



career and workforce development redefined

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# Independent Living Skill Assessment

service recipient

date of initial assessment

point person for assessment

date revised

The Independent Living Skill Assessment (ILSA) is a simple tool to assist service recipients, residents, residential staff, other service providers, and family members make an inventory of the service recipient’s skill level in a number of common, everyday life areas. These areas include Communication, Activities of Daily Living (Household Chores, Personal Care, Community Participation), and Personal Growth. All items are written in first person since this is the service recipient’s plan.

There are 4 rating categories:

Never Observed (N/O), Not Applicable (N/A), Skill Level (How well does the service recipient perform the task?) and Efficiency (How quickly does the service recipient perform the task, independently while maintaining sufficient quality?)

### Rating Scale for Skill Level and Efficiency

|                     | 1                        | 2  | 3 | 4 | 5  | 6  |
|---------------------|--------------------------|--|---|---|--|--|
| Overall Skill Level | Unable to do task at all | Can do task with extensive assistance      |   |   | Can do the task well. Only needs occasional assistance | Can do the task very well; independently & appropriately |
| Efficiency Level    | N/A                      | Very slow; requires step by step prompting |   |   | Efficient. Only needs occasional prompting             | Very efficient & independent. Maintains Quality          |

# communication

| LIFE SKILL AREA   | N/O                  | N/A                 | SKILL LEVEL | EFFICIENCY LEVEL             | IDEAS    |
|---|----------------------|---------------------|-------------|------------------------------|----------|
| Use augmentative device / assistive technology                            |                      |                     |             |                              | describe |
| Use telephone   |                      |                     |             |                              |          |
| Express needs, desires, dislikes, ideas to family                         |                      |                     |             |                              |          |
| Express needs, desires, dislikes, ideas to staff                          |                      |                     |             |                              |          |
| Express needs, desires, dislikes, ideas to peers                          |                      |                     |             |                              |          |
| Express frustration/anger in appropriate manner                           |                      |                     |             |                              |          |
| Follow verbal directions and requests                                     |                      |                     |             |                              |          |
| Respond to greetings appropriately  |                      |                     |             |                              |          |
| Recognize & respond to emergencies appropriately                          |                      |                     |             |                              |          |
| Indicate when finished with a task  |                      |                     |             |                              |          |
| For people who support me, if I can't communicate with words              |                      |                     |             |                              |          |
| People can tell I like or want something when I...                        |                      |                     |             |                              |          |
| People can tell I don't like or don't want something when I...            |                      |                     |             |                              |          |
| A good way for people to communicate with me is...                        |                      |                     |             |                              |          |
| When I'm angry or upset, I want people around me to...                    |                      |                     |             |                              |          |
| In this situation...  | When this happens... | It usually means... |             | Supporters should do this... |          |
| Has a communication assessment been done?    Yes    No    (Attach Report) |                      |                     |             |                              |          |

# living arrangements

|  |  |
|--|--|
| This is where I live:                          |  |
| These people provide support to me in my home: |  |
| What I like about where I live:                |  |
| What I don't like about where I live:          |  |
| If I could live somewhere else, it would be:   |  |
| other  |  |
| other  |  |

# employment

|   |  |
|---|--|
| This is where I work:                         |  |
| These people provide support to me in my job: |  |
| What I like about where I work:               |  |
| What I don't like about where I work:         |  |
| If I could work somewhere else, it would be:  |  |
| other   |  |
| other   |  |

# day programs

|  |  |
|--|--|
| <p>This is where I spend my day:</p>                         |  |
| <p>These people provide support to me in my day program:</p> |  |
| <p>What I like about my day program:</p>                     |  |
| <p>What I don't like about my day program:</p>               |  |
| <p>If I could spend my day somewhere else, it would be:</p>  |  |
| <p>other</p>   |  |
| <p>other</p>   |  |

# activities of daily living

## household chores

| LIFE SKILL AREA       | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|-----------------------|-----|-----|-------------|------------------|-------|
| <b>COOKING</b>        |     |     |             |                  |       |
| Select ingredients    |     |     |             |                  |       |
| Open containers       |     |     |             |                  |       |
| Prep cold foods       |     |     |             |                  |       |
| Make salad            |     |     |             |                  |       |
| Make sandwiches       |     |     |             |                  |       |
| Use sharp knives      |     |     |             |                  |       |
| Make/serve own meals  |     |     |             |                  |       |
| Use stove/oven        |     |     |             |                  |       |
| Use microwave         |     |     |             |                  |       |
| Use toaster           |     |     |             |                  |       |
| Use blender           |     |     |             |                  |       |
| Use mixer             |     |     |             |                  |       |
| Use dishwasher        |     |     |             |                  |       |
| Wash dishes (by hand) |     |     |             |                  |       |
| other                 |     |     |             |                  |       |
| other                 |     |     |             |                  |       |

