARD: Behavior within 10 seconds.

PHYSICAL CHECK-UP 61

- CONDITION:** Given the instruction, "How often should you have a general check-up by a doctor?"
- BEHAVIOR:** Client answers that a doctor should give a physical check-up once every year.
- STANDARD:** Behavior within 10 seconds.

INJURIES 62

- CONDITION:** Given at least 3 examples of minor and 3 examples of major cuts, burns, bites, something in the eye, splinters, and nosebleeds, and the instruction, "Describe what you would do for ."
- BEHAVIOR:** Client discriminates those injuries for which home first aid should be applied from those requiring prompt medical attention, and describes what to do.
- STANDARD:** Behavior within 30 seconds on each question. Proper home first aid procedures must be described for the minor injuries. Prompt medical attention and the means for getting it must be described for the major injuries.

AMBULANCE 63

- CONDITION:** Given an instruction "How would you get an ambulance and what information should you give them?"
- BEHAVIOR:** Client answers that he/she would phone for an ambulance, and state his/her name, address, and the emergency.
- STANDARD:** Behavior within 20 seconds. The correct phone number for the ambulance, the client's name, address, and the details of the emergency must be stated correctly by the client.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not
Considered Applicable

Trainee : _____
Trainer(s) : _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Adaptive Device</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Dressing</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Clothes - Fasteners</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Shoe Tie</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Clothes - Winter</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Clothes - Size</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Clothes - Weather</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Clothes - Occasion</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Clothes - Coordination</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Clothes - Clean</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Clothes - Dirty</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Clothes - Sorting</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Washer</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Dryer</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Clothes - Storage</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Clothes - Hand Wash</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Clothes Line</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Electric Iron</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Dry Cleaning I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Dry Cleaning II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Clothing Labels</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Mending</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Button</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Clothes - Personal</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Clean Shoes</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Clothes Purchase</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not
Considered Applicable

Trainee : _____
Trainer(s): _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Toothbrush</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Dental Floss</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Mouthwash</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	30 <u>Dentist</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Dental Check</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Hand Washing</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Shower Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Bath Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	35 <u>Shower or Bath</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Hair Dryer</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	37 <u>Comb</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Hair Set</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Hair Cut</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Shaving</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Beard Trim</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Deodorant</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Cosmetics</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Nails</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>Menstrual Aids</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	46 <u>Toilet I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	47 <u>Toilet II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	48 <u>Toilet III</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	49 <u>Public Toilet</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	50 <u>Alarm Clock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	51 <u>Alcohol</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	52 <u>Prescription</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	53 <u>Medicine</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	54 <u>Child-Proof Cap</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	55 <u>Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	56 <u>Sneeze</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	57 <u>Handkerchief</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	58 <u>Medical Bracelet</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	59 <u>Colds</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	60 <u>Sick</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	61 <u>Physical Checkup</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	62 <u>Injuries</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	63 <u>Ambulance</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>



ILBC CHAPTER 4

HOME MAINTENANCE AND SAFETY SKILLS

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HOME MAINTENANCE AND SAFETY

Home maintenance and safety skills are the behaviors involved in maintaining a residence to be comfortable, servicable, and safe. Such skills include reducing health hazards, cleaning house, minimizing costs, and seeking repair service for serious malfunctions.

More specifically, home maintenance and safety training includes experience in using a key, arranging furniture, cleaning, making beds, operating a heater or air conditioner, using appliances, replacing light bulbs and fuses, conserving utilities, shutting off utilities, making minor repairs, identifying electric, gas, fire, and poison hazards, and dealing with dangerous or major malfunctions. Most clients have some of these skills but may need to learn others to attain independence.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways.

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. (These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose).
3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, if the client's home has a breaker box instead of a fuse box, the skill objective requiring replacement of a defective fuse might be deleted (1) as not appropriate. A new skill objective might be added (2) in which the client locates the breaker that has been thrown. Or the condition, behavior, and/or standard of the fuse box item might be modified (3) to suit the mobility restrictions of the client.

Intended use of the home maintenance and safety skill objectives is provided by the following illustration.

CLIMATE CONSERVATION 16

CONDITION: Given a heater or air conditioner in operation.

BEHAVIOR: Client closes all windows and exterior doors or leaves them closed.

STANDARD: Behavior within 10 minutes. All windows and exterior doors must remain closed during operation of the heater or air conditioner.

An INITIAL ASSESSMENT OF "-" on the Skill Summary Chart would indicate, for example, that the trainer noted the client left the bedroom window open and the back door ajar when he started the air conditioner. Or on visiting the client she found the heater running with the kitchen window open. That is, the client failed to meet the standard. When training for this objective begins, the trainer would enter the date under "Date Begun." When the client demonstrates mastery of the skill, the trainer would enter the date under "Date Completed" on the Skill Summary Chart and mark "+" in the Summary column. If the client had demonstrated mastery of the skill in initial assessment, the instructor or counselor would have marked "+" under "INITIAL ASSESSMENT," recorded the date, and marked "+" in the Summary column.

HOME MAINTENANCE AND SAFETY SKILLS INDEX

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2. Door Lock
3. Furniture
4. Dust
5. Cleaner Instructions
6. Dirty Windows
7. Dirty Bathroom
8. Dirty Kitchen
9. Items Misplaced
10. Floor Care
11. Carpet Care
12. Vacuum Bag
13. Area Rug
14. Garbage
15. Unmade Bed
16. Climate Conservation
17. Thermostat
18. Appliances
19. Appliance Storage
20. Appliances Off
21. Lights Off
22. Water Off
23. Safe Cut
24. Flashlight Repair
25. Minor Repair
26. Utility Valves
27. Electric Shock
28. Appliance Safety
29. Bulb Replacement
30. Fuse Replacement
31. Water Leak
32. Water Valve
33. Toilet Plunger
34. Natural Gas
35. Gas Leak
36. Major Repairs
37. Flammables
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39. Extinguisher Use
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41. Fire Emergency
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43. Poison
44. Danger
45. New Home
46. Packing

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DOOR UNLOCK 1

CONDITION: Given a key for the entrance to the home (e.g., house, apartment, trailer), and a locked entrance door.

BEHAVIOR: Client unlocks the door.

STANDARD: Behavior within 2 minutes. The door must be opened.*

DOOR LOCK 2

CONDITION: Given a key for the entrance to the home (e.g., house, apartment, trailer).

BEHAVIOR: Client locks the door when leaving the apartment.

STANDARD: Behavior within 2 minutes. The key must be in the possession of the client before the door is locked, and the door must be locked so that it cannot be opened without the key.

FURNITURE 3

CONDITION: Given the home (e.g., house, apartment, trailer) and a room of furniture.

BEHAVIOR: Client places furniture in different areas of the room.

STANDARD: Behavior within 1 hour. The furniture must not block the heating vents and cold air returns, and the doors and windows must open freely.

DUST 4

CONDITION: Given at least 5 pieces of dusty furniture (e.g., tables, chairs, T.V., lamp) and a dust rag.

BEHAVIOR: Client dusts furniture.

STANDARD: Behavior within 15 minutes. No dust must be visible.

**Client must perform all behaviors without anyone's assistance, unless otherwise noted, however, adaptive and/or prosthetic devices may be used as needed.*

CLEANER INSTRUCTIONS 5

- CONDITION:** Given at least 5 household cleaners with various label instructions for use (e.g., spray on rag; Do Not Puncture).
- BEHAVIOR:** Client uses the cleaners.
- STANDARD:** Behavior during cleaning. The label instructions must be followed.

DIRTY WINDOWS 6

- CONDITION:** Given dirty inside windows, mirrors, and walls and cleaning implements (e.g., sponge, rag, household cleaner, water, bucket).
- BEHAVIOR:** Client cleans dirty windows, mirrors, and walls.
- STANDARD:** Behavior within 2 hours. No dirt spots or streaks must be visible on the window, mirrors, and walls.

DIRTY BATHROOM 7

- CONDITION:** Given a bathroom containing a toilet, sink, and bathtub or shower and cleaning implements (e.g., sponge, rag, household cleaner, water, bucket, disinfectant, cleanser).
- BEHAVIOR:** Client cleans the bathroom fixtures.
- STANDARD:** Behavior within 1 hour. No dirt spots or streaks must be visible on the sink, tub or shower, and toilet.

DIRTY KITCHEN 8

- CONDITION:** Given a kitchen containing a sink, stove, oven, and refrigerator and cleaning implements (e.g., sponge, rag, household cleaner, oven cleaner).
- BEHAVIOR:** Client cleans kitchen appliances and fixtures.
- STANDARD:** Behavior within 1 hour. No dirt spots or streaks must be visible on the sink, stove, oven, and refrigerator.

ITEMS MISPLACED 9

- CONDITION:** Given 10 or more items which have specific placement locations (e.g., books on bookshelf) that are misplaced throughout the home.
- BEHAVIOR:** Client puts the items in their proper places.
- STANDARD:** Behavior within 10 minutes. All items must be returned to their specific placement locations.

FLOOR CARE 10

- CONDITION:** Given a dirty non-carpeted floor, 6 feet by 10 feet or larger, and a broom, dust pan, mop, mop bucket, water, and cleanser.
- BEHAVIOR:** Client sweeps and then mops the floor.
- STANDARD:** Behavior within 1 hour. After sweeping, no loose dirt or dust must be visible. After mopping, the entire floor must have been wet and no dirt marks visible.

CARPET CARE 11

- CONDITION:** Given a carpeted floor, 6 feet by 10 feet or larger, and a vacuum cleaner.
- BEHAVIOR:** Client vacuums the carpet.
- STANDARD:** Behavior within 30 minutes. No loose dirt must be visible. The vacuum must be operated according to manufacturer's instructions.

VACUUM BAG 12

- CONDITION:** Given a vacuum cleaner with a full bag inside.
- BEHAVIOR:** Client empties or replaces the bag.
- STANDARD:** Behavior within 15 minutes. The bag must be emptied or replaced according to the manufacturer's instructions.

AREA RUG 13

- CONDITION:** Given at least 2 throw rugs or area rugs, 3 feet by 5 feet or smaller.
- BEHAVIOR:** Client shakes the rugs.
- STANDARD:** Behavior within 15 minutes. The rugs must be shaken until no more dirt falls out.

GARBAGE 14

- CONDITION:** Given waste baskets or trash receptacles full of garbage, and a garbage can outside the home.
- BEHAVIOR:** Client places the trash in the garbage can.
- STANDARD:** Behavior within 10 minutes. No trash must be left in the house or spilled outside the house.

UNMADE BED 15

- CONDITION:** Given an unmade bed that has been slept in, or a bed that needs a change of linen (and clean linen).
- BEHAVIOR:** Client makes the bed.
- STANDARD:** Behavior within 10 minutes. Each corner of the bottom sheet must be tucked under each corner of the mattress. The top sheet must have two corners at the "foot" of the bed tucked under the two corners of the mattress. The other two sheet corners must be pulled up to lay directly on top of the two corners of the mattress at the "head" of the bed. Any blanket or bedspread must be laid on top of the top sheet, wrinkle free.

CLIMATE CONSERVATION 16

- CONDITION:** Given a heater or air conditioner in operation.
- BEHAVIOR:** Client closes all windows and exterior doors or leaves them closed.
- STANDARD:** Behavior within 10 minutes. All windows and exterior doors must remain closed during operation of the heater or air conditioner.

THERMOSTAT 17

- CONDITION:** Given a central heating system, space heater, or air conditioner with thermostat control.
- BEHAVIOR:** Client sets the thermostat to maintain a comfortable temperature.
- STANDARD:** Behavior within 1 minute. The thermostat must be set between 60° and 80°F. All manufacturer's operating instructions must be followed.

APPLIANCES 18

- CONDITION:** Given kitchen and entertainment appliances (e.g., stove, refrigerator, oven, blender, TV, stereo, clocks).
- BEHAVIOR:** Client operates appliances.
- STANDARD:** Behavior while in use. The appliances must be operated according to the manufacturer's instructions.

APPLIANCE STORAGE 19

- CONDITION:** Given appliances which have specific storage locations (e.g., mixer in cabinet, vacuum cleaner in closet).
- BEHAVIOR:** Client returns appliances to the proper storage places after use.
- STANDARD:** Behavior within 15 minutes after use. The appliances must be returned to their specific storage locations.

APPLIANCES OFF 20

- CONDITION:** Given the use of a stove, oven, or other appliance.
- BEHAVIOR:** Client turns off the appliance when finished using.
- STANDARD:** Behavior within 30 seconds. The appliance must be turned off if not in use (e.g., stove off, TV off, refrigerator door closed).

LIGHTS OFF 21

CONDITION: Given the use of electric lights.

BEHAVIOR: Client turns off the lights when finished using.

STANDARD: Behavior within 30 seconds. The lights must be turned off when the client leaves the room (except for safety or security reasons).

WATER OFF 22

CONDITION: Given the use of a water faucet.

BEHAVIOR: Client turns off the faucet when finished using the water.

STANDARD: Behavior within 5 seconds. No water must flow or drip from the faucet.

SAFE CUT 23

CONDITION: Given a sharp cutting instrument such as a knife, scissors, or razor blade, and material to be cut.

BEHAVIOR: Client cuts material.

STANDARD: Behavior within 10 minutes. The material must be cut safely without nicking or cutting the client.

FLASHLIGHT REPAIR 24

CONDITION: Given a flashlight that does not light and a replacement bulb and battery(ies).

BEHAVIOR: Client repairs the flashlight.

STANDARD: Behavior within 30 minutes. The flashlight must light.

MINOR REPAIR 25

- CONDITION:** Given screwdrivers (flathead and Phillips), pliers, clawhammer, and Crescent wrench and a minor repair condition (e.g., a nut or screw requiring tightening or loosening, a nail requiring driving or pulling).
- BEHAVIOR:** Client makes the minor repair.
- STANDARD:** Behavior within 30 minutes. The repair must be accomplished (e.g., the nut or screw is tightened or loosened; the nail is pounded or removed).

UTILITY VALVES 26

- CONDITION:** Given the electric, water, and gas main shut off valves in the home, and the instruction, "Find the gas, electric, and water shut off valves and tell how to turn them off."
- BEHAVIOR:** Client points to, labels, and describes how to turn off the valves.
- STANDARD:** Behavior within 15 minutes. Each valve must be correctly labeled, and each shut off procedure must be correctly described.

ELECTRIC SHOCK 27

- CONDITION:** Given outlets, light sockets, cords, appliances, switches, fuse box, and the instruction, "Show me 4 things that could shock you."
- BEHAVIOR:** Client points to 4 items.
- STANDARD:** Behavior within 10 minutes. The items pointed to must be connected to a source of electricity and must include at least 4 of the following: outlet, light socket, cord, appliance, switch, and fuse box.

APPLIANCE SAFETY 28

- CONDITION:** Given the use of several electrical appliances in the client's home (e.g., TV, radio, blender).
- BEHAVIOR:** Client uses the appliances.
- STANDARD:** Behavior when needed. The appliances must be used safely so that: (a) no more than 1 appliance is plugged into an outlet; (b) the appliance cords do not obstruct movement; (c) no cords are frayed or wires exposed; and (d) if an extension cord is used, that cord's diameter is equal to or greater than the appliance's cord.

BULB REPLACEMENT 29

- CONDITION:** Given a defective light bulb in a light socket, and a good (new or used) bulb.
- BEHAVIOR:** Client replaces the defective light bulb.
- STANDARD:** Behavior within 5 minutes. The replacement bulb must light when the electric switch is turned on.

FUSE REPLACEMENT 30

- CONDITION:** Given a fuse box containing at least 2 fuses, 1 of which is defective, and a replacement fuse.
- BEHAVIOR:** Client turns off the main switch, identifies and replaces the defective fuse, and turns on the main switch.
- STANDARD:** Behavior within 10 minutes. The main switch must be turned off first. Power must be restored in that circuit.

WATER LEAK 31

- CONDITION:** Given a minor water leak in a pipe or ceiling and a bucket or other container.
- BEHAVIOR:** Client places the bucket or container under the leak.
- STANDARD:** Behavior within 5 minutes. The bucket or container must catch the water and be emptied when full.

WATER VALVE 32

- CONDITION:** Given a water leak in a pipe or fixture and a water shut off valve.
- BEHAVIOR:** Client shuts off the water.
- STANDARD:** Behavior within 10 minutes. The water must be shut off.

TOILET PLUNGER 33

- CONDITION:** Given a toilet bowl with a water level higher than normal (e.g., because of blockage in the line or bowl) and a plunger.
- BEHAVIOR:** Client plunges the toilet.
- STANDARD:** Behavior within 30 minutes. The rubber end of the plunger must be placed over the waste pipe and the handle moved up and down to create suction in the pipe.

NATURAL GAS 34

- CONDITION:** Given at least three different odors (e.g., ammonia, perfume, bacon cooking), the odor of natural gas, and the instruction, "What smell is natural gas?"
- BEHAVIOR:** Client points to the source or labels the natural gas odor.
- STANDARD:** Behavior within 30 seconds. The odor identified must be that of natural gas.

GAS LEAK 35

- CONDITION:** Given the instruction, "What do you do if you smell natural gas?"
- BEHAVIOR:** Client describes what to do.
- STANDARD:** Behavior within 5 minutes. The description must include: (a) no lighting of match or other open flames, (b) open window(s), (c) turn off gas at a shut off valve, and (d) call the gas company.

MAJOR REPAIRS 36

- CONDITION:** Given a broken or malfunctioning plumbing system, electrical system, gas system, telephone, furnace, appliance, door, or window which cannot be corrected by minor repair procedures.
- BEHAVIOR:** Client contacts the landlord or the appropriate repair service and arranges for services.
- STANDARD:** Behavior within 1 day for service arrangement.

FLAMMABLES 37

- CONDITION:** Given at least 5 flammable objects in the home (e.g., newspapers, curtains, turpentine, grease) and the instruction, "Show me 5 things that can catch on fire easily."
- BEHAVIOR:** Client points to 5 flammable objects.
- STANDARD:** Behavior within 10 minutes. The 5 objects pointed to must be easily ignitable.

