

Independent Living Assessment

Directions: Please read each statement carefully. Make a check in the "Yes" column if the statement is true for you. Make a check in the "No" column if the statement is not true for you. You do not have to check "yes" for every item before you are ready to live on your own. But these things are important to think about and decide what will work for you.

Understanding My Disability

	Yes	No
1. I know about my disability and the words used to describe it.	<input type="checkbox"/>	<input type="checkbox"/>
2. I can explain my disability to others if I need to.	<input type="checkbox"/>	<input type="checkbox"/>
3. I know when I need to tell about my disability and when I do not.	<input type="checkbox"/>	<input type="checkbox"/>
4. I know how to ask for the accommodations I need.	<input type="checkbox"/>	<input type="checkbox"/>

Life Skills

	Yes	No
1. I do my own laundry.	<input type="checkbox"/>	<input type="checkbox"/>
2. I do my own cooking.	<input type="checkbox"/>	<input type="checkbox"/>
3. I do housekeeping chores.	<input type="checkbox"/>	<input type="checkbox"/>
4. I schedule my own appointments for the doctor/dentist.	<input type="checkbox"/>	<input type="checkbox"/>
5. I use a calendar to organize my personal or school responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
6. I use the telephone, internet, or other assistive technology device to get information I need.	<input type="checkbox"/>	<input type="checkbox"/>
7. I manage my own personal care.	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a plan for eating well and getting exercise.	<input type="checkbox"/>	<input type="checkbox"/>

Financial/Economic

	Yes	No
1. I have a checking or savings account.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have/use an ATM card.	<input type="checkbox"/>	<input type="checkbox"/>
3. I use a budget to plan my finances/expenses.	<input type="checkbox"/>	<input type="checkbox"/>
4. I currently pay taxes.	<input type="checkbox"/>	<input type="checkbox"/>
5. I pay for car insurance.	<input type="checkbox"/>	<input type="checkbox"/>
6. I currently get funds from social security.	<input type="checkbox"/>	<input type="checkbox"/>
7. I currently get a weekly/monthly paycheck.	<input type="checkbox"/>	<input type="checkbox"/>

Career/Employment

	Yes	No
1. I know the job/career field I will enter after high school/college.	<input type="checkbox"/>	<input type="checkbox"/>
2. I am currently employed in a part-time job.	<input type="checkbox"/>	<input type="checkbox"/>
3. I am currently employed in a full-time job.	<input type="checkbox"/>	<input type="checkbox"/>
4. I plan on joining the military after high school.	<input type="checkbox"/>	<input type="checkbox"/>
5. I know what kind of training I need to do the job I want.	<input type="checkbox"/>	<input type="checkbox"/>
6. I know how to contact possible employers about a job.	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to fill out a job application.	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel comfortable doing a job interview on my own.	<input type="checkbox"/>	<input type="checkbox"/>

Training/Education

	Yes	No
1. I plan on attending a four year college after high school.	<input type="checkbox"/>	<input type="checkbox"/>
2. I plan on enrolling in a technical school after high school.	<input type="checkbox"/>	<input type="checkbox"/>
3. I plan on enrolling in a vocational training program.	<input type="checkbox"/>	<input type="checkbox"/>
4. I am currently enrolled in a training program.	<input type="checkbox"/>	<input type="checkbox"/>
5. I am participating in an apprenticeship program.	<input type="checkbox"/>	<input type="checkbox"/>
6. I am undecided about my education/training after high school.	<input type="checkbox"/>	<input type="checkbox"/>
7. I am currently participating in an apprenticeship program.	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Transportation

	Yes	No
1. I have taken or am enrolled in Driver's Education or Training.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have my driver's license.	<input type="checkbox"/>	<input type="checkbox"/>
3. I own my own car.	<input type="checkbox"/>	<input type="checkbox"/>
4. I use my parent's car for transportation.	<input type="checkbox"/>	<input type="checkbox"/>
5. I use the public bus system.	<input type="checkbox"/>	<input type="checkbox"/>
6. I use a bicycle for transportation.	<input type="checkbox"/>	<input type="checkbox"/>
7. I currently depend on friends for rides.	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Housing

	Yes	No
1. I currently live with my parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>
2. I rent a room in a house.	<input type="checkbox"/>	<input type="checkbox"/>
3. I live in my own apartment / with roommates.	<input type="checkbox"/>	<input type="checkbox"/>
4. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Recreation/Leisure

	Yes	No
1. I am part of one or more school clubs.	<input type="checkbox"/>	<input type="checkbox"/>
2. I am on one or more sports teams.	<input type="checkbox"/>	<input type="checkbox"/>
3. I belong to one or more social or recreational groups.	<input type="checkbox"/>	<input type="checkbox"/>
4. I am active in community sponsored activities.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have one or more hobbies.	<input type="checkbox"/>	<input type="checkbox"/>
6. I spend time doing things with one or more friends.	<input type="checkbox"/>	<input type="checkbox"/>
7. I am involved in volunteer activities.	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Community Resources

	Yes	No
1. I am currently using services provided by community agencies: (developmental disability agency, independent living center, vocational rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/>
2. I use the public library regularly.	<input type="checkbox"/>	<input type="checkbox"/>
3. I go to the local YMCA or a parks and recreation program.	<input type="checkbox"/>	<input type="checkbox"/>
4. I don't know what community resources are available.	<input type="checkbox"/>	<input type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Check the topics you would like to learn more about:

Finances/Money

- ☐ Counting money and change
- ☐ Opening and using a checking or savings account
- ☐ Balancing a checkbook
- ☐ Making a budget for your money
- ☐ Using a debit card to get cash
- ☐ Using a credit card to buy things

Health/Life Skills/Transportation

- ☐ Health insurance/ways to pay for medical and dental care
- ☐ Finding a doctor
- ☐ Learning how to drive a car
- ☐ Using the bus or other public transportation
- ☐ How to apply for adult services

Education and Training

- ☐ Applying for college or other training programs
- ☐ How to find money for college or other training
- ☐ Who to contact to help find training

Housing

- ☐ Housing options in my community
- ☐ Paying for rent and utilities
- ☐ Finding roommates

Community Resources

- ☐ Resources and services in my community
- ☐ Recreational activities in my community