EXTINGUISHER LOCATION 38

- CONDITION:** Given a fire extinguisher in the client's home and the instruction, "Where is your fire extinguisher?"
- BEHAVIOR:** Client points to and/or describes the location of the fire extinguisher.
- STANDARD:** Behavior within 3 minutes. The extinguisher must be pointed to. If the location is described, the description must be accurate so that the extinguisher is found.

EXTINGUISHER USE 39

- CONDITION:** Given a fire extinguisher with operating instructions.
- BEHAVIOR:** Client describes or demonstrates use of the fire extinguisher.
- STANDARD:** Behavior within 5 minutes. The extinguisher must be operated according to the manufacturer's instructions.

FIRE ALARM 40

- CONDITION:** Given the instruction, "What do you do if the fire (smoke) alarm sounds?"
- BEHAVIOR:** Client describes what to do.
- STANDARD:** Behavior within 5 minutes. The description must include: (a) taking the shortest, safest, escape route, and (b) calling the fire department.

FIRE EMERGENCY 41

CONDITION: Given the instruction, "What do you do if you smell smoke or see a fire?"

BEHAVIOR: Client describes what to do.

STANDARD: Behavior within 5 minutes. The description must include: (a) leaving immediate vicinity quickly, and (b) calling the fire department.

SMOKING RULES 42

CONDITION: Given the instruction, "If someone smokes cigarettes, cigars, or a pipe, what rules for smoking should be followed?"

BEHAVIOR: Client describes rules for smoking.

STANDARD: Behavior within 5 minutes. The rules must include: (a) no smoking in bed, (b) using ash trays, and (c) completely extinguishing all matches, lighters, and tobacco.

POISON 43

CONDITION: Given at least 5 poisonous substances in the home (e.g., drain cleaner, furniture polish, insect repellent) and the instruction, "Show me 5 things that are poison."

BEHAVIOR: Client points to 5 poisonous substances.

STANDARD: Behavior within 10 minutes. The 5 substances pointed to must be poisonous.

DANGER 44

CONDITION: Given descriptions of at least 5 dangerous situations (e.g., bad dog, clothes catch on fire, and broken glass) and the instruction, "What would you do if this happened to you?"

BEHAVIOR: Client describes how to cope with each situation.

STANDARD: Behavior within 1 minute on each question. The answer must be correct so that if the action described were followed, danger would be avoided.

NEW HOME 45

- CONDITION:** Given newspaper classified advertisements, real estate agencies, and other sources of information about dwellings to rent.
- BEHAVIOR:** Client contacts the sources, selects a new dwelling, and rents or buys it.
- STANDARD:** The dwelling selected must be suitable for the client's needs (e.g., close to work, architecturally accessible) and income (e.g., can pay the rent or mortgage).

PACKING 46

- CONDITION:** Given client possessions small enough to pack in cardboard cartons 3 feet by 3 feet or smaller, and a sufficient number of cardboard cartons and padding (e.g., newspaper, foam, rubber).
- BEHAVIOR:** Client packs the possessions in the cartons.
- STANDARD:** Behavior within 1 day. No carton must weigh more than 100 pounds, and nothing must be broken when moved.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee : _____
Trainer(s): _____

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Door Unlock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Door Lock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Furniture</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Dust</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Cleaner Instructions</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Dirty Windows</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Dirty Bathroom</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Dirty Kitchen</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Items Misplaced</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Floor Care</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Carpet Care</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Vacuum Bag</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Area Rug</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Garbage</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Unmade Bed</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Climate Conservation</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Thermostat</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Appliances</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Appliance Storage</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Appliances Off</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Lights Off</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Water Off</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Safe Cut</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Flashlight Repair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Minor Repair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Utility Valves</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Electric Shock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Appliance Safety</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Bulb Replacement</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	30 <u>Fuse Replacement</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Water Leak</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Water Valve</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Toilet Plunger</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Natural Gas</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	35 <u>Gas Leak</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Major Repairs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	37 <u>Flammables</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Extinguisher Location</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Extinguisher Use</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Fire Alarm</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Fire Emergency</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Smoking Rules</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Poison</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Danger</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>New Home</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	46 <u>Packing</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

ILBC CHAPTER 5

FOOD SKILLS

80

FOOD

Food skills, crucial for self-preservation, involve getting, preparing, and consuming food. A certain amount of judicious planning, price comparison, and selection is necessary for health. A person cannot function indefinitely on potato chips, candy bars, and soda pop.

Specific skills include planning for future meals, making a shopping list, selecting and buying food, storing food, opening and closing containers, cleaning food, peeling, dicing, grating, cutting, measuring, mixing, following a recipe, carrying, pouring, operating an oven or stove, using dishes and utensils, staying on a special diet, using basic manners, cleaning dishes, and cleaning spills.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways:

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. (These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose).
3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, in an area or living situation where all appliances will be electric, the objective about lighting a pilot light might be deleted (1) as not appropriate. A skill objective might be added (2) in which the client phones to have a pizza delivered. Or the condition, behavior, or standard of the special diet item might be modified (3) to include the specific diet requirements (e.g., no cabbage or tomatoes and less than 1200 calories daily).

Intended use of the food skill objectives is provided by the following illustration.

SHOPPING 3

CONDITION:	Given a grocery list of at least 10 different foods, a grocery store, and a grocery cart.
BEHAVIOR:	Client locates the foods on the list and places them in the cart.
STANDARD:	Behavior within 1 hour. All food on the list must be found (unless out of stock). No food must be damaged (e.g., eggs broken, bread mashed).

An INITIAL ASSESSMENT of "+" on the Skill Summary Chart would indicate that the client located all 10 food items within an hour and put them in the cart without damage. Thus the trainer would enter a "+" and date under "INITIAL ASSESSMENT," and a "+" in the summary column. The client would require no additional training on this skill objective. If the client had not demonstrated mastery of the skill in initial assessment, the trainer or counselor would have marked "-" under "INITIAL ASSESSMENT" and then begun training at that time or on some later date.

FOOD SKILLS INDEX

1. Menu
2. Grocery List
3. Shopping
4. Best Buy
5. Check Out
6. Food Storage
7. Hand Wash
8. Apron
9. Jar Lids
10. Food Wrap
11. Plastic Container
12. Food Bag
13. Food Carton
14. Milk Carton
15. Twist-Tie
16. Can Opener I
17. Can Opener II
18. Bottle Opener
19. Pull-Tab
20. Frozen Food
21. Opened Food
22. Dirt Removal
23. Peeler
24. Knife
25. Grater
26. Butcher Knife
27. Spatula
28. Measuring Spoon
29. Liquid Pouring
30. Mixed Ingredients
31. Mixer
32. Egg Beater
33. Blender
34. Pan Selection
35. Rubber Scraper
36. Pan Transfer
37. Pilot Light
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39. Temperature Regulation
40. Kitchen Timer
41. Pot Holder
42. Tea Kettle
43. Frying Pan
44. Coffee Pot
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46. Egg
47. Sandwich
48. Cold Food
49. Hot Food
50. Table Set
51. Meals
52. Balanced Diet
53. Special Diet
54. Guests
55. Silverware
56. Cup/Glass
57. Inedibles
58. Food Temperature
59. Mouth Full
60. Eating Time
61. Napkin
62. Manners
63. Dirty Dishes
64. Scraps
65. Garbage Disposal
66. Spoiled Food
67. Leftovers
68. Dishwater
69. Dishwashing
70. Dishwasher
71. Dish Drying
72. Dish Storage
73. Wipe Up
74. Spills
75. Dish Rag

MENU 1

- CONDITION:** Given the instruction, "Write a menu for the next seven days for all your meals."
- BEHAVIOR:** Client writes a menu for the week.
- STANDARD:** Behavior within 1 hour. Each day's menu must include the minimum daily requirements of the four basic food groups, according to nutritional standards (e.g., dietary council, U.S.D.A.).*

GROCERY LIST 2

- CONDITION:** Given a planned menu for the week's meals consisting of at least 10 different foods, and some of those foods in the home.
- BEHAVIOR:** Client makes a grocery list of the needed foods.
- STANDARD:** Behavior within 30 minutes. The grocery list must include at least the needed foods.

SHOPPING 3

- CONDITION:** Given a grocery list of at least 10 different foods, a grocery store, and a grocery cart.
- BEHAVIOR:** Client locates the foods on the list and places them in the cart.
- STANDARD:** Behavior within 1 hour. All foods on the list must be found (unless out of stock). No food must be damaged (e.g., eggs broken, bread mashed).

BEST BUY 4

- CONDITION:** Given 5 pairs of food items in the grocery store, the items in each pair being the same food and quantity but different brands and prices.
- BEHAVIOR:** Client selects the least expensive item of each pair.
- STANDARD:** Behavior within 30 minutes. Each food selected must be the cheapest of the pair.

**Client must perform all behaviors without anyone's assistance, unless otherwise noted, however, adaptive and/or prosthetic devices may be used as needed*

CHECK OUT 5

- CONDITION:** Given at least 10 different foods in a grocery cart, and either cash or a check to pay for them.
- BEHAVIOR:** Client takes the food to the checkout counter, buys the groceries, and receives any change.
- STANDARD:** Behavior within 15 minutes. If the cashier doesn't remove the food from the cart, the client must place the items on the checkout counter. Sufficient cash or check must be given to the cashier to pay the bill. If correct change is not received, the client must ask the cashier for it.

FOOD STORAGE 6

- CONDITION:** Given at least 9 different foods just purchased at the grocery store, 3 that belong in the refrigerator, 3 that belong in the freezer, and 3 that belong in the kitchen cabinets.
- BEHAVIOR:** Client stores the food.
- STANDARD:** Behavior within 15 minutes. The food must be put in the correct places.

HAND WASH 7

- CONDITION:** Given the time to prepare or eat food.
- BEHAVIOR:** Client washes both hands with soap and water.
- STANDARD:** Behavior within 5 minutes. The hands must be washed before each time food is eaten or prepared. No dirt or soap must be left on the hands.

APRON 8

- CONDITION:** Given a full-length apron.
- BEHAVIOR:** Client puts on the apron.
- STANDARD:** Behavior within 1 minute. The apron must be picked up, placed over the head, the strings tied, and cover the front of the client.

JAR LIDS 9

CONDITION: Given three glass jars with the lids screwed on.

BEHAVIOR: Client unscrews each lid, removes, and screws back on.

STANDARD: Behavior within 2 minutes. All three lids must be completely removed and replaced.

FOOD WRAP 10

CONDITION: Given some food wrapped in foil, plastic wrap, or butcher's paper.

BEHAVIOR: Client unwraps/wraps the food.

STANDARD: Behavior within 2 minutes. No piece of wrapping must remain on the food. The food, when wrapped, must be completely covered.

PLASTIC CONTAINER 11

CONDITION: Given a plastic food container with a lid (e.g., margarine dish, yogurt cup, sour cream carton, tupperware).

BEHAVIOR: Client opens/closes the containers.

STANDARD: Behavior within 30 seconds. The container must be opened/closed without spilling the contents.

FOOD BAG 12

CONDITION: Given a plastic or paper food bag (e.g., zip-lock type, potato chip, sugar).

BEHAVIOR: Client opens/closes the bags.

STANDARD: Behavior within 30 seconds. The bag must be opened enough to allow food to be removed. The bag must be closed so that the zip-lock seal is complete and the potato chip type bag rolled up or tied with a twist-tie.

FOOD CARTON 13

- CONDITION:** Given food (e.g., crackers, cereal, cake mixes) in a boxed carton.
- BEHAVIOR:** Client opens/closes the box.
- STANDARD:** Behavior within 30 seconds. The box must be opened so the food is removed. When closed, no food must spill out of the box if turned upside down.

MILK CARTON 14

- CONDITION:** Given a waxed paper carton (e.g., milk, cream) which when opened, forms a pour spout
- BEHAVIOR:** Client opens/closes the carton.
- STANDARD:** Behavior within 1 minute. Only one side must be opened to form a pour spout and closed when finished using.

TWIST-TIE 15

- CONDITION:** Given a plastic bag containing food or garbage, and a twist-tie.
- BEHAVIOR:** Client closes the bag and puts the twist-tie around the opening.
- STANDARD:** Behavior within 1 minute. If the bag is held upside down, the contents must not spill.

CAN OPENER 16

- CONDITION:** Given an unopened can and a can opener (manual or electric).
- BEHAVIOR:** Client opens the can and removes the lid.
- STANDARD:** Behavior within 1 minute. The lid must be completely removed without nicking or cutting the client.

CAN OPENER II 17

CONDITION: Given an unopened can and a punch-type can opener.

BEHAVIOR: Client punches two holes in the top of the can.

STANDARD: Behavior within 30 seconds. The holes must be on the top of the can and on opposite sides of that end.

BOTTLE OPENER 18

CONDITION: Given an unopened bottle (which cannot be opened by hand), and a bottle opener.

BEHAVIOR: Client opens the bottle.

STANDARD: Behavior within 30 seconds. The cap must be completely removed and no glass from the bottle must be chipped.

PULL-TAB 19

CONDITION: Given an unopened can with a pull-tab lid (e.g., soda pop can, peanut can).

BEHAVIOR: Client pulls the tab and opens the can.

STANDARD: Behavior within 30 seconds. The lid must be completely removed from the can without nicking or cutting the client.

FROZEN FOOD 20

CONDITION: Given frozen food in a freezer that is to be prepared for eating.

BEHAVIOR: Client removes the food from the freezer and places it in the refrigerator or on the kitchen counter.

STANDARD: Behavior within 30 seconds. The food must be removed from the freezer and allowed to thaw sufficiently before cooking.

OPENED FOOD 21

- CONDITION:** Given cans, jars, and other unopened food containers (e.g., fruit juice cans and jars, mayonnaise, milk products), and instructions for storage on the labels.
- BEHAVIOR:** Client follows the instructions for storage after use.
- STANDARD:** Behavior within the time limit specified on the labels. All label instructions must be followed.

DIRT REMOVAL 22

- CONDITION:** Given 1 item of produce to be cleaned (e.g., celery, lettuce, carrots) and water.
- BEHAVIOR:** Client washes and cleans the produce.
- STANDARD:** Behavior within 5 minutes. No dirt must remain on the food.

PEELER 23

- CONDITION:** Given 1 item of food which requires peeling (e.g., apple, carrot, potato), and a peeler or paring knife.
- BEHAVIOR:** Client peels the food.
- STANDARD:** Behavior within 5 minutes. The outer skin must be completely removed from the food.

KNIFE 24

- CONDITION:** Given 1 item of food which requires dicing (e.g., onion, celery, potato), and a sharp knife.
- BEHAVIOR:** Client dices the food.
- STANDARD:** Behavior within 5 minutes. The diced food bits must be no more than 1/2 inch long, and the client must not be nicked or cut.

GRATER 25

- CONDITION:** Given 1 item of food which requires grating (e.g., cheese, cabbage, carrots), and a food grater.
- BEHAVIOR:** Client grates the food.
- STANDARD:** Behavior within 5 minutes. All of the food must go through the grater except the part held by the client.

BUTCHER KNIFE 26

- CONDITION:** Given a piece of meat 1 pound or larger, a butcher knife, and a specific recipe with instructions for cutting the meat.
- BEHAVIOR:** Client cuts the meat.
- STANDARD:** Behavior within 2 minutes. The meat must be cut according to the recipe, and the client must not be nicked or cut.

SPATULA 27

- CONDITION:** Given a spatula or turner and food requiring cooking on both sides (e.g., pancake, hamburger).
- BEHAVIOR:** Client turns the food over.
- STANDARD:** Behavior within 30 seconds. The food must be cooked on both sides.

MEASURING SPOON 28

- CONDITION:** Given a set of measuring spoons and measuring cup, an empty bowl, either a liquid or dry ingredient to measure, and a specific recipe requiring certain measurements.
- BEHAVIOR:** Client measures and puts the ingredient in the bowl.
- STANDARD:** Behavior within 30 seconds. All measurements must be made as specified in the recipe.

LIQUID POURING 29

- CONDITION:** Given a pan containing a quart of either hot or cold liquid, an empty pan, and pot holders (if hot).
- BEHAVIOR:** Client pours the liquid from one pan to the other.
- STANDARD:** Behavior within 1 minute. No liquid must be spilled. Pot holders must be used with hot liquids so the client is not burned.

MIXED INGREDIENTS 30

- CONDITION:** Given a bowl containing unmixed wet and dry ingredients, and a spoon, fork, or whisk.
- BEHAVIOR:** Client stirs the ingredients.
- STANDARD:** Behavior within 3 minutes. All dry ingredients must be wet and no ingredients splattered.

MIXER 31

- CONDITION:** Given an electric mixer (plugged in), two beaters (unattached), and a bowl containing unmixed ingredients.
- BEHAVIOR:** Client attaches the beaters, turns on the mixer, and mixes the ingredients.
- STANDARD:** Behavior within 3 minutes. The ingredients must be mixed together to a smooth consistency and no ingredients splattered.

EGG BEATER 32

- CONDITION:** Given an egg beater and a bowl containing unmixed ingredients.
- BEHAVIOR:** Client mixes the ingredients.
- STANDARD:** Behavior within 5 minutes. The ingredients must be mixed together to a smooth consistency and no ingredients splattered.

BLENDER 33

- CONDITION:** Given an electric blender (plugged in), the blender container with ingredients in it, and a recipe requiring a certain type of blending.
- BEHAVIOR:** Client attaches the container and blends the ingredients.
- STANDARD:** Behavior within 3 minutes. The ingredients must be blended according to the recipe.

PAN SELECTION 34

- CONDITION:** Given a bowl containing ingredients, a recipe requiring a certain size pan (dish), and at least two different size pans (dishes), one being the required size.
- BEHAVIOR:** Client selects and pours the ingredients into the correct pan (dish).
- STANDARD:** Behavior within 1 minute. The pan (dish) of the size required in the recipe must be selected for use and no ingredients spilled when poured.

RUBBER SCRAPER 35

- CONDITION:** Given a bowl containing ingredients, a pan, and a rubber scraper.
- BEHAVIOR:** Client pours the ingredients into the pan and scrapes the sides of the bowl.
- STANDARD:** Behavior within 2 minutes. No ingredients must be spilled. All ingredients must be removed from the bowl.

PAN TRANSFER 36

- CONDITION:** Given a pan filled to within 1 inch of the top with ingredients, and a stove or oven less than 10 feet away.
- BEHAVIOR:** Client picks up the pan, carries it to the stove or oven, and places it either on a burner or inside the oven.
- STANDARD:** Behavior within 30 seconds. None of the ingredients must be spilled from the pan. If placed on the stove, the pan must be placed directly on one of the burners.

PILOT LIGHT 37

- CONDITION:** Given a pilot light on a gas oven or stove which needs to be lit, and matches
- BEHAVIOR:** Client lights the pilot light.
- STANDARD:** Behavior within 5 minutes. After lighting, the pilot light must stay on so the oven and stove operate, and so the client is not burned.

COOKING TEMPERATURE 38

- CONDITION:** Given a gas or electric stove or oven, and a recipe requiring a certain cooking temperature (e.g., medium, low, 350°).
- BEHAVIOR:** Client turns on and sets the burner or oven at the cooking temperature.
- STANDARD:** Behavior within 30 seconds. The burner or oven must be set at the required temperature.

TEMPERATURE REGULATION 39

- CONDITION:** Given ingredients cooking on a stove or in an oven.
- BEHAVIOR:** Client regulates the temperature of the cooking heat.
- STANDARD:** Behavior during the cooking period. When the cooking is completed the finished product must not be over or under cooked.

KITCHEN TIMER 40

- CONDITION:** Given a kitchen timer and a cooking time according to a recipe.
- BEHAVIOR:** Client sets timer.
- STANDARD:** Behavior within 15 seconds. The timer must go off at the interval specified by the recipe.

POT HOLDER 41

- CONDITION:** Given a pan containing hot ingredients which have been cooking on a stove or in the oven, a counter 3 to 5 feet away, and a minimum of 3 pot holders.
- BEHAVIOR:** Client picks up the pan, carries it to the counter, and sets it down.
- STANDARD:** Behavior within 1 minute. No ingredients must be spilled. Pot holders must be used to pick up the pan so the client is not burned, and the pan must be set on a pot holder.

TEAKETTLE 42

- CONDITION:** Given a teakettle, water faucet, and a stove.
- BEHAVIOR:** Client puts the water in the teakettle, places it on a stove burner, and boils the water.
- STANDARD:** Behavior within 10 minutes. The kettle must contain at least one cup of water, and the burner must be turned to a high enough heat to boil the water.

FRYING PAN 43

- CONDITION:** Given a frying pan on a stove burner, or an electric frying pan (plugged in), and food to be fried according to a specific recipe.
- BEHAVIOR:** Client turns on the burner or electric frying pan and fries the food.
- STANDARD:** Behavior within the time specified by the recipe. The cooking must follow the recipe.

COFFEE POT 44

- CONDITION:** Given a coffee pot (e.g., a percolator or a drip type), coffee, and operating instructions.
- BEHAVIOR:** Client makes the coffee.
- STANDARD:** Behavior within the time specified by the operating instructions. The coffee pot must be operated according to the manufacturer's instructions.

TOASTER 45

CONDITION: Given a toaster and bread.

BEHAVIOR: Client toasts the bread.

STANDARD: Behavior within 5 minutes. The toaster must be operated safely (e.g., no objects inserted in the toaster while plugged in) according to the manufacturer's instructions.

EGG 46

CONDITION: Given an egg and a bowl or frying pan.

BEHAVIOR: Client cracks the egg and breaks it into the container.

STANDARD: Behavior within 1 minute. The egg yolk must remain in one piece, and there must be no pieces of egg shell in the egg.

SANDWICH 47

CONDITION: Given bread and at least two different sandwich ingredients (peanut butter, jelly, bologna, mustard).

BEHAVIOR: Client makes a sandwich.

STANDARD: Behavior within 10 minutes. All of the sandwich ingredients must be placed between the two slices of bread.

COLD FOOD 48

CONDITION: Given instructions (recipe or on the product) for preparing cold food, and the necessary ingredients.

BEHAVIOR: Client prepares the food.

STANDARD: Behavior within the time specified by the instructions. The food must be prepared according to the instructions.

HOT FOOD 49

- CONDITION:** Given instructions (recipe or on the product) for preparing hot food, and the necessary ingredients.
- BEHAVIOR:** Client prepares the food.
- STANDARD:** Behavior within the time specified by the instructions. The food must be prepared according to instructions and must not be burned.

TABLE SET 50

- CONDITION:** Given cupboards and drawers containing dinner plates, glasses, knives, forks and spoons, a table with four chairs, and a maximum of four people to eat dinner.
- BEHAVIOR:** Client sets the table.
- STANDARD:** Behavior within 10 minutes. Enough utensils must be set on the table for the number of people. In front of each chair must be placed a dinner plate, a glass (within 3 inches of the top of the plate), and one knife, fork, and spoon (placed within 3 inches of the left or right of the plate).

MEALS 51

- CONDITION:** Given the client planning his/her daily meals.
- BEHAVIOR:** Client eats three meals daily.
- STANDARD:** Behavior daily Breakfast, lunch, and dinner must be eaten. There must be a minimum of 3 hours between meals.

BALANCED DIET 52

- CONDITION:** Given the client planning his/her own daily meals unassisted.
- BEHAVIOR:** Client eats a balanced diet.
- STANDARD:** Behavior daily Food from the four food groups — meat, vegetables, fruit and dairy — must be eaten daily, and include the minimum nutritional requirements established by the Food and Drug Administration.

SPECIAL DIET 53

CONDITION: Given a special diet for the client, specifying certain types and/or amounts of food to be eaten and/or avoided

BEHAVIOR: Client eats the special diet.

STANDARD: Behavior within the time specified by the instructions of the diet or doctor. There must be no observed incidences of the client breaking the rules of the diet.

GUESTS 54

CONDITION: Given different foods to prepare for a meal, and a specific number of people to be dining.

BEHAVIOR: Client prepares a meal for the guests.

STANDARD: Behavior within one day. There must be an equal serving of each different food available for each person eating and at the end of the meal, not more than 1/4 of the total food remains.

SILVERWARE 55

CONDITION: Given a client eating a meal with knife, fork, and spoon.

BEHAVIOR: Client uses the utensils while eating.

STANDARD: Behavior within each meal. The utensils must be manipulated correctly (i.e., knife to cut, fork to stab, spoon to ladle).

CUP/GLASS 56

CONDITION: Given a client eating a meal and a cup or glass containing liquid.

BEHAVIOR: Client drinks from the cup or glass.

STANDARD: Behavior within each meal. No liquid must be spilled from the container when picking up, drinking, or setting down.

INEDIBLES 57

CONDITION: Given a client eating a meal consisting of some foods which have inedible parts (e.g., skin and seeds of orange, core of apple, shell of nut)

BEHAVIOR: Client eats only the edible parts of food.

STANDARD: Behavior within each meal. No inedible parts of food must be eaten.

FOOD TEMPERATURE 58

CONDITION: Given a client eating a meal including hot food or drink.

BEHAVIOR: Client eats the hot food.

STANDARD: Behavior within each meal. The hot food or drink must be consumed when cool enough to touch.

MOUTH FULL 59

CONDITION: Given a client eating a meal with at least one other person present.

BEHAVIOR: Client chews with the mouth closed and speaks with the mouth empty of food.

STANDARD: Behavior within each meal. Chewing with the mouth open must not be observed. When speaking, there must be no food in the mouth.

EATING TIME 60

CONDITION: Given a client eating a meal with at least one other person present.

BEHAVIOR: Client eats the meal.

STANDARD: Behavior within 10-45 minutes. The meal must be finished.

NAPKIN 61

- CONDITION:** Given a client eating a meal with at least one other person, and a napkin.
- BEHAVIOR:** Client uses the napkin to wipe food from face and hands.
- STANDARD:** Behavior within each meal. Any food spilled on the face or hands must be wiped off with the napkin before the next bite of food. When not in use the napkin must be in the client's lap.

MANNERS 62

- CONDITION:** Given a client eating a meal with at least one other person.
- BEHAVIOR:** Client passes food when requested and requests food which is out of his/her reach, using "please" and "thank you."
- STANDARD:** Behavior within each meal. Any food requested must be passed when within the client's reach. Desired food, out of the client's reach, must be obtained by asking (using "please" and "thank you").

DIRTY DISHES 63

- CONDITION:** Given a minimum of 2 sets of dinner plates, silverware, glasses or cups, and a minimum of 3 serving dishes and pans, all dirty (from preparing and eating food), on a table or stove.
- BEHAVIOR:** Client picks up the dishes and places them on the kitchen counter.
- STANDARD:** Behavior within 10 minutes. The table and stove must be completely cleaned, and no dish must be broken.

SCRAPS 64

- CONDITION:** Given a minimum of 2 sets of dinner plates, silverware, glasses or cups, and a minimum of 3 serving dishes and pans, all dirty (from preparing and eating food), a rubber scraper, and a garbage can or disposal.
- BEHAVIOR:** Client scraps the uneaten food off the utensils into the can or disposal.
- STANDARD:** Behavior within 10 minutes. No loose food must remain on any utensil and no food spilled.

GARBAGE DISPOSAL 65

- CONDITION:** Given a garbage disposal and food scraps.
- BEHAVIOR:** Client turns on the disposal and water, and disposes of the food.
- STANDARD:** Behavior within 5 minutes. The disposal must be operated safely according to the manufacturer's instructions.

SPOILED FOOD 66

- CONDITION:** Given at least 10 items of leftover food, some of which are spoiled.
- BEHAVIOR:** Client throws the spoiled food in the garbage.
- STANDARD:** Behavior within 5 minutes. Food which has mold on it or smells rancid must be thrown out.

LEFTOVERS 67

- CONDITION:** Given food left over from a meal and several storage containers.
- BEHAVIOR:** Client stores leftover food in the containers.
- STANDARD:** Behavior within 10 minutes. Food must be placed in a covered container (e.g., covered with foil, zip-lock type bag), and stored so the food does not spoil.

DISHWATER 68

- CONDITION:** Given a sink, drainplug, and dishwashing detergent.
- BEHAVIOR:** Client plugs the drain, adds the detergent, and fills the sink with hot water.
- STANDARD:** Behavior within 5 minutes. The water level must remain within 2-6 inches from the top of the sink; there must be soap suds visible in the water; and the water must be warm to the touch.

DISHWASHING 69

CONDITION: Given a minimum of 2 sets of dinner plates, silverware, glasses or cups, and a minimum of 3 serving dishes and pans, all dirty (from preparing and eating food), a sink with hot soapy water, a dish rag, and a dish drainer.

BEHAVIOR: Client places the dishes in the water, washes them, rinses them in warm water, and places them in the dish drainer.

STANDARD: Behavior within 30 minutes. All food and soap must be washed from each dish.

DISHWASHER 70

CONDITION: Given a dishwasher, a minimum of ten dirty dishes on a counter, and dishwasher soap.

BEHAVIOR: Client places the dishes in the dishwasher, adds the soap, and turns on the machine.

STANDARD: Behavior within 10 minutes. The dishes must be placed in the dishwasher and the dishwasher used according to the operating instructions.

DISH DRYING 71

CONDITION: Given a minimum of 2 sets of dinner plates, silverware, glasses or cups, and a minimum of 3 serving dishes and pans, washed, wet, and placed in a dish drainer, and a dry dish cloth.

BEHAVIOR: Client dries the dishes.

STANDARD: Behavior within 30 minutes. No water must remain on the dishes.

DISH STORAGE 72

CONDITION: Given a minimum of 2 sets of dinner plates, silverware, glasses or cups, and a minimum of 3 serving dishes and pans, all clean, and kitchen cabinets and drawers for storage.

BEHAVIOR: Client stores the dishes in the cabinets and drawers.

STANDARD: Behavior within 10 minutes. Each dish and piece of silverware must be put in the cabinets and drawers with others of the same type.

WIPE UP 73

CONDITION: Given a sink, stove, counter, and table, all dirty (from preparing and eating food), and a wet dishrag.

BEHAVIOR: Client cleans stove, counter, and table.

STANDARD: Behavior within 10 minutes. All food must be wiped from the surfaces.

SPILLS 74

CONDITION: Given at least 1/2 cup of liquid spilled on a table or counter, and a dishrag or papertowels.

BEHAVIOR: Client wipes up the spilled liquid.

STANDARD: Behavior within 5 minutes. No liquid must remain on the surface.

DISHRAG 75

CONDITION: Given a wet dishrag.

BEHAVIOR: Client wrings out the dishrag.

STANDARD: Behavior within 1 minute. No water must drip from the rag.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____

Trainer(s): _____

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Menu</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	2 <u>Grocery List</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	3 <u>Shopping</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	4 <u>Best Buy</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	5 <u>Check Out</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	6 <u>Food Storage</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	7 <u>Hand Wash</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	8 <u>Apron</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	9 <u>Jar Lids</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	10 <u>Food Wrap</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	11 <u>Plastic Container</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	12 <u>Food Bag</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	13 <u>Food Carton</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	14 <u>Milk Carton</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	15 <u>Twist - Tie</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	16 <u>Can Opener I</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	17 <u>Can Opener II</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	18 <u>Bottle Opener</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	19 <u>Pull - Tab</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	20 <u>Frozen Food</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	21 <u>Opened Food</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	22 <u>Dirt Removal</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	23 <u>Peeler</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	24 <u>Knife</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	25 <u>Grater</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	26 <u>Butcher Knife</u>	<input type="checkbox"/>	/ /	/ /	/ /

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 Spatula	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	28 Measuring Spoon	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	29 Liquid Pouring	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	30 Mixed Ingredients	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	31 Mixer	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	32 Egg Beater	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	33 Blender	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	34 Pan Selection	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	35 Rubber Scraper	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	36 Pan Transfer	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	37 Pilot Light	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	38 Cooking Temperature	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	39 Temperature Regulation	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	40 Kitchen Timer	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	41 Pot Holder	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	42 Tea Kettle	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	43 Frying Pan	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	44 Coffee Pot	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	45 Toaster	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	46 Egg	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	47 Sandwich	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	48 Cold Food	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	49 Hot Food	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	50 Table Set	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	51 Meals	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	52 Balanced Diet	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	53 <u>Special Diet</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	54 <u>Guests</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	55 <u>Silverware</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	56 <u>Cup/Glass</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	57 <u>Inedibles</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	58 <u>Food Temperature</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	59 <u>Mouth Full</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	60 <u>Eating Time</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	61 <u>Napkin</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	62 <u>Manners</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	63 <u>Dirty Dishes</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	64 <u>Scraps</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	65 <u>Garbage Disposal</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	66 <u>Spoiled Food</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	67 <u>Leftovers</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	68 <u>Dishwater</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	69 <u>Dishwashing</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	70 <u>Dishwasher</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	71 <u>Dish Drying</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	72 <u>Dish Storage</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	73 <u>Wipe Up</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	74 <u>Spills</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	75 <u>Dish Rag</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

ILBC CHAPTER 6

SOCIAL AND COMMUNICATION SKILLS

105

SOCIAL AND COMMUNICATION SKILLS

Social and communication skills are of critical importance, both on the job and in the community. A client who exhibits deficit skills in these areas is likely to encounter difficulty "fitting in." For example, if a person lacks the ability to participate in the "give and take" aspects of a conversation, people will stop talking/listening to this person. Or if a person cannot use a telephone properly, he/she will be excluded from a major sphere of communication.

A person can understand and be understood when exhibiting appropriate social and communication behaviors. Such skills include using the telephone and mail, asking relevant questions, expressing interest in others' opinions, comforting others in time of stress, accepting friendly teasing and joking, and dating.

The standards or criteria for some of the skill objectives in this chapter are in a different form than those of other skill objectives. It is appropriate for several of these objectives to use a "social validation" as assessment of the client's skill level. Social validation is used when dealing with complex classes of behaviors that are difficult to specify, break into component responses, and measure (Minkin, Braukmann, Minkin, Timbers, Timbers, Fixsen, Phillips, and Wolf, 1976), for example, "expresses interest in a conversation." For such a class of behaviors one can decide upon certain responses that may be components of the particular class (e.g., asks relevant questions, maintains eye contact), train those responses, and then have judges rate whether or not a client "expresses interest in a conversation." The judges' ratings act both as a standard for performance and as a validation of the critical response components of the particular class of behaviors. The judges in these objectives are the client's counselors and peers.

Validation by persons in the natural, everyday environment is the optimal procedure. An evaluator can interview the client's friends, coworkers, and/or roommates, to obtain the most relevant assessment of the client's social and communication skills. For example, an evaluator might observe the client and his/her roommates conversing. The evaluator might then question the roommates whether or not the client expressed interest in the conversation.

If validation from the natural environment is difficult, then a role play situation is an alternative method. Such a role play is an artificial situation set up to test a particular skill objective. For example, a counselor might arrange for him/herself and two others to engage the client in conversation for the purpose of assessing whether or not the client "expresses interest in the conversation." Afterwards, the counselor might independently ask each participant if the client expressed interest. If all participants (interviewed independently) stated that the client expressed interest, then the client has mastered that skill objective.

Although a role play situation can test social behaviors, it is artificial and not as encompassing as the natural environment. If the client exhibits the skill in the role play situation, then he/she might do it in the natural environment. If the client does not exhibit the skill in the role play situation, then he/she probably does not do it in the natural environment. Evaluation in the natural environment by people interacting with the client is the preferred choice.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways:

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. (These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose.)

3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, with a client who lives alone, the objective that requires getting along with roommates might be deleted (1) as not appropriate. A new skill objective might be added (2) in which the client gets along with friends or relatives during an overnight visit. For the objective in which the client speaks intelligibly, the behavior might be modified (3) to allow the client to use sign language to communicate.

Intended use of the social and communication skill objectives is provided by the following illustration.

PHONE NUMBER 54

CONDITION: Given a telephone book (white or yellow pages), a telephone (home or pay), and the name of a person or business to call.

BEHAVIOR: Client locates the phone number.

STANDARD: Behavior within 5 minutes. The desired number must be found.

When the client first tried this objective, he opened the phone book but was unable to locate the number. The trainer would record the date and "-" under "INITIAL ASSESSMENT." She showed the client how to locate the number using the last name first. He was then able to reliably locate phone numbers. So the trainer would record the date training began, the date it was completed, and a "+" in the Summary column on the Skill Summary Chart. If the client had demonstrated mastery of the skill in initial assessment, the instructor or counselor would have marked "+" under "INITIAL ASSESSMENT," recorded the date, and marked "+" in the Summary column.

SOCIAL AND COMMUNICATION SKILLS INDEX

1. Greeting
2. Greeting Response
3. Introduction
4. Articulation
5. Conversation
6. Interest
7. On Topic
8. Relevant Questions
9. Positive Regard
10. Authority
11. Profanity
12. Truth/Lie
13. Tics
14. Touching
15. Posture
16. Distressed Person
17. Distressed Client
18. Problems
19. Roommates
20. Off Limits
21. Answer Door
22. Apology
23. Interruption
24. Compromise
25. Threat
26. Tease
27. Blame
28. Criticism
29. Personal Questions
30. Compliments
31. Turn Taking
32. Line
33. Etiquette
34. Unfamiliar Task
35. Help
36. Assistance
37. Ownership
38. Loaned Items
39. Borrowed Items
40. Returned Items
41. Consequences
42. Laws
43. Responsibilities
44. Agreement
45. Situation
46. Deadline
47. Appointments
48. Schedule Change
49. Instructions
50. Complaints
51. Parlor Games
52. Sports
53. Ticket
54. Phone Number
55. Local Call
56. Long Distance Call
57. Operator
58. Information
59. Emergency Call
60. Hello
61. Phone Conversation
62. Postage
63. Letter
64. Mailbox
65. Personal Mail
66. Birth Control
67. Date Arrangement
68. Dating Behavior
69. Sexual Situations

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GREETING 1

- CONDITION:** Given a role play or natural situation in which the client meets a friend(s) or co-worker(s).
- BEHAVIOR:** Client greets the person(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client greeted appropriately (e.g., waving, smiling, saying name) and did not ignore the person(s).*

GREETING RESPONSE 2

- CONDITION:** Given a role play or natural situation in which the client is greeted by another person (s).
- BEHAVIOR:** Client greets the person(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client returned the greeting appropriately (e.g., waving, smiling, saying name) and did not ignore the person(s).

INTRODUCTION 3

- CONDITION:** In a role play or natural situation in which the client converses with others, and there is at least one stranger (unknown to the client) present.
- BEHAVIOR:** Client introduces him/herself to the stranger(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client acted cordially and did not completely ignore the stranger(s).

ARTICULATION 4

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client talks intelligibly.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client spoke loud enough and with adequate articulation to be understood.

**Client must perform all behaviors without anyone's assistance, unless otherwise noted; however, adaptive and/or prosthetic devices may be used as needed.*

CONVERSATION 5

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client initiates and participates in a conversation.
- STANDARD:** In a role play or natural situation, all persons interviewed must independently state that the client started and participated in a conversation and did not remain silent.

INTEREST 6

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client listens and expresses interest (e.g., maintains eye contact with speaker, stands at appropriate distance, pauses to allow others to speak).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client listened and showed interest in the topic and did not appear bored.

ON TOPIC 7

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client talks about the topic(s) of conversation.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client stayed on the topic and did not speak of irrelevant subjects.

RELEVANT QUESTIONS 8

- CONDITION:** Given a role play or natural situation in which the client asks questions in a conversation.
- BEHAVIOR:** Client asks questions relevant to the topic(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client asked questions relevant to the topic(s) discussed and did not ask about irrelevant topic(s).

POSITIVE REGARD 9

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client talks about other people in a positive (or neutral) manner.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client spoke nicely (or neutrally) of other people and did not speak negatively.

AUTHORITY 10

- CONDITION:** Given a role play or natural situation in which the client interacts with a person(s) in a position of authority.
- BEHAVIOR:** Client acts respectfully (e.g., calls them by their title, exhibits good manners).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client acted appropriately toward authority figures and did not show disrespect.

PROFANITY 11

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client uses minimal or no profanity.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client used an acceptable amount of profanity and did not swear too much.

TRUTH/LIE 12

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client tells the truth.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client told the truth and did not lie.

TICS 13

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client participates and behaves appropriately during the social interaction.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client behaved appropriately and did not exhibit tics, self-stimulation, or talking to self.

TOUCHING 14

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client touches others appropriately (e.g., shakes hands, pats on the shoulders).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client touched only when appropriate and did not touch too much.

POSTURE 15

- CONDITION:** Given a role play or natural situation in which the client converses with others.
- BEHAVIOR:** Client sits or stands erect.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client had appropriate posture and did not slouch too much.

DISTRESSED PERSON 16

- CONDITION:** Given a role play or natural situation in which the client is with person(s) who are in distress or sad.
- BEHAVIOR:** Client comforts the person(s) (e.g., reassures, listens).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client comforted and was not callous or indifferent.

DISTRESSED CLIENT 17

- CONDITION:** Given a role play or natural situation in which the client is depressed, worried, or anxious.
- BEHAVIOR:** Client remains calm and copes with the situation (e.g., talks with someone, seeks professional help, works out the problem).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client coped with the situation in an acceptable manner and did not aggress physically or verbally.

PROBLEMS 18

- CONDITION:** Given a role play or natural situation in which the client discusses problems (e.g., client is sick, death in family, argument with friend).
- BEHAVIOR:** Client talks about the problem(s) only at appropriate times (e.g., someone asks) and for acceptable lengths of time.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client talked about the problem(s) only at appropriate times and did not talk about them excessively.

ROOMMATES 19

- CONDITION:** Given a living arrangement in which the client lives with at least one roommate.
- BEHAVIOR:** Client interacts well with the roommate(s) and assists in cleaning, paying bills, cooking, etc.
- STANDARD:** Behavior continuously. The roommate(s) must independently agree that the client shared responsibility and was acceptable to live with.

OFF LIMITS 20

- CONDITION:** Given a role play or natural situation involving an area private and off limits to the client (e.g., a closed bathroom door, a private office, the opposite sex's locker room).
- BEHAVIOR:** Client requests permission to enter (or does not enter).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client respected the private area and did not enter unless asked.

ANSWER DOOR 21

- CONDITION:** Given a situation in which there is a knock (or doorbell ring) at the client's door (either at home or at work).
- BEHAVIOR:** Client asks for identification (e.g., "Who is it?") before opening the door.
- STANDARD:** Behavior within 1 minute of the knocking or bell. The visitor must identify him/herself before the door is opened.

APOLOGY 22

- CONDITION:** Given a role play or natural situation in which the client is disrupting or insulting others and is told about it by others.
- BEHAVIOR:** Client apologizes to the person(s) disturbed.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client apologized for and stopped any disruptions or insults and did not continue the disturbance or rude act.

INTERRUPTION 23

- CONDITION:** Given a role play or natural situation in which the client must interrupt a conversation to get or relay some information.
- BEHAVIOR:** Client excuses him/herself before giving or getting information (e.g., to call someone to the phone).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client excused him/herself before asking for or giving information, and did not abruptly interrupt the conversation.

COMPROMISE 24

- CONDITION:** In a role play or natural situation in which the client and other(s) are involved in a conflict (e.g., argument or fist fight).
- BEHAVIOR:** Client initiates a compromise solution.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client initiated a solution and did not prolong the conflict.

THREAT 25

- CONDITION:** Given a role play or natural situation in which the client is verbally abused, teased in a negative and mean way, or physically threatened.
- BEHAVIOR:** Client remains calm and/or leaves the situation.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client reacted reasonably and did not provoke further abuse or aggression.

TEASE 26

- CONDITION:** Given a role play or natural situation in which the client is teased in a friendly manner.
- BEHAVIOR:** Client accepts the teasing (e.g., laughs, teases back).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client accepted the teasing in a friendly way and was not verbally or physically abusive.

BLAME 27

- CONDITION:** Given a role play or natural situation in which the client is justly blamed for something he/she did.
- BEHAVIOR:** Client accepts the blame and remains calm (e.g., "Yes, I did it").
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client accepted the blame and did not try to blame others or avoid it.

CRITICISM 28

- CONDITION:** Given a role play or natural situation in which the client is constructively or destructively criticized for a behavior or performance.
- BEHAVIOR:** Client accepts the criticism and remains calm (e.g., asks for suggestions for improvement, speaks in a normal tone of voice).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client reacted reasonably and was not verbally or physically abusive.

PERSONAL QUESTIONS 29

- CONDITION:** Given a role play or natural situation in which the client is asked personal questions.
- BEHAVIOR:** Client answers the questions and remains calm (e.g., speaks in normal tone of voice).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client answered reasonably and was not reluctant.

COMPLIMENTS 30

- CONDITION:** Given a role play or natural situation in which the client is complimented.
- BEHAVIOR:** Client accepts the compliment(s) (e.g., says, "Thank you").
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client accepted the compliment(s) politely and was not overly gracious or vain.

TURN TAKING 31

- CONDITION:** Given a role play or natural situation in which the client is required to take turns with others.
- BEHAVIOR:** Client takes turns.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client took his/her turn when appropriate and did not take a turn out of order.

LINE 32

- CONDITION:** Given a role play or natural situation in which the client is required to wait in line with others.
- BEHAVIOR:** Client waits and moves with line.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client waited in line, acted appropriately, and did not cut in line.

ETIQUETTE 33

- CONDITION:** Given a role play or natural situation in which the client is dining with others in a restaurant or private home.
- BEHAVIOR:** Client exhibits appropriate manners (e.g., saying "please", "thank you", orders food, passes food, leaves tip, pays bill, goes through cafeteria line, etc.).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client exhibited appropriate manners for the occasion and did not behave rudely.

UNFAMILIAR TASK 34

- CONDITION:** Given a role play or natural situation in which the client is to perform an unfamiliar task(s) and a person(s) who knows how to perform the task(s).
- BEHAVIOR:** Client asks the other person(s) for assistance.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client asked for assistance when needed and did not perform the task incorrectly.

HELP 35

- CONDITION:** Given a role play or natural situation in which the client is given help to accomplish a task.
- BEHAVIOR:** Client accepts the help (e.g., permits assistance, says, "Thank you").
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client accepted the help in a friendly manner and did not reject the help or act angry or embarrassed.

ASSISTANCE 36

- CONDITION:** Given a role play or natural situation in which the client is with person(s) needing assistance to accomplish a task.
- BEHAVIOR:** Client volunteers to help.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client volunteered to help and was not reluctant while helping.

OWNERSHIP 37

- CONDITION:** Given a role play or natural situation in which the client is presented with many items and objects, some of which are his/her own and some of which are not.
- BEHAVIOR:** Client selects and claims ownership of only the items which he/she owns.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client claimed ownership of only his/her possessions and did not claim others' possessions.

LOANED ITEMS 38

- CONDITION:** Given a role play or natural situation in which the client is asked to share some of his/her possessions.
- BEHAVIOR:** Client shares his/her possessions.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client shared his/her possessions and did not always refuse to share.

BORROWED ITEMS 39

- CONDITION:** Given a role play or natural situation in which the client needs to borrow an item(s) from someone else.
- BEHAVIOR:** Client asks permission to borrow the item(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client asked permission and did not take the item(s) without asking.

RETURNED ITEMS 40

- CONDITION:** Given a role play or natural situation in which the client borrows item(s) from other(s).
- BEHAVIOR:** Client returns borrowed item(s).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client returned the borrowed item(s) on time and in good condition or made restitution for damaged items.

CONSEQUENCES 41

- CONDITION:** Given each of three different situations (e.g., client finds lost wallet with identification and money) and the instruction, "Describe at least 2 different things you might do in this situation, what would happen if you did, and what's the best thing to do?"
- BEHAVIOR:** Client describes actions, consequences of the actions, and his/her preferred action.
- STANDARD:** Behavior within 5 minutes for each instruction. The preferred action must conform to societal laws, norms, and/or the specific situation. The consequences must logically follow the described actions.

LAWS 42

- CONDITION:** Given the natural environment.
- BEHAVIOR:** Client abides by all societal laws.
- STANDARD:** Behavior ongoing. No record of criminal activity must be observed.

RESPONSIBILITIES 43

- CONDITION:** Given a role play or natural situation in which the client is assigned certain responsibilities.
- BEHAVIOR:** Client performs required duty(ies).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client performed the responsibilities and did not avoid them.

AGREEMENT 44

CONDITION: Given a role play or natural situation in which the client promises or agrees to perform some task or behavior.

BEHAVIOR: Client performs as promised.

STANDARD: In the role play or natural situation, all persons interviewed must independently state that the client kept the promise(s) and did not break the agreement.

SITUATION 45

CONDITION: Given a role play or natural situation (e.g., work, party, shopping) in which the client is placed.

BEHAVIOR: Client acts according to the current situation.

STANDARD: In the role play or natural situation, all persons interviewed must independently state that the client behaved correctly in the situation and did not act inappropriately.

DEADLINE 46

CONDITION: Given different time deadlines which the client must meet.

BEHAVIOR: Client meets the deadlines.

STANDARD: Behavior continuously. All time deadlines must be met.

APPOINTMENTS 47

CONDITION: Given at least 5 different appointments, work schedules, and social engagements, all occurring on different days during a 7 day period.

BEHAVIOR: Client attends all of the appointments required, and planned activities.

STANDARD: Behavior continuously. Every appointment, work schedule, and activity must be attended.

SCHEDULE CHANGE 48

- CONDITION:** Given a role play or natural situation (e.g., new setting, change in schedule) with which the client is unfamiliar.
- BEHAVIOR:** Client accepts the change in schedule and adjusts to the change accordingly (e.g., waits for someone who is late, schedules another appointment).
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client accepted the change in routine and did not aggress physically or verbally.

INSTRUCTIONS 49

- CONDITION:** Given a sequence of three simple instructions (e.g., "open the jar, get out a pickle, and cut it in half").
- BEHAVIOR:** Client follows the instructions.
- STANDARD:** Behavior within 15 minutes. Instructions must be followed in order (if necessary).

COMPLAINTS 50

- CONDITION:** Given a radio, phonograph, and/or television.
- BEHAVIOR:** Client operates the appliance.
- STANDARD:** Behavior continuously. No complaints must be received from neighbors because of loud volume or playing at inappropriate times.

PARLOR GAMES 51

- CONDITION:** Given individual and group parlor games (e.g., board games, cards, puzzles, etc.).
- BEHAVIOR:** Client plays or describes the rules for individual or group games.
- STANDARD:** The rules for at least one individual and one group game must be described or followed by the client.

SPORTS 52

- CONDITION:** Given competitive sports involving 2 or more players.
- BEHAVIOR:** Client plays or describes the rules for competitive sports.
- STANDARD:** The rules for at least one competitive sport must be described or followed by the client.

TICKET 53

- CONDITION:** Given a spectator event in which a ticket must be purchased (e.g., movie, football game).
- BEHAVIOR:** Client purchases the ticket and attends the event.
- STANDARD:** Behavior within 1 minute after reaching the ticket booth. The appropriate priced ticket must be purchased (child vs. adult, box seat vs. bleacher seat), and correct change (if any) received.

PHONE NUMBER 54

- CONDITION:** Given a telephone book (white or yellow pages), a telephone (home or pay), and the name of a person or business to call.
- BEHAVIOR:** Client locates the phone number.
- STANDARD:** Behavior within 5 minutes. The desired number must be found.

LOCAL CALL 55

- CONDITION:** Given a local phone number and a telephone (home or pay).
- BEHAVIOR:** Client makes the local call.
- STANDARD:** Behavior within 1 minute to place the call. The desired party (or no answer or a busy signal) must be reached.

LONG DISTANCE CALL 56

- CONDITION:** Given a long distance phone number, and a telephone (home or pay).
- BEHAVIOR:** Client makes the long distance call.
- STANDARD:** Behavior within 1 minute to place the call. The desired party (or no answer or a busy signal) must be reached by a direct-dial or operator-assisted call.

OPERATOR 57

- CONDITION:** Given a telephone and a reason to call the operator (e.g., difficulty in making a call or an emergency).
- BEHAVIOR:** Client calls the operator.
- STANDARD:** Behavior within 1 minute. The operator must be reached.

INFORMATION 58

- CONDITION:** Given the telephone and a phone number (local or long distance) not in the phone book.
- BEHAVIOR:** Client calls directory assistance and asks for the number.
- STANDARD:** Behavior within 1 minute to place the call. Directory assistance must be reached.

EMERGENCY CALL 59

- CONDITION:** Given a telephone and a reason to call an emergency service (e.g., police, fire, ambulance, etc.).
- BEHAVIOR:** Client makes the call.
- STANDARD:** Behavior within 1 minute. The desired party must be reached.

HELLO 60

- CONDITION:** Given a ringing phone.
- BEHAVIOR:** Client picks up the phone and says "Hello."
- STANDARD:** Behavior within 30 seconds.

PHONE CONVERSATION 61

- CONDITION:** Given a role play or natural situation in which the client is talking on the phone (e.g., talking to a friend, ordering groceries, leaving a message).
- BEHAVIOR:** Client talks on the phone.
- STANDARD:** In the role play or natural situation, all persons interviewed must independently state that the client spoke intelligibly in a normal tone of voice and did not hang up before the conversation was over.

POSTAGE 62

- CONDITION:** Given an unstamped letter and a post office or stamp machine.
- BEHAVIOR:** Client buys stamps.
- STANDARD:** Behavior within 15 minutes. The letter must not be returned due to insufficient postage.

LETTER 63

- CONDITION:** Given a letter, an envelope, and a stamp(s).
- BEHAVIOR:** Client puts the letter in the envelope, seals it, addresses it, and stamps it.
- STANDARD:** Behavior within 10 minutes. The name, street, city, state, and zip code must be included in both the address and the return address. The stamp must be placed within 1/2" of the upper right corner of the envelope. The address must be placed in the middle of the envelope and the return address in the upper left corner.

MAILBOX 64

- CONDITION:** Given stamped addressed letters to be mailed, and a mailbox.
- BEHAVIOR:** Client mails the letter(s).
- STANDARD:** Behavior within 2 minutes. If there are both in-town and out-of-town mail boxes the letters must be placed in the appropriate box.

PERSONAL MAIL 65

- CONDITION:** Given the client's personal mailbox.
- BEHAVIOR:** Client goes to the mailbox and gets his/her mail.
- STANDARD:** Behavior during each day mail is delivered. Only the mail addressed to the client must be obtained.

BIRTH CONTROL 66

- CONDITION:** Given the instruction, "Describe why people use birth control and what method(s) you should use."
- BEHAVIOR:** Client describes the rationale and method(s) of birth control.
- STANDARD:** Behavior within 10 minutes. The description must include a rationale for birth control (e.g., to prevent pregnancy) and method(s) appropriate for each sex (e.g., males use condoms; females use the pill).

DATE ARRANGEMENT 67

- CONDITION:** Given the instruction, "Describe how people are asked out for dates."
- BEHAVIOR:** Client describes how to get a date.
- STANDARD:** Behavior within 10 minutes. The description must include that males usually, but *not* always, ask and the female usually decides whether or not to accept.

DATING BEHAVIOR 68

CONDITION: Given the instruction, "What things should you do and not do on a date?"

BEHAVIOR: Client describes appropriate/inappropriate dating behaviors.

STANDARD: Behavior within 10 minutes. The description must include appropriate (e.g., date is picked up as arranged, dates thank each other for going out) and inappropriate (e.g., no sexual behavior without partner's consent) behaviors.

SEXUAL SITUATIONS 69

CONDITION: Given the instruction, "What is _____ (rape, VD, homosexuality, and incest); how do you avoid it; what should you do if it happens?"

BEHAVIOR: Client describes each situation, how to avoid it, and what to do if it happens.

STANDARD: Behavior within 10 minutes of each instruction. The description must include the correct definition (e.g., rape is forced sex), an acceptable method for avoiding the situation (e.g., do not go out alone at night), and the correct procedures to follow if it occurs (e.g., go to the doctor and call the police).

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Greeting</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	2 <u>Greeting Response</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	3 <u>Introduction</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	4 <u>Articulation</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	5 <u>Conversation</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	6 <u>Interest</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	7 <u>On Topic</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	8 <u>Relevant Questions</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	9 <u>Positive Regard</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	10 <u>Authority</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	11 <u>Profanity</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	12 <u>Truth/Lie</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	13 <u>Tics</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	14 <u>Touching</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	15 <u>Posture</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	16 <u>Distressed Person</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	17 <u>Distressed Client</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	18 <u>Problems</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	19 <u>Roommates</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	20 <u>Off Limits</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	21 <u>Answer Door</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	22 <u>Apology</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	23 <u>Interruption</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	24 <u>Compromise</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	25 <u>Threat</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	26 <u>Tease</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

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THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Blame</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	28 <u>Criticism</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	29 <u>Personal Questions</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	30 <u>Compliments</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	31 <u>Turn Taking</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	32 <u>Line</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	33 <u>Etiquette</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	34 <u>Unfamiliar Task</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	35 <u>Help</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	36 <u>Assistance</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	37 <u>Ownership</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	38 <u>Loaned Items</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	39 <u>Borrowed Items</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	40 <u>Returned Items</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	41 <u>Consequences</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	42 <u>Laws</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	43 <u>Responsibilities</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	44 <u>Agreement</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	45 <u>Situation</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	46 <u>Deadline</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	47 <u>Appointments</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	48 <u>Schedule Change</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	49 <u>Instructions</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	50 <u>Complaints</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	51 <u>Parlor Games</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__
<input type="checkbox"/>	52 <u>Sports</u>	<input type="checkbox"/>	__/__/__	__/__/__	__/__/__

ILBC CHAPTER 7

FUNCTIONAL ACADEMIC SKILLS

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FUNCTIONAL ACADEMIC SKILLS

Functional academic skills are designed to be related to minimal reading, writing, and computation skills in the environment. While a high level of academic functioning is certainly helpful, many people live independently with a low level of such skills. Rudimentary academic skills are often sufficient to allow a person to hold a good job, be well liked, and be a productive citizen.

Functional academic skills include ability in answering demographic questions, signing name, counting, adding, subtracting, multiplying, dividing, telling time, naming days, months, and dates, cutting, taping, ordering, sending, reading safety, information, and community signs, identifying occupations, measuring, counting money, making change, buying, using savings and checking accounts, and paying bills.

As described in Chapter 1, skill objectives may be modified to suit the client, training program, or setting. Modifications may be made in one or more of the following ways:

1. Deleting skill objectives that are not appropriate.
2. Adding new skill objectives that may be needed. (These should be written in the same format as the ones included here. Some blank forms at the end of the chapter are provided for that purpose).
3. Modifying existing skill objectives by adapting (a) conditions, (b) behaviors, and/or (c) standards to suit a client with particular needs or handicapping conditions or to better suit the purpose of training.

For example, the training staff might consider the reading and writing skills involved in placing a mail order to be beyond the capability of a particular client to achieve in the foreseeable future. They may decide that the skill is not crucial for this client and, accordingly, delete it (1). A new skill objective might be added (2) in which the client phones to order an item. Or the condition, behavior, and standard could be modified (3) to allow help from another person in filling out the mail order.

Intended use of the functional academic skill objectives is provided by the following illustration.

CHECK 42

CONDITION:	Given specific item(s) to be purchased at a cash register (e.g., food, clothes), a personal checkbook, and identification.
BEHAVIOR:	Client writes a check to purchase the item(s).
STANDARD:	Behavior within 10 minutes. If requested, proper identification must be shown so that the transaction is completed. The check must not be returned due to insufficient funds. The check number, date, amount, and recipient must be written in the check book and a new balance computed.

An INITIAL ASSESSMENT of "+" on the Skill Summary Chart would indicate that the client wrote the check, completed the transaction, and recorded all necessary information in the checkbook within 10 minutes. Thus, the trainer would enter the plus and date under "INITIAL ASSESSMENT," and a "+" in the Summary column. No additional training on this skill objective would be required. If the client had not demonstrated mastery of the skill in initial assessment, the trainer or counselor would have marked "-" under "INITIAL ASSESSMENT" and then begun training at that time or on some later date.

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1. Personal Data I
2. Personal Data II
3. Signature
4. Numbers
5. Counting
6. Addition
7. Subtraction
8. Multiplication
9. Division
10. Clock
11. Days I
12. Days II
13. Months I
14. Months II
15. Date
16. Calendar
17. Seasons
18. Holidays
19. Cutting Tool
20. Paper Tear
21. Envelope
22. Postage Stamp
23. Safety Signs
24. Information Signs
25. Travel Signs
26. Public Servants
27. Vehicles
28. Measurement
29. Currency
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44. Checkbook Balance
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PERSONAL DATA I 1

- CONDITION:** Given written or oral questions relating to the client's name, age, sex, address, phone, height, weight, race (optional), social security number, birthdate, place of birth, employer, place of work, work history, educational history, medical history, who to contact in an emergency, next of kin, and references.
- BEHAVIOR:** Client orally answers the questions.
- STANDARD:** Behavior within 30 minutes for all questions. All questions must be answered correctly, according to the client's present status.*

PERSONAL DATA II 2

- CONDITION:** Given written questions (e.g., job application) relating to the client's name, age, sex, address, phone, height, weight, race (optional), social security number, birthdate, place of birth, place of work, employer, work history, educational history, medical history, who to contact in an emergency, next of kin, and references, and a pen or pencil.
- BEHAVIOR:** Client writes answers to the questions.
- STANDARD:** Behavior within 30 minutes for all questions. The written responses must answer each question correctly, according to the client's present status.

SIGNATURE 3

- CONDITION:** Given documents requiring a signature (e.g., check, job application), and a pen or pencil.
- BEHAVIOR:** Client signs his/her name.
- STANDARD:** Behavior within 30 seconds. The name must be spelled correctly and be legible.

NUMBERS 4

- CONDITION:** Given pencil and paper and the instruction to write the numbers 1 to 100.
- BEHAVIOR:** Client writes the numbers.
- STANDARD:** Behavior within 15 minutes. All numbers must be written in order.

**Client must perform all behaviors without anyone's assistance, unless otherwise noted; however, adaptive and/or prosthetic devices may be used as needed.*

COUNTING 5

CONDITION: Given a specific number of items between 1 and 100, and the instruction to count the items.

BEHAVIOR: Client counts the items.

STANDARD: Behavior within 5 minutes. The correct number of items must be counted.

ADDITION 6

CONDITION: Given five 1-or 2-column written addition problems, some of which require carrying, a pencil, and the instruction to add the numbers.

BEHAVIOR: Client adds the numbers and writes the sums.

STANDARD: Behavior within 15 minutes. Each problem must be computed correctly.

SUBTRACTION 7

CONDITION: Given five 1-or 2-column written subtraction problems, some of which require borrowing, a pencil, and the instruction to subtract the numbers.

BEHAVIOR: Client subtracts the numbers and writes the differences.

STANDARD: Behavior within 15 minutes. Each problem must be computed correctly.

MULTIPLICATION 8

CONDITION: Given five 1-or 2-column written multiplication problems, a pencil, and the instruction to multiply the numbers.

BEHAVIOR: Client multiplies the numbers and writes the products.

STANDARD: Behavior within 15 minutes. Each problem must be computed correctly.

DIVISION 9

CONDITION: Given five 1-or 2-column written division problems, a pencil, and the instruction to divide the numbers (to the nearest .01).

BEHAVIOR: Client divides the numbers and writes the quotients.

STANDARD: Behavior within 15 minutes. Each problem must be computed correctly.

CLOCK 10

CONDITION: Given a clock (either digital or regular clock).

BEHAVIOR: Client states the time.

STANDARD: Behavior within 10 seconds. The hour, minute, and whether it is morning (a.m.) or afternoon (p.m.) must be identified correctly.

DAYS I 11

CONDITION: Given the instruction to name the days of the week.

BEHAVIOR: Client names the days of the week.

STANDARD: Behavior within 1 minute. The days must be named in order.

DAYS II 12

CONDITION: Given the written names and/or abbreviations for the days of the week, and the instruction to name the days.

BEHAVIOR: Client verbally identifies each day.

STANDARD: Behavior within 1 minute. Each name and/or abbreviation must be identified correctly.

MONTHS I 13

- CONDITION:** Given the instruction to name the months of the year.
- BEHAVIOR:** Client names the months of the year.
- STANDARD:** Behavior within 1 minute. The months must be named in order.

MONTHS II 14

- CONDITION:** Given the written names and abbreviations for the months of the year, and the instruction to name the months.
- BEHAVIOR:** Client verbally identifies each month.
- STANDARD:** Behavior within 1 minute. Each name and/or abbreviation must be identified correctly.

DATE 15

- CONDITION:** Given the instruction to identify today's date.
- BEHAVIOR:** Client names today's date.
- STANDARD:** Behavior within 10 seconds. The correct day, date, month, and year must be identified.

CALENDAR 16

- CONDITION:** Given a calendar, ten randomly selected days, and the instruction to name the days.
- BEHAVIOR:** Client names the days.
- STANDARD:** Behavior within 5 minutes. The correct day, date, month, and year must be identified.

SEASONS 17

- CONDITION:** Given the instructions to name the seasons of the year.
- BEHAVIOR:** Client names the seasons.
- STANDARD:** Behavior within 30 seconds. All seasons must be named correctly.

HOLIDAYS 18

- CONDITION:** Given the instruction to name the date and month of Christmas, New Year, and Independence Day.
- BEHAVIOR:** Client names the date and month for each holiday.
- STANDARD:** Behavior within 1 minute. The date and month of each holiday must be named correctly.

CUTTING TOOL 19

- CONDITION:** Given an item which requires cutting along a straight or curved line (a maximum of 10 inches), and the appropriate cutting tool (e.g., scissors, knife, razor blade).
- BEHAVIOR:** Client cuts the material.
- STANDARD:** Behavior within 5 minutes. The cut must not deviate from the line by more than $\frac{1}{4}$ inch.

PAPER TEAR 20

- CONDITION:** Given a piece of paper with a tear (a maximum of 5 inches), and cellophane tape.
- BEHAVIOR:** Client tapes the tear.
- STANDARD:** Behavior within 2 minutes. Both sides of the tear must be lined up and touching with no overlap, and the tear must stay taped together when the paper is picked up.

ENVELOPE 21

- CONDITION:** Given a letter on paper, 8½ inches by 11 inches, and a business size envelope.
- BEHAVIOR:** Client folds the paper, puts it in the envelope, and seals it.
- STANDARD:** Behavior within 2 minutes. The paper must be folded in thirds and the flap of the envelope closed and sealed. It must still be sealed when inspected one minute later.

POSTAGE STAMP 22

- CONDITION:** Given a postage stamp and a sealed, addressed envelope.
- BEHAVIOR:** Client moistens the stamp and presses it in place.
- STANDARD:** Behavior within 30 seconds. The stamp must be moistened on the glued side and placed within ½" of the upper right corner of the envelope. The stamp must stay on when the envelope is shaken upside down.

SAFETY SIGNS 23

- CONDITION:** Given each of the following safety signs (including international signs) in the community: Exit, Poison, Danger, Keep Out, Do Not Enter, Stairs, Fire Door, Fire Escape, Fire Alarm, Fire Extinguisher, Stop, Emergency, Flammable, No Smoking, Warning, Emergency Exit, Caution, Beware, Walk/Don't Walk, Detour, RR Crossing, Pedestrian Crossing, No Trespassing, Out of Order, Elevator, Do Not Open, Wet Floor, and the instruction, "What do you do when you see this sign?"
- BEHAVIOR:** Client describes and/or demonstrates what to do.
- STANDARD:** Behavior within 2 minutes of each instruction. The appropriate action for each sign must be described or demonstrated.

VEHICLES 27

CONDITION: Given photographs (or the real objects) of each of the following vehicles: police car, ambulance, fire truck, bus, taxi, train, and plane, and the instruction, "What type of vehicle is this and/or what is it for?"

BEHAVIOR: Client labels and/or describes the purpose of each vehicle.

STANDARD: Behavior within 2 minutes of each instruction. The name or purpose of each vehicle must be accurately stated.

MEASUREMENT 28

CONDITION: Given at least 5 different distances, weights, and volumes, and a ruler, scale, and measuring cup.

BEHAVIOR: Client measures each distance, weight, and volume.

STANDARD: Behavior within 5 minutes for each measurement. The distance, weight, and volume must be measured correctly.

CURRENCY 29

CONDITION: Given each of the following denominations of currency: penny, nickel, dime, quarter, half-dollar, one-dollar coin, one-dollar bill, two-dollar bill, five-dollar bill, ten-dollar bill, and twenty-dollar bill, and the instruction, "Name this coin/bill."

BEHAVIOR: Client verbally identifies each denomination.

STANDARD: Behavior within 10 seconds of each instruction. All denominations must be named correctly.

CHANGE 30

CONDITION: Given five pennies, five nickels, five dimes, and five quarters, and the instruction, "Make change for a (nickel, dime, quarter, half-dollar, dollar)."

BEHAVIOR: Client makes the change.

STANDARD: Behavior within 1 minute of each instruction. The appropriate amount of change must be made for each coin.

PRICE 31

CONDITION: Given each of 5 items of different prices between \$3.00 and \$25.00 (the prices written on each item), and the instruction, "If you had \$20.00, could you buy this item?"

BEHAVIOR: Client states whether or not each item could be bought.

STANDARD: Behavior within 30 seconds of each instruction. The items which the client said could be purchased must cost (including sales tax) below \$20.00.

CASH PURCHASE 32

CONDITION: Given specific item(s) to be purchased at a cash register (e.g., food, clothes, movie ticket), and some money (no checks or credit cards).

BEHAVIOR: Client purchases the item(s).

STANDARD: Behavior within 5 minutes. Sufficient cash must be paid to buy all of the items brought to the register, and the correct change received.

INCORRECT CHANGE 33

CONDITION: Given five situations in which an item of a certain price was purchased with a specific amount of money and some change returned, and the instruction, "Did you get the correct change and what would you do if you didn't?"

BEHAVIOR: Client states whether or not the correct change was received, and the subsequent action.

STANDARD: Behavior within 1 minute for each situation. In each situation, the change received must be accurately identified as correct or incorrect. If incorrect change is received, the correct change, must be obtained.

RECEIPTS 34

- CONDITION:** Given the receipts from purchases of items that can be returned (e.g., appliances, clothes, furniture).
- BEHAVIOR:** Client keeps and stores the receipts.
- STANDARD:** Behavior continuously. All receipts must be kept in specific locations so that they can be found if needed.

VENDING MACHINE 35

- CONDITION:** Given a coin-operated vending machine (e.g., candy, soda pop, beverage), and various denominations of coins.
- BEHAVIOR:** Client operates the machine.
- STANDARD:** Behavior within 1 minute. The machine must be operated according to the instructions and the product must be obtained. Any change returned must be picked up.

SAVINGS ACCOUNT 36

- CONDITION:** Given a bank or savings and loan association, and some money.
- BEHAVIOR:** Client opens a savings account.
- STANDARD:** Behavior within 1 hour. A savings account must be opened.

SAVINGS DEPOSIT 37

- CONDITION:** Given a specific sum of money, a savings account book, and a blank deposit slip.
- BEHAVIOR:** Client fills out the deposit slip and deposits the money in the account.
- STANDARD:** Behavior within 30 minutes. No corrections must be made on the deposit slip by the teller, and the deposit must be recorded in the savings book.

SAVINGS WITHDRAWAL 38

- CONDITION:** Given a savings account book and a blank withdrawal slip.
- BEHAVIOR:** Client fills out the withdrawal slip and withdraws some money.
- STANDARD:** Behavior within 30 minutes. No corrections must be made on the withdrawal slip by the teller, the client must be given the money, and the withdrawal must be recorded in the savings book. The amount withdrawn must be less than the amount in the account.

CHECKING ACCOUNT 39

- CONDITION:** Given a bank and some money.
- BEHAVIOR:** Client opens a checking account.
- STANDARD:** Behavior within 1 hour. A checking account must be opened.

CHECKING DEPOSIT 40

- CONDITION:** Given a specific sum of money and a blank checking account deposit slip.
- BEHAVIOR:** Client fills out the deposit slip and deposits the money in the account.
- STANDARD:** Behavior within 30 minutes. No corrections must be made on the deposit slip by the teller, and the deposit slip receipt must note that the transaction was made.

CHECK ENDORSEMENT 41

- CONDITION:** Given a check written to the client, to be cashed or deposited.
- BEHAVIOR:** Client endorses the check.
- STANDARD:** Behavior within 1 minute. The check must be endorsed on the back and with the signature matching the name on the front of the check.

CHECK 42

- CONDITION:** Given specific item(s) to be purchased at a cash register (e.g., food, clothes), a personal checkbook, and identification.
- BEHAVIOR:** Client writes a check to purchase the item(s).
- STANDARD:** Behavior within 10 minutes. If requested, proper identification must be shown so that the transaction is completed. The check must not be returned due to insufficient funds. The check number, date, amount, and recipient must be written in the checkbook and a new balance computed.

MONTHLY BILLS 43

- CONDITION:** Given monthly bills mailed to the client.
- BEHAVIOR:** Client pays the bills.
- STANDARD:** Behavior before the bill is due. The required payments must be made. The payments must be mailed or delivered to the business in time so no late charge is incurred.

CHECKBOOK BALANCE 44

- CONDITION:** Given the monthly checking account statement, the cancelled checks for the previous month, and the checkbook.
- BEHAVIOR:** Client balances the checkbook.
- STANDARD:** Behavior within 2 hours. The results of the client's calculations must correspond to the bank statement.

CHECK REORDER 45

- CONDITION:** Given a blank checkbook reorder slip.
- BEHAVIOR:** Client fills out the reorder slip.
- STANDARD:** Behavior within 15 minutes. New checks must be received before the client runs out of checks.

BUDGET 46

- CONDITION:** Given the specific amount of net take home pay per month.
- BEHAVIOR:** Client budgets money for living expenses.
- STANDARD:** Behavior within 1 hour. The total amount of money allocated for rent, utilities, food, and transportation must not exceed the net pay per month. Sufficient funds must be allocated so the bills are paid.

MAIL ORDER 47

- CONDITION:** Given a department store or mail-order catalog, a blank order form, and specific items(s) from the catalog to be ordered.
- BEHAVIOR:** Client fills out the order form, and mails it with any required payment.
- STANDARD:** Behavior within 30 minutes. The specific item(s) ordered must be received.

INCOME TAX 48

- CONDITION:** Given federal and state income tax short forms, W-2 forms, and instructions for use.
- BEHAVIOR:** Client fills out the tax forms.
- STANDARD:** Behavior within 1 week. The forms must be filled out correctly and any payment due must be mailed prior to the deadline.

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FUNCTIONAL ACADEMIC SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Personal Data I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Personal Data II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Signature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Numbers</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Counting</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Addition</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Subtraction</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Multiplication</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Division</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Clock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Days I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Days II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Months I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Months II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Date</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Calendar</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Seasons</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Holidays</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Cutting Tool</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Paper Tear</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Envelope</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Postage Stamp</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Safety Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Information Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Travel Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Public Servants</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FUNCTIONAL ACADEMIC SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Vehicles</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	28 <u>Measurement</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	29 <u>Currency</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	30 <u>Change</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	31 <u>Price</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	32 <u>Cash Purchase</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	33 <u>Incorrect Change</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	34 <u>Receipts</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	35 <u>Vending Machine</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	36 <u>Savings Account</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	37 <u>Savings Deposit</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	38 <u>Savings Withdrawal</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	39 <u>Checking Account</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	40 <u>Checking Deposit</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	41 <u>Check Endorsement</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	42 <u>Check</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	43 <u>Monthly Bills</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	44 <u>Checkbook Balance</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	45 <u>Check Reorder</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	46 <u>Budget</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	47 <u>Mail Order</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	48 <u>Income Tax</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

ILBC CHAPTER 8

IEP, IWRP, AND IHP

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For example, Mobility Skill Objective #34 (Identifying neighborhood objects) should be mastered between 9-80 and 9-81. The Food Skill Objective #69 (dishwashing) should be mastered in the following year (9-81 to 9-82). All of the skill objectives projected for mastery during the two year period are listed in Part 2 of the IEP.

The short term objectives in Part 3 of Max's IEP follow directly from these annual goals. The Skill Summary Charts provide an overview of where the client is presently and aid the advisory committee members in projecting his progress. Evaluation is clear and objective since it is based on the conditions, behaviors, and standards specified in the *The Independent Living Behavior Checklist*.

The sample IEP for Max (with the Skill Summary Charts) appears on the following pages.

For example, Mobility Skill Objective #34 (Identifying neighborhood objects) should be mastered between 9-80 and 9-81. The Food Skill Objective #69 (dishwashing) should be mastered in the following year (9-81 to 9-82). All of the skill objectives projected for mastery during the two year period are listed in Part 2 of the IEP.

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The sample IEP for Max (with the Skill Summary Charts) appears on the following pages.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Trainee Max E. Mum Date of Meeting 9-15-80
 Date of Birth 3-17-63 Advisory Committee Members _____
 County Peach _____
 School IL Training Program _____
 % Time Per Week in Reg. Class 0 _____

Part I (Present Levels of Student or Trainee Performance)

Summary of Present Levels	Instrument(s)	Placement Recommendation(s)
Skill objectives mastered as marked "+" on attached Skill Summary Charts for: 1. Mobility Skills 2. Self Care Skills 3. Home Maintenance and Safety Skills 4. Food Skills 5. Social and Communication Skills 6. Functional Academic Skills	<i>The Independent Living Behavior Checklist</i>	Remain full-time in the Independent Living Training Program

**Part 2
(Annual Goals)**

Statement of Annual Goals	Dates	Post-Test, Instrument(s) (Summative Evaluation)
<p>The overall two-year goals are that Max will complete the Independent Living Training Program and achieve deinstitutionalization.</p>	<p>Start 9-16-80 End 9-82 Review 9-81</p>	<p><i>The Independent Living Behavior Checklist</i></p>
<p>The goal for the coming year (9-80 to 9-81) is that he will complete and master:</p>		
<p>1. Mobility Skill Objectives #24, 26, 32, 34, 35, 36, 38, 40, 41.</p>		
<p>2. Self-Care Skill Objectives #27, 28, 29, 39, 40, 44, 50, 51, 52.</p>		
<p>3. Home Maintenance and Safety Skill Objectives #16, 17, 18, 25, 26, 27, 28, 29, 30.</p>		
<p>4. Food Skill Objectives #16, 20, 22, 24, 59, 60, 61, 62.</p>		
<p>5. Social and Communication Skill Objectives #8, 15, 17, 18, 22, 23, 25, 26, 28, 29, 32, 33, 34, 36, 51, 52, 56, 58, 59, 62, 63, 64.</p>		
<p>6. Functional Academic Skill Objectives #23, 24, 25, 26, 27, 31, 32, 33, 34.</p>		
<p>It is now projected that during the following year (9-81 to 9-82) he will master the remaining skill objectives of each category (except those considered not applicable, as indicated on the Summary Charts).</p>		

**PART 3
(Short Term Objectives)**

Short Term Objectives	Materials, Equipment and/or Resources	On-Going Instrument(s) (Formative Evaluation)
<p>Max should master approximately 6 skill objectives per month to meet his annual goal.</p>	<p>All materials and equipment required are specified in <i>The Independent Living Behavior Checklist</i>.</p>	<p><i>The Independent Living Behavior Checklist</i></p>
<p>For example, the goal might be met in October by mastering 6 skill objectives as follows: 3 from Mobility, 2 from Self Care, and 1 from Functional Academics. In November, if all 6-(or more) were mastered from Self Care, the goal would again met.</p>	<p>The instructor will use tactile, auditory, and visual prompting as necessary to facilitate mastery of the needed skills.</p>	

Signature(s) of Parent or Guardian

Date

Signature of Trainee (if appropriate)

Signature(s) of IEP Implementor(s)

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	+ or -	Initial Assessment	Training	
			Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Locomotion</u>	<input checked="" type="checkbox"/>	<u>1 / 4 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	2 <u>Up Incline</u>	<input checked="" type="checkbox"/>	<u>1 / 12 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	3 <u>Down Incline</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	4 <u>Up Stairs</u>	<input checked="" type="checkbox"/>	<u>2 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	5 <u>Down Stairs</u>	<input checked="" type="checkbox"/>	<u>2 / 2 / 80</u>	<u>2 / 3 / 80</u>	<u>2 / 10 / 80</u>
<input checked="" type="checkbox"/>	6 <u>Push Door</u>	<input checked="" type="checkbox"/>	<u>2 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>Pull Door</u>	<input checked="" type="checkbox"/>	<u>2 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	8 <u>Interior Door</u>	<input checked="" type="checkbox"/>	<u>2 / 10 / 80</u>	<u>2 / 10 / 80</u>	<u>2 / 13 / 80</u>
<input checked="" type="checkbox"/>	9 <u>Window</u>	<input checked="" type="checkbox"/>	<u>2 / 13 / 80</u>	<u>2 / 15 / 80</u>	<u>2 / 28 / 80</u>
<input checked="" type="checkbox"/>	10 <u>Stepladder</u>	<input checked="" type="checkbox"/>	<u>3 / 10 / 80</u>	<u>3 / 12 / 80</u>	<u>3 / 15 / 80</u>
<input checked="" type="checkbox"/>	11 <u>Kitchen Chair</u>	<input checked="" type="checkbox"/>	<u>3 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Stuffed Chair</u>	<input checked="" type="checkbox"/>	<u>3 / 21 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	13 <u>Commode</u>	<input checked="" type="checkbox"/>	<u>3 / 21 / 80</u>	<u>3 / 25 / 80</u>	<u>3 / 30 / 80</u>
<input checked="" type="checkbox"/>	14 <u>Bed</u>	<input checked="" type="checkbox"/>	<u>3 / 30 / 80</u>	<u>3 / 30 / 80</u>	<u>4 / 1 / 80</u>
<input checked="" type="checkbox"/>	15 <u>Floor</u>	<input checked="" type="checkbox"/>	<u>4 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	16 <u>Bathtub</u>	<input checked="" type="checkbox"/>	<u>4 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	17 <u>Pincer Grasp</u>	<input checked="" type="checkbox"/>	<u>4 / 2 / 80</u>	<u>4 / 4 / 80</u>	<u>4 / 4 / 80</u>
<input checked="" type="checkbox"/>	18 <u>Counter-Table</u>	<input checked="" type="checkbox"/>	<u>4 / 4 / 80</u>	<u>4 / 5 / 80</u>	<u>4 / 7 / 80</u>
<input checked="" type="checkbox"/>	19 <u>Cabinet-Counter I</u>	<input checked="" type="checkbox"/>	<u>4 / 13 / 80</u>	<u>4 / 15 / 80</u>	<u>4 / 17 / 80</u>
<input checked="" type="checkbox"/>	20 <u>Cabinet-Counter II</u>	<input checked="" type="checkbox"/>	<u>4 / 19 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	21 <u>Cabinet-Counter III</u>	<input checked="" type="checkbox"/>	<u>4 / 19 / 80</u>	<u>4 / 20 / 80</u>	<u>4 / 23 / 80</u>
<input checked="" type="checkbox"/>	22 <u>Drawer-Counter</u>	<input checked="" type="checkbox"/>	<u>4 / 23 / 80</u>	<u>5 / 1 / 80</u>	<u>5 / 5 / 80</u>
<input checked="" type="checkbox"/>	23 <u>Floor - Table</u>	<input checked="" type="checkbox"/>	<u>5 / 1 / 80</u>	<u>5 / 3 / 80</u>	<u>5 / 5 / 80</u>
<input type="checkbox"/>	24 <u>Room - Room I</u>	<input checked="" type="checkbox"/>	<u>5 / 5 / 80</u>	<u>5 / 10 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	25 <u>Room - Room II</u>	<input checked="" type="checkbox"/>	<u>5 / 10 / 80</u>	<u>5 / 15 / 80</u>	<u>5 / 25 / 80</u>
<input type="checkbox"/>	26 <u>Weight Pickup</u>	<input checked="" type="checkbox"/>	<u>5 / 25 / 80</u>	<u>5 / 25 / 80</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment	Training		
			+ or -	Date	Date Begun
<input type="checkbox"/>	1 <u>Adaptive Device</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	2 <u>Dressing</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	3 <u>Clothes - Fasteners</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	4 <u>Shoe Tie</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	5 <u>Clothes - Winter</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	6 <u>Clothes - Size</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>Clothes - Weather</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	8 <u>Clothes - Occasion</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	9 <u>Clothes - Coordination</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	10 <u>Clothes - Clean</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	11 <u>Clothes - Dirty</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Clothes - Sorting</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	13 <u>Washer</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>	<u>1 / 20 / 80</u>
<input checked="" type="checkbox"/>	14 <u>Dryer</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>	<u>1 / 20 / 80</u>
<input checked="" type="checkbox"/>	15 <u>Clothes - Storage</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	16 <u>Clothes - Hand Wash</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 16 / 80</u>	<u>1 / 16 / 80</u>
<input checked="" type="checkbox"/>	17 <u>Clothes Line</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 16 / 80</u>	<u>1 / 16 / 80</u>
<input checked="" type="checkbox"/>	18 <u>Electric Iron</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>2 / 1 / 80</u>	<u>2 / 10 / 80</u>
<input checked="" type="checkbox"/>	19 <u>Dry Cleaning I</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>
<input checked="" type="checkbox"/>	20 <u>Dry Cleaning II</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>
<input checked="" type="checkbox"/>	21 <u>Clothing Labels</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>	<u>1 / 15 / 80</u>
<input checked="" type="checkbox"/>	22 <u>Mending</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>3 / 1 / 80</u>	<u>4 / 1 / 80</u>
<input checked="" type="checkbox"/>	23 <u>Button</u>	<input checked="" type="checkbox"/>	<u>1 / 15 / 80</u>	<u>4 / 1 / 80</u>	<u>5 / 1 / 80</u>
<input checked="" type="checkbox"/>	24 <u>Clothes - Personal</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	25 <u>Clean Shoes</u>	<input checked="" type="checkbox"/>	<u>1 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	26 <u>Clothes Purchase</u>	<input checked="" type="checkbox"/>	<u>2 / 25 / 80</u>	<u>2 / 25 / 80</u>	<u>2 / 25 / 80</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	+ or -	Initial Assessment	Training	
			Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Toothbrush</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 1 / 80</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Dental Floss</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 1 / 80</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Mouthwash</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 1 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	30 <u>Dentist</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 2 / 80</u>	<u>7 / 3 / 80</u>
<input checked="" type="checkbox"/>	31 <u>Dental Check</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 2 / 80</u>	<u>7 / 3 / 80</u>
<input checked="" type="checkbox"/>	32 <u>Hand Washing</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 5 / 80</u>	<u>7 / 10 / 80</u>
<input checked="" type="checkbox"/>	33 <u>Shower Temperature</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 5 / 80</u>	<u>7 / 5 / 80</u>
<input checked="" type="checkbox"/>	34 <u>Bath Temperature</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 5 / 80</u>	<u>7 / 5 / 80</u>
<input checked="" type="checkbox"/>	35 <u>Shower or Bath</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 5 / 80</u>	<u>7 / 15 / 80</u>
<input type="checkbox"/>	36 <u>Hair Dryer</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	37 <u>Comb</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 11 / 80</u>	<u>7 / 20 / 80</u>
<input type="checkbox"/>	38 <u>Hair Set</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Hair Cut</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Shaving</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Beard Trim</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	42 <u>Deodorant</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 5 / 80</u>	<u>7 / 5 / 80</u>
<input type="checkbox"/>	43 <u>Cosmetics</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Nails</u>	<input checked="" type="checkbox"/>	<u>7 / 1 / 80</u>	<u>7 / 10 / 80</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>Menstrual Aids</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	46 <u>Toilet I</u>	<input checked="" type="checkbox"/>	<u>4 / 5 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	47 <u>Toilet II</u>	<input checked="" type="checkbox"/>	<u>4 / 5 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	48 <u>Toilet III</u>	<input checked="" type="checkbox"/>	<u>4 / 5 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	49 <u>Public Toilet</u>	<input checked="" type="checkbox"/>	<u>4 / 5 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	50 <u>Alarm Clock</u>	<input checked="" type="checkbox"/>	<u>5 / 6 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	51 <u>Alcohol</u>	<input checked="" type="checkbox"/>	<u>5 / 6 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	52 <u>Prescription</u>	<input checked="" type="checkbox"/>	<u>5 / 6 / 80</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Door Unlock</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	2 <u>Door Lock</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	3 <u>Furniture</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	4 <u>Dust</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	5 <u>Cleaner Instructions</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	6 <u>Dirty Windows</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>Dirty Bathroom</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	8 <u>Dirty Kitchen</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	9 <u>Items Misplaced</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	10 <u>Floor Care</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u>1 / 30 / 80</u>	<u>2 / 5 / 80</u>
<input checked="" type="checkbox"/>	11 <u>Carpet Care</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Vacuum Bag</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u>1 / 30 / 80</u>	<u>2 / 15 / 80</u>
<input checked="" type="checkbox"/>	13 <u>Area Rug</u>	<input checked="" type="checkbox"/>	<u>1 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	14 <u>Garbage</u>	<input checked="" type="checkbox"/>	<u>2 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	15 <u>Unmade Bed</u>	<input checked="" type="checkbox"/>	<u>2 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Climate Conservation</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Thermostat</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Appliances</u>	<input type="checkbox"/>	<u>2 / 1 / 80</u>	<u>2 / 3 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	19 <u>Appliance Storage</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	20 <u>Appliances Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	21 <u>Lights Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	22 <u>Water Off</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	23 <u>Safe Cut</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	24 <u>Flashlight Repair</u>	<input checked="" type="checkbox"/>	<u>2 / 3 / 80</u>	<u>2 / 7 / 80</u>	<u>2 / 19 / 80</u>
<input type="checkbox"/>	25 <u>Minor Repair</u>	<input type="checkbox"/>	<u>2 / 5 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Utility Valves</u>	<input type="checkbox"/>	<u>2 / 5 / 80</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Menu</u>	<input type="checkbox"/>	<u>5 / 5 / 80</u>	<u>5 / 8 / 80</u>	<u>5 / 12 / 80</u>
<input checked="" type="checkbox"/>	2 <u>Grocery List</u>	<input type="checkbox"/>	<u>5 / 5 / 80</u>	<u>5 / 8 / 80</u>	<u>5 / 12 / 80</u>
<input checked="" type="checkbox"/>	3 <u>Shopping</u>	<input checked="" type="checkbox"/>	<u>5 / 6 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	4 <u>Best Buy</u>	<input type="checkbox"/>	<u>5 / 6 / 80</u>	<u>5 / 8 / 80</u>	<u>5 / 20 / 80</u>
<input checked="" type="checkbox"/>	5 <u>Check Out</u>	<input type="checkbox"/>	<u>5 / 6 / 80</u>	<u>5 / 8 / 80</u>	<u>5 / 18 / 80</u>
<input checked="" type="checkbox"/>	6 <u>Food Storage</u>	<input checked="" type="checkbox"/>	<u>5 / 15 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>Hand Wash</u>	<input checked="" type="checkbox"/>	<u>5 / 15 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Apron</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	9 <u>Jar Lids</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	10 <u>Food Wrap</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	11 <u>Plastic Container</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Food Bag</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	13 <u>Food Carton</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	14 <u>Milk Carton</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	15 <u>Twist - Tie</u>	<input checked="" type="checkbox"/>	<u>5 / 18 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Can Opener I</u>	<input type="checkbox"/>	<u>5 / 23 / 80</u>	<u>5 / 25 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	17 <u>Can Opener II</u>	<input checked="" type="checkbox"/>	<u>5 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	18 <u>Bottle Opener</u>	<input checked="" type="checkbox"/>	<u>5 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	19 <u>Pull - Tab</u>	<input checked="" type="checkbox"/>	<u>5 / 23 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Frozen Food</u>	<input type="checkbox"/>	<u>5 / 30 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	21 <u>Opened Food</u>	<input checked="" type="checkbox"/>	<u>5 / 30 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Dirt Removal</u>	<input type="checkbox"/>	<u>5 / 30 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	23 <u>Peeler</u>	<input type="checkbox"/>	<u>5 / 30 / 80</u>	<u>6 / 4 / 80</u>	<u>6 / 6 / 80</u>
<input type="checkbox"/>	24 <u>Knife</u>	<input type="checkbox"/>	<u>5 / 30 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	25 <u>Grater</u>	<input type="checkbox"/>	<u>5 / 30 / 80</u>	<u>6 / 4 / 80</u>	<u>6 / 8 / 80</u>
<input type="checkbox"/>	26 <u>Butcher Knife</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	27 <u>Spatula</u>	<input checked="" type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	28 <u>Measuring Spoon</u>	<input type="checkbox"/>	<u>6 / 10 / 80</u>	<u>6 / 12 / 80</u>	<u>6 / 15 / 80</u>
<input checked="" type="checkbox"/>	29 <u>Liquid Pouring</u>	<input checked="" type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	30 <u>Mixed Ingredients</u>	<input checked="" type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Mixer</u>	<input type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Egg Beater</u>	<input type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Blender</u>	<input type="checkbox"/>	<u>6 / 15 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Pan Selection</u>	<input type="checkbox"/>	<u>6 / 15 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	35 <u>Rubber Scraper</u>	<input checked="" type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	36 <u>Pan Transfer</u>	<input checked="" type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	37 <u>Pilot Light</u>	<input type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Cooking Temperature</u>	<input type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Temperature Regulation</u>	<input type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Kitchen Timer</u>	<input type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	41 <u>Pot Holder</u>	<input checked="" type="checkbox"/>	<u>7 / 7 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	42 <u>Tea Kettle</u>	<input checked="" type="checkbox"/>	<u>7 / 7 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Frying Pan</u>	<input type="checkbox"/>	<u>7 / 7 / 80</u>	<u>7 / 10 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	44 <u>Coffee Pot</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	45 <u>Toaster</u>	<input checked="" type="checkbox"/>	<u>7 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	46 <u>Egg</u>	<input checked="" type="checkbox"/>	<u>7 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	47 <u>Sandwich</u>	<input checked="" type="checkbox"/>	<u>7 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	48 <u>Cold Food</u>	<input checked="" type="checkbox"/>	<u>7 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	49 <u>Hot Food</u>	<input type="checkbox"/>	<u>7 / 29 / 80</u>	<u>7 / 30 / 80</u>	<u> / /</u>
<input type="checkbox"/>	50 <u>Table Set</u>	<input type="checkbox"/>	<u>8 / 2 / 80</u>	<u>8 / 5 / 80</u>	<u> / /</u>
<input type="checkbox"/>	51 <u>Meals</u>	<input type="checkbox"/>	<u>8 / 2 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	52 <u>Balanced Diet</u>	<input type="checkbox"/>	<u>8 / 2 / 80</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Greeting</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	2 <u>Greeting Response</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	3 <u>Introduction</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u>4 / 24 / 80</u>	<u>4 / 24 / 80</u>
<input checked="" type="checkbox"/>	4 <u>Articulation</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	5 <u>Conversation</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u>4 / 24 / 80</u>	<u>4 / 24 / 80</u>
<input checked="" type="checkbox"/>	6 <u>Interest</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>On Topic</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Relevant Questions</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u>4 / 24 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	9 <u>Positive Regard</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	10 <u>Authority</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	11 <u>Profanity</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Truth/Lie</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	13 <u>Tics</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	14 <u>Touching</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Posture</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u>4 / 24 / 80</u>	<u> / /</u>
<input checked="" type="checkbox"/>	16 <u>Distressed Person</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Distressed Client</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Problems</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	19 <u>Roommates</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	20 <u>Off Limits</u>	<input checked="" type="checkbox"/>	<u>5 / 07 / 80</u>	<u>5 / 07 / 80</u>	<u>5 / 09 / 80</u>
<input checked="" type="checkbox"/>	21 <u>Answer Door</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Apology</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Interruption</u>	<input checked="" type="checkbox"/>	<u>4 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	24 <u>Compromise</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Threat</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Tease</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	27 <u>Blame</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u>5 / 02 / 80</u>	<u>5 / 03 / 80</u>
<input type="checkbox"/>	28 <u>Criticism</u>	<input type="checkbox"/>	<u>5 / 02 / 80</u>	<u>5 / 02 / 80</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Personal Questions</u>	<input type="checkbox"/>	<u>5 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	30 <u>Compliments</u>	<input checked="" type="checkbox"/>	<u>5 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	31 <u>Turn Taking</u>	<input checked="" type="checkbox"/>	<u>5 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Line</u>	<input type="checkbox"/>	<u>5 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Etiquette</u>	<input type="checkbox"/>	<u>5 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Unfamiliar Task</u>	<input type="checkbox"/>	<u>5 / 24 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	35 <u>Help</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Assistance</u>	<input type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	37 <u>Ownership</u>	<input checked="" type="checkbox"/>	<u>5 / 02 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Loaned Items</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Borrowed Items</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Returned Items</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Consequences</u>	<input type="checkbox"/>	<u>5 / 12 / 80</u>	<u>5 / 15 / 80</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Laws</u>	<input type="checkbox"/>	<u>5 / 12 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Responsibilities</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Agreement</u>	<input type="checkbox"/>	<u>5 / 26 / 80</u>	<u>5 / 26 / 80</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>Situation</u>	<input type="checkbox"/>	<u>5 / 26 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	46 <u>Deadline</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	47 <u>Appointments</u>	<input type="checkbox"/>	<u>6 / 10 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	48 <u>Schedule Change</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	49 <u>Instructions</u>	<input checked="" type="checkbox"/>	<u>6 / 20 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	50 <u>Complaints</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	51 <u>Parlor Games</u>	<input type="checkbox"/>	<u>6 / 25 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	52 <u>Sports</u>	<input type="checkbox"/>	<u>6 / 25 / 80</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: Max E. Mum
Trainer(s): T. Z.

Skill Objective Mastered

FUNCTIONAL ACADEMIC SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input checked="" type="checkbox"/>	1 <u>Personal Data I</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	2 <u>Personal Data II</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	3 <u>Signature</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	4 <u>Numbers</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	5 <u>Counting</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	6 <u>Addition</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	7 <u>Subtraction</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	8 <u>Multiplication</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	9 <u>Division</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	10 <u>Clock</u>	<input checked="" type="checkbox"/>	<u>3 / 12/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	11 <u>Days I</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	12 <u>Days II</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	13 <u>Months I</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	14 <u>Months II</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	15 <u>Date</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	16 <u>Calendar</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	17 <u>Seasons</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	18 <u>Holidays</u>	<input checked="" type="checkbox"/>	<u>4 / 15/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	19 <u>Cutting Tool</u>	<input checked="" type="checkbox"/>	<u>6 / 20/ 80</u>	<u>6 / 25/ 80</u>	<u>6 / 26/ 80</u>
<input checked="" type="checkbox"/>	20 <u>Paper Tear</u>	<input checked="" type="checkbox"/>	<u>6 / 20/ 80</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	21 <u>Envelope</u>	<input checked="" type="checkbox"/>	<u>6 / 20/ 80</u>	<u>6 / 20/ 80</u>	<u>6 / 20/ 80</u>
<input checked="" type="checkbox"/>	22 <u>Postage Stamp</u>	<input checked="" type="checkbox"/>	<u>6 / 20/ 80</u>	<u>6 / 20/ 80</u>	<u>6 / 20/ 80</u>
<input type="checkbox"/>	23 <u>Safety Signs</u>	<input checked="" type="checkbox"/>	<u>8 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Information Signs</u>	<input checked="" type="checkbox"/>	<u>8 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Travel Signs</u>	<input checked="" type="checkbox"/>	<u>8 / 1 / 80</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Public Servants</u>	<input checked="" type="checkbox"/>	<u>8 / 1 / 80</u>	<u> / /</u>	<u> / /</u>

Thus, *The Independent Living Behavior Checklist* may be used as a planning tool, a training tool, and an evaluation tool. As such, it facilitates construction and implementation of the IEP.

Individualized Written Rehabilitation Program (IWRP)

The "Rehabilitation Act of 1973" (Public Law 93-112) requires an Individualized Written Rehabilitation Program (IWRP) for each handicapped individual eligible for vocational rehabilitation services.

The act states:

(b) Each individualized written rehabilitation program shall be reviewed on an annual basis at which time each such individual (or, in appropriate cases, his parents or guardians) will be afforded an opportunity to review such program and jointly redevelop its terms. Such program shall include, but not be limited to (1) a statement of long-range rehabilitation goals for the individual and intermediate rehabilitation objectives related to the attainment of such goals, (2) a statement of the specific vocational rehabilitation services to be provided, (3) the projected date for the initiation and the anticipated duration of each such service, (4) objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved, and, (5) where appropriate, a detailed explanation of the availability of a client assistance project established in such area pursuant to Section 112.

The IWRP may take any written form, but must include:

1. Long-range rehabilitation goals including intermediate objectives.
2. The type of services and training that will be provided.
3. Starting and ending dates for each service.
4. *Objective criteria* for determining if objectives and goals are being met.
5. Possible availability of a relevant client assistance project.

The Rehabilitation Act of 1973 as amended in 1978 includes Title VII, "Comprehensive Services for Independent Living." This Title stresses provision of rehabilitation services, ". . . that will enhance the ability of a handicapped individual to live independently and function within his family and community. . ."

Suppose that Max is a rehabilitation client, and an IWRP must be written for him. The format is similar to an IEP. It includes overall goals, intermediate objectives, and methods of objective evaluation. If the client is to receive training at a facility or in an independent living training program, *The Independent Living Behavior Checklist* can facilitate planning, implementation, and objective evaluation of progress. The sample IWRP for Max (without the Skill Summary Charts) appears on the following pages. Reference to the same Skill Summary charts used in the IEP example should be made for the IWRP.

INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM (IWRP)

Client Max E. Mum Counselor Sue Sweet
SS No. 302-87-2211 Date 9-15-80

PART I (Long Range Rehabilitation Goals)

Statement of Long Range Goals

Dates

Criteria for Goal Attainment

The overall goals are that Max will complete counseling and training for independent living and achieve deinstitutionalization. Preliminary evaluation by *The Independent Living Behavior Checklist* indicates that he should be able to complete the Independent Living Training Program in two years.

Start 9-80

End 9-82

Review — Four times per year

Performance on *The Independent Living Behavior Checklist*

His present level of accomplishment is summarized by skills marked "+" in the Summary columns of the attached Skill Summary Charts for:

1. Mobility Skills
2. Self Care Skills
3. Home Maintenance and Safety Skills
4. Food Skills
5. Social and Communication Skills
6. Functional Academic Skills

Part 2
(Intermediate Rehabilitation Objectives)

<u>Intermediate Objectives</u>	<u>Dates</u>	<u>Objective Evaluation</u>
Max will receive counseling as needed; he is not in need of physical or mental restoration (VR Status 16). His first intermediate objective is to enter independent living training (VR Status 18).	9-80	<i>The Independent Living Behavior Checklist</i> by staff of the Independent Living Training Program on an on-going basis with reports to the VR counselor four times per year (October, January, April, July).
	9-81	
	9-82	

We project that during the first year he will master:

1. Mobility Skill Objectives #24, 26, 32, 34, 35, 36, 38, 40, 41.
2. Self-Care Skill Objectives #27, 28, 29, 39, 40, 44, 50, 51, 52.
3. Home Maintenance and Safety Skill Objectives #16, 17, 18, 25, 26, 27, 28, 29, 30.
4. Food Skill Objectives #16, 20, 22, 24, 59, 60, 61, 62.
5. Social and Communication Skill Objectives #8, 15, 17, 18, 22, 23, 25, 26, 28, 29, 32, 33, 34, 36, 51, 52, 56, 58, 59, 62, 63, 64.
6. Functional Academic Skill Objectives #23, 24, 25, 26, 27, 31, 33, 34.

It is projected that during the following year (9-81 to 9-82) he will master the remaining skill objectives of each category (except those considered not applicable, as indicated on the Summary Charts).

Signature of Client

Date

Signature(s) of Parent or Guardian

(if appropriate)

Signature of Counselor

Signature of other IWRP Implementors

Individualized Habilitation Plan (IHP)

The 1975 Amendments to the Developmental Disabilities and Facilities Construction Act (Public Law 94-103) provides for an Individualized Habilitation Plan (IHP) designed to maximize the developmental potential of the person in a setting that is least restrictive of the person's personal liberty. The act states:

(b) A habilitation plan for a person with developmental disabilities shall meet the following requirements:

(1) The plan shall be in writing.

(2) The plan shall be developed jointly by (A) a representative or representatives of the program primarily responsible for delivering or coordinating the delivery of services to the person for whom the plan is established, (B) such person, and (C) where appropriate, such person's parents or guardian or other representative.

(3) Such plan shall contain a statement of the long-term habilitation goals for the person and the intermediate habilitation objectives relating to the attainment of such goals. Such objectives shall be stated specifically and in sequence and shall be expressed in behavioral or other terms that provide measurable indices of progress. The plan shall (A) describe how the objective will be achieved and the barriers that might interfere with the achievement of them, (B) state an objective criteria and an evaluation procedure and schedule for determining whether such objectives and goals are being achieved, and (C) provide for a program coordinator who will be responsible for the implementation of the plan.

(4) The plan shall contain a statement (in readily understandable form) of specific habilitation services to be provided, shall identify each agency which will deliver such services, shall describe the personnel (and their qualifications) necessary for the provision and the anticipated duration of each such service.

(5) The plan shall specify the role and objective of all parties to the implementation of the plan.

(c) Each habilitation plan shall be reviewed at least annually by the agency primarily responsible for the delivery of services to the person for whom the plan was established or responsible for the coordination of the delivery of services to such person. In the course of the review, such person and the person's parents or guardian or other representative shall be given an opportunity to review such plan and to participate in its revision.

The IHP may take any written format, but must include:

1. Joint planning of long-term habilitation goals including intermediate behavioral objectives.
2. The specific services and training that will be provided, including qualifications of the providers.
3. Starting and ending dates for each service.
4. *Objective criteria* for determining if objectives and goals are being met.
5. Specific and regularly scheduled evaluations.

Obviously, the format and requirements for an IHP are similar to the IEP and the IWRP. An IHP example for Max would be essentially the same as the examples for IEP and IWRP constructed earlier in this chapter. The Skill Summary Chart from *The Independent Living Behavior Checklist* would be included. The overall goals, specific intermediate objectives, and methods of objective evaluation would, once again, refer to *The Independent Living Behavior Checklist*. As with the IWRP and the IEP, the authors of the IHP legislation recognize the critical importance of stating in clear terms the skill objectives for client accomplishment and progress.

ILBC CHAPTER 9

RELIABILITY AND VALIDITY

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RELIABILITY AND VALIDITY

How reliably may the behaviors described in *The Independent Living Behavior Checklist* be assessed? How validly do these behaviors relate to the behaviors necessary for living independently? These are the questions of concern in this chapter.

In a review of behavior checklists, Walls, Werner, Bacon, and Zane (1977) suggest several reliability and validity concerns of relevance to behavior checklists. *The Independent Living Behavior Checklist is considered in terms of two kinds of reliability (Reliability as Stability, and Reliability as Interobserver Agreement) and two kinds of validity (Content Validity and Criterion Related Validity).*

Reliability As Stability

If a checklist skill objective is *stable*, an observer will score the same performance in the same way that he or she did two weeks ago. That is, there should be high agreement between the way two identical performances are scored even though some amount of time separates these two observations by the same observer.

Some authors have suggested that videotapes be made of client or student performance. These tapes can then be viewed and behaviors scored by the same observers at different points in time to determine how stable the measures are. This was the procedure used for the present assessment of stability.

Five rehabilitation clients were filmed while attempting to perform five skills from each of the areas. That is, each of five clients was tested individually on each of the five skill objectives from each chapter (Mobility Skills, Self Care Skills, Home Maintenance and Safety Skills, Food Skills, Social and Communication Skills, and Functional Academic Skills). The five skill objectives tested for each chapter were chosen by initially selecting 10 skill objectives randomly (by using a table of random numbers). Of these 10 randomly selected skill objectives, the five that could be most readily video-taped in the clients' training center were chosen. These skill objectives are identified in Table 1.

Thus, in each category of skill objectives five skill objectives were selected and assessed for five different clients. Accordingly, there were 25 scores (5 skill objectives x 5 clients) recorded in each category at Time 1. Two weeks later (Time 2) these same skill objectives were again assessed from the same video-tapes by the same observers.

Skills were considered stable if the observers scored them the same at Time 2 as they had at Time 1. For example, as shown in Table 1, Observer 1 scored 24 of 25 client Home Maintenance and Safety performances the same at Time 2 as at Time 1, yielding 96% agreement (Stability .96). Observer 2 scored all 25 client Home Maintenance and Safety performances the same at Time 2 as at Time 1.

As reported in Table 1, stability across six categories ranged from 96% to 100% using two observers. The overall mean stability of *The Independent Living Behavior Checklist* was 98.0% (.98).

Reliability as Interobserver Agreement

If a checklist skill objective is well defined in terms of conditions and behavior and has clear criteria or standards of performance, two or more independent observers should score the same performance the same way. An index of interobserver reliability was computed by comparing the scores of Observer 1 and Observer 2 at Time 1. For example,

TABLE 1

Reliability

<u>Stability (2 week interval)</u>	<u>Observer 1</u>	<u>Observer 2</u>
Mobility Skills 1, 6, 19, 23, and 28 for five persons:	$\frac{25A^a}{25A + OD} b = 1.0$	$\frac{25A}{25A + OD} = 1.0$
Self-Care Skills 4, 11, 12, 37, and 57 for five persons:	$\frac{25A}{25A + OD} = 1.0$	
Home Maintenance and Safety Skills 1, 11, 12, 38, and 44 for five persons:	$\frac{24 A}{24A + 1D} = .96$	$\frac{25A}{25A + OD} = 1.0$
Food Skills 19, 30, 36, 38, and 74 for five persons:	$\frac{24 A}{24A + 1D} = .96$	$\frac{25A}{25A + CD} = 1.0$
Social and Communication Skills 4, 29, 30, 31, and 60 for five persons:	$\frac{24 A}{24A + 1D} = .96$	$\frac{24 A}{24A + 1D} = .96$
Functional Academic Skills 15, 20, 28, 29, and 40 for five persons:	$\frac{24 A}{24A + 1D} = .96$	$\frac{24 A}{24A + 1D} = .96$
 <u>Interobserver (Two independent observers)</u>		
Mobility Skills 1, 6, 19, 23, and 28 for five persons:	<u>Observers 1 and 2</u> $\frac{25A^a}{25A + OD} b = 1.0$	
Self-Care Skills 4, 11, 12, 37, and 57 for five persons:	$\frac{25A}{25A + OD} = 1.0$	
Home Maintenance and Safety Skills 1, 11, 12, 38, and 44 for five persons:	$\frac{24 A}{24A + 1D} = .96$	
Food Skills 19, 30, 36, 38, and 74 for five persons:	$\frac{24 A}{24A + 1D} = .96$	
Social and Communication Skills 4, 29, 30, 31, and 60 for five persons:	$\frac{25A}{25A + OD} = 1.0$	
Functional Academic Skills 15, 20, 28, 29, and 40 for five persons:	$\frac{25A}{25A + OD} = 1.0$	

in Table 1 interobserver reliability for Mobility Skills was 100% (i.o.). This indicates that Observer 1 and Observer 2 agreed in the recording of all of the 25 client Mobility performances.

As reported in Table 1, interobserver reliability across all six categories ranged from 96% to 100%. The overall interobserver reliability of *The Independent Living Behavior Checklist* was 98.7%.

Content Validity

The skill objectives of a behavior checklist are samples of situations. How well those skill objectives sample the particular situation (independent living skills in this case) is termed content validity. Content validity does not yield a numerical value, but rather gives a clear definition of the universe represented and describes the procedures followed in the sampling from that universe. In other words, how well does *The Independent Living Behavior Checklist* represent the universe of independent living?

As the American Psychological Association notes in their *Standards for Educational and Psychological Tests* (1974) content validity requires an operational rather than theoretical definition of universe and sample. As stated in Chapter 1, construction of *The Independent Living Behavior Checklist* began with more than 200 behavior checklists collected from rehabilitation facilities and schools throughout the United States and some other countries. Of these checklists (Walls, Werner, Bacon, & Zane, 1977), 53 checklists were selected which contained items found to be constructed well enough to suggest ways to assess independent living behaviors (see Checklist References). Thus, the universe was based on the experience of many training facilities and independent living training personnel spread over a wide geographic area. Rather than sampling from this broad array of behaviors the entire universe was used to suggest skill objectives for Mobility, Self Care, Home Maintenance and Safety, Food, Social and Communication, and Functional Academic Skills.

Although many novel skill objectives were added to fill apparent gaps, and all skill objectives were written in the comprehensive objective format (condition, behavior, standard), the content of *The Independent Living Behavior Checklist* captures the collective experience and judgment of an impressive array of training personnel. It is much more comprehensive than the wisdom and experience of a single facility, a single staff, or a single training group. Thus, the content validity of *The Independent Living Behavior Checklist* must be considered high.

Criterion Related Validity

Concurrent or predictive criterion related validity indicates how well a measure correlates with some reliable criterion. In the present case, how closely do the skill objectives of *The Independent Living Behavior Checklist* conform to those behaviors that have been found necessary to actually live in an independent setting. Dr. Lois O. Schwab and colleagues at the University of Nebraska began work on the concept and training of independent living in 1966. Both laboratory and field based research, involving nine traveling independent living specialists, have contributed to development of *The Nebraska Assessment for Independent Living Skills* (Schwab, 1979). Research and development of those skills involved work with emotionally disturbed short-term patients in state hospitals, a broad range of vocational rehabilitation clients in a field setting, and severely handicapped cerebral palsy clients. In each of these settings, the behaviors have been narrowed and refined to yield the present set of skills relevant to independent living. Further validation is continuing with a nonhandicapped population.

These behaviors identified by the Nebraska group as being crucial for independent living were examined by the present authors *after* the skill objectives for *The Independent Living Behavior Checklist* had been completed. Thus, a high degree of agreement between what has been found important in contributing to independence and *The Independent Living Behavior Checklist* would indicate high criterion related validity. All of the 17 categories defined by Schwab (1979) as essential for independent living, were found to be included in *The Independent Living Behavior Checklist*. The criterion related validity with this extensively research Nebraska source was 1.0 (100%). Accordingly, the user may have confidence that *The Independent Living Behavior Checklist* includes the important and relevant skills for independent living.

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APPENDICES

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THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee : _____
Trainer(s): _____

Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Locomotion</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Up Incline</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Down Incline</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Up Stairs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Down Stairs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Push Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Pull Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Interior Door</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Window</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Step/ledder</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Kitchen Chair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Stuffed Chair</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Commode</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Bed</u>	()	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Floor</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Bath/tub</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Pincer Grasp</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Counter - Table</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Cabinet - Counter I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Cabinet - Counter II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Cabinet - Counter III</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Drawer - Counter</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Floor - Table</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Room - Room I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Room - Room II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Weight Pickup</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

MOBILITY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Weight Carry</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Weight Set Down</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Sidewalk</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	30 <u>Curb</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Traffic Light</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Crosswalk</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Safe Walking</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Neighborhood Objects</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	35 <u> " Locations</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Elevator</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	37 <u>Escalator</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Address</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Bus I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Bus II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Taxi</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Driver's License</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 Adaptive Device	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	2 Dressing	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	3 Clothes - Fasteners	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	4 Shoe Tie	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	5 Clothes - Winter	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	6 Clothes - Size	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	7 Clothes - Weather	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	8 Clothes - Occasion	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	9 Clothes - Coordination	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	10 Clothes - Clean	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	11 Clothes - Dirty	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	12 Clothes - Sorting	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	13 Washer	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	14 Dryer	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	15 Clothes - Storage	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	16 Clothes - Hand Wash	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	17 Clothes Line	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	18 Electric Iron	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	19 Dry Cleaning I	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	20 Dry Cleaning II	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	21 Clothing Labels	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	22 Mending	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	23 Button	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	24 Clothes - Personal	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	25 Clean Shoes	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___
<input type="checkbox"/>	26 Clothes Purchase	<input type="checkbox"/>	___/___/___	___/___/___	___/___/___

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Toothbrush</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Dental Floss</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Mouthwash</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	30 <u>Dentist</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Dental Check</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Hand Washing</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Shower Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Bath Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	35 <u>Shower or Bath</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Hair Dryer</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input checked="" type="checkbox"/>	37 <u>Comb</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Hair Set</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Hair Cut</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Shaving</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Beard Trim</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Deodorant</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Cosmetics</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Nails</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>Menstrual Aids</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	46 <u>Toilet I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	47 <u>Toilet II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	48 <u>Toilet III</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	49 <u>Public Toilet</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	50 <u>Alarm Clock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	51 <u>Alcohol</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	52 <u>Prescription</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____

Trainer(s): _____

Skill Objective Mastered

SELF CARE SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	53 <u>Medicine</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	54 <u>Child-Proof Cap</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	55 <u>Temperature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	56 <u>Sneeze</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	57 <u>Handkerchief</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	58 <u>Medical Bracelet</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	59 <u>Colds</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	60 <u>Sick</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	61 <u>Physical Checkup</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	62 <u>Injuries</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	63 <u>Ambulance</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT-LIVING-BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Door Unlock</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	2 <u>Door Lock</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	3 <u>Furniture</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	4 <u>Dust</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	5 <u>Cleaner Instructions</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	6 <u>Dirty Windows</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	7 <u>Dirty Bathroom</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	8 <u>Dirty Kitchen</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	9 <u>Items Misplaced</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	10 <u>Floor Care</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	11 <u>Carpet Care</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	12 <u>Vacuum Bcg</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	13 <u>Area Rug</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	14 <u>Garbage</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	15 <u>Unmade Bed</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	16 <u>Climate Conservation</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	17 <u>Thermostat</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	18 <u>Appliances</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	19 <u>Appliance Storage</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	20 <u>Appliances Off</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	21 <u>Lights Off</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	22 <u>Water Off</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	23 <u>Safe Cut</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	24 <u>Flashlight Repair</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	25 <u>Minor Repair</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	26 <u>Utility Valves</u>	<input type="checkbox"/>	/ /	/ /	/ /

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

HOME MAINTENANCE AND SAFETY SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Electric Shock</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	28 <u>Appliance Safety</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	29 <u>Bulb Replacement</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	30 <u>Fuse Replacement</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	31 <u>Water Leak</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	32 <u>Water Valve</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	33 <u>Toilet Plunger</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	34 <u>Natural Gas</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	35 <u>Gas Leak</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	36 <u>Major Repairs</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	37 <u>Flammables</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	38 <u>Extinguisher Location</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	39 <u>Extinguisher Use</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	40 <u>Fire Alarm</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	41 <u>Fire Emergency</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	42 <u>Smoking Rules</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	43 <u>Poison</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	44 <u>Danger</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	45 <u>New Home</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	46 <u>Packing</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee : _____

Trainer(s): _____

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Menu</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Grocery List</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Shopping</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Best Buy</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Check Out</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Food Storage</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Hand Wash</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Apron</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Jar Lids</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Food Wrap</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Plastic Container</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Food Bag</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Food Carton</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Milk Carton</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Twist - Tie</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Can Opener I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Can Opener II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Bottle Opener</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Pull - Tab</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Frozen Food</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Opened Food</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Dirt Removal</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Peeler</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Knife</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Grater</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Butcher Knife</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FOOD SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 Spatula	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	28 Measuring Spoon	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	29 Liquid Pouring	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	30 Mixed Ingredients	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	31 Mixer	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	32 Egg Beater	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	33 Blender	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	34 Pan Selection	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	35 Rubber Scraper	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	36 Pan Transfer	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	37 Pilot Light	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	38 Cooking Temperature	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	39 Temperature Regulation	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	40 Kitchen Timer	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	41 Pot Holder	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	42 Tea Kettle	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	43 Frying Pan	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	44 Coffee Pot	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	45 Toaster	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	46 Egg	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	47 Sandwich	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	48 Cold Food	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	49 Hot Food	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	50 Table Set	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	51 Meals	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	52 Balanced Diet	<input type="checkbox"/>	/ /	/ /	/ /

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FOOD SKILLS

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<input type="checkbox"/>	53 <u>Special Diet</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	54 <u>Guests</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	55 <u>Silverware</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	56 <u>Cup/Glass</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	57 <u>Inedibles</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	58 <u>Food Temperature</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	59 <u>Mouth Full</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	60 <u>Eating Time</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	61 <u>Napkin</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	62 <u>Manners</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	63 <u>Dirty Dishes</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	64 <u>Scraps</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	65 <u>Garbage Disposal</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	66 <u>Spoiled Food</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	67 <u>Leftovers</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	68 <u>Dishwater</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	69 <u>Dishwashing</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	70 <u>Dishwasher</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	71 <u>Dish Drying</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	72 <u>Dish Storage</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	73 <u>Wipe Up</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	74 <u>Spills</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	75 <u>Dish Rag</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
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Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Greeting</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	2 <u>Greeting Response</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	3 <u>Introduction</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	4 <u>Articulation</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	5 <u>Conversation</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	6 <u>Interest</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	7 <u>On Topic</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	8 <u>Relevant Questions</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	9 <u>Positive Regard</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	10 <u>Authority</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	11 <u>Profanity</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	12 <u>Truth/Lie</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	13 <u>Tics</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	14 <u>Touching</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	15 <u>Posture</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	16 <u>Distressed Person</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	17 <u>Distressed Client</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	18 <u>Problems</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	19 <u>Roommates</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	20 <u>Off Limits</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	21 <u>Answer Door</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	22 <u>Apology</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	23 <u>Interruption</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	24 <u>Compromise</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	25 <u>Threat</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<input type="checkbox"/>	26 <u>Tease</u>	<input type="checkbox"/>	<u> / / </u>	<u> / / </u>	<u> / / </u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

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Trainer(s): _____

Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Blame</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	28 <u>Criticism</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	29 <u>Personal Questions</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	30 <u>Compliments</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	31 <u>Turn Taking</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	32 <u>Line</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	33 <u>Etiquette</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	34 <u>Unfamiliar Task</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	35 <u>Help</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	36 <u>Assistance</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	37 <u>Ownership</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	38 <u>Loaned Items</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	39 <u>Borrowed Items</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	40 <u>Returned Items</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	41 <u>Consequences</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	42 <u>Laws</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	43 <u>Responsibilities</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	44 <u>Agreement</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	45 <u>Situation</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	46 <u>Deadline</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	47 <u>Appointments</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	48 <u>Schedule Change</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	49 <u>Instructions</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	50 <u>Complaints</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	51 <u>Parlor Games</u>	<input type="checkbox"/>	/ /	/ /	/ /
<input type="checkbox"/>	52 <u>Sports</u>	<input type="checkbox"/>	/ /	/ /	/ /

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

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Skill Objective Mastered

SOCIAL AND COMMUNICATION SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	53 <u>Ticket</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	54 <u>Phone Number</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	55 <u>Local Call</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	56 <u>Long Distance Call</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	57 <u>Operator</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	58 <u>Information</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	59 <u>Emergency Call</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	60 <u>Hello</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	61 <u>Phone Conversation</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	62 <u>Postage</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	63 <u>Letter</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	64 <u>Mailbox</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	65 <u>Personal Mail</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	66 <u>Birth Control</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	67 <u>Date Arrangement</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	68 <u>Dating Behavior</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	69 <u>Sexual Situations</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

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Skill Objective Mastered

FUNCTIONAL ACADEMIC SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	1 <u>Personal Data I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	2 <u>Personal Data II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	3 <u>Signature</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	4 <u>Numbers</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	5 <u>Counting</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	6 <u>Addition</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	7 <u>Subtraction</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	8 <u>Multiplication</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	9 <u>Division</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	10 <u>Clock</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	11 <u>Days I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	12 <u>Days II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	13 <u>Months I</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	14 <u>Months II</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	15 <u>Date</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	16 <u>Calendar</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	17 <u>Seasons</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	18 <u>Holidays</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	19 <u>Cutting Tool</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	20 <u>Paper Tear</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	21 <u>Envelope</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	22 <u>Postage Stamp</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	23 <u>Safety Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	24 <u>Information Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	25 <u>Travel Signs</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	26 <u>Public Servants</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST

SKILL SUMMARY CHART

Skill Objective Not Considered Applicable

Trainee: _____
Trainer(s): _____

Skill Objective Mastered

FUNCTIONAL ACADEMIC SKILLS

Summary	Skill Objective	Initial Assessment		Training	
		+ or -	Date	Date Begun	Date Completed
<input type="checkbox"/>	27 <u>Vehicles</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	28 <u>Measurement</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	29 <u>Currency</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	30 <u>Change</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	31 <u>Price</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	32 <u>Cash Purchase</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	33 <u>Incorrect Change</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	34 <u>Receipts</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	35 <u>Vending Machine</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	36 <u>Savings Account</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	37 <u>Savings Deposit</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	38 <u>Savings Withdrawal</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	39 <u>Checking Account</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	40 <u>Checking Deposit</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	41 <u>Check Endorsement</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	42 <u>Check</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	43 <u>Monthly Bills</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	44 <u>Checkbook Balance</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	45 <u>Check Reorder</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	46 <u>Budget</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	47 <u>Mail Order</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	48 <u>Income Tax</u>	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<u> / /</u>	<u> / /</u>	<u> / /</u>

THE INDEPENDENT LIVING BEHAVIOR CHECKLIST SKILL OBJECTIVES PROFILE

Trainee _____