# activities of daily living

## household chores

| LIFE SKILL AREA           | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|---------------------------|-----|-----|-------------|------------------|-------|
| <b>CLEANING</b>           |     |     |             |                  |       |
| Basic tidying             |     |     |             |                  |       |
| Make bed                  |     |     |             |                  |       |
| Change bed linen          |     |     |             |                  |       |
| Use vacuum                |     |     |             |                  |       |
| Dust                      |     |     |             |                  |       |
| Trash & garbage           |     |     |             |                  |       |
| Wet cleaning/scrubbing    |     |     |             |                  |       |
| other                     |     |     |             |                  |       |
| <b>LIGHT YARD-WORK</b>    |     |     |             |                  |       |
| Sweep walkways & patio    |     |     |             |                  |       |
| Mow lawn                  |     |     |             |                  |       |
| Use gardening handtools   |     |     |             |                  |       |
| Water lawn & garden       |     |     |             |                  |       |
| other                     |     |     |             |                  |       |
| <b>MAINTENANCE/REPAIR</b> |     |     |             |                  |       |
| Use hammer & screwdriver  |     |     |             |                  |       |
| Replace lightbulbs        |     |     |             |                  |       |
| other                     |     |     |             |                  |       |
| other                     |     |     |             |                  |       |

# activities of daily living

## household chores

| LIFE SKILL AREA                       | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|---------------------------------------|-----|-----|-------------|------------------|-------|
| <b>LAUNDRY</b>                        |     |     |             |                  |       |
| Sort clothes, towels & linens         |     |     |             |                  |       |
| Load washer                           |     |     |             |                  |       |
| Put detergent in washer               |     |     |             |                  |       |
| Set/turn on washer                    |     |     |             |                  |       |
| Transfer laundry from Washer to dryer |     |     |             |                  |       |
| Set/turn dryer                        |     |     |             |                  |       |
| Unload dryer                          |     |     |             |                  |       |
| Hang clothes                          |     |     |             |                  |       |
| Fold laundry                          |     |     |             |                  |       |
| Put laundry in Closets & drawers      |     |     |             |                  |       |
| other                                 |     |     |             |                  |       |
| <b>PAYING BILLS</b>                   |     |     |             |                  |       |
| Open bills                            |     |     |             |                  |       |
| Write checks                          |     |     |             |                  |       |
| Put stamps on envelopes               |     |     |             |                  |       |
| Put stamped envelopes in mail         |     |     |             |                  |       |
| Online banking                        |     |     |             |                  |       |
| other                                 |     |     |             |                  |       |

# activities of daily living

## personal care

| LIFE SKILL AREA                                 | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|---|-----|-----|-------------|------------------|-------|
| <b>GROOMING &amp; HYGIENE</b>                   |     |     |             |                  |       |
| Bathing   |     |     |             |                  |       |
| Dental Hygiene                                  |     |     |             |                  |       |
| Shaving   |     |     |             |                  |       |
| Facial Care                                     |     |     |             |                  |       |
| Hair Care                                       |     |     |             |                  |       |
| Nail Care                                       |     |     |             |                  |       |
| Make-Up   |     |     |             |                  |       |
| Feminine Hygiene                                |     |     |             |                  |       |
| Select Clothes for different occasions          |     |     |             |                  |       |
| Dressing  |     |     |             |                  |       |
| Do what I can to assist my physical care givers |     |     |             |                  |       |
| <b>HEALTH &amp; WELL-BEING</b>                  |     |     |             |                  |       |
| Take medication                                 |     |     |             |                  |       |
| Exercise regularly                              |     |     |             |                  |       |
| Eat healthy diet                                |     |     |             |                  |       |
| Access medical/dental services                  |     |     |             |                  |       |
| Access behavioral health services               |     |     |             |                  |       |
| Do what I can to follow my behavior plan        |     |     |             |                  |       |

# activities of daily living

## in the community

| LIFE SKILL AREA               | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|-------------------------------|-----|-----|-------------|------------------|-------|
| <b>GROCERY SHOPPING</b>       |     |     |             |                  |       |
| Develop shopping list         |     |     |             |                  |       |
| Push cart                     |     |     |             |                  |       |
| Locate items                  |     |     |             |                  |       |
| Load/unload cart/basket       |     |     |             |                  |       |
| Pay cashier                   |     |     |             |                  |       |
| Put groceries away in kitchen |     |     |             |                  |       |
| other                         |     |     |             |                  |       |
| <b>BANKING</b>                |     |     |             |                  |       |
| Write checks                  |     |     |             |                  |       |
| Make deposits/withdrawals     |     |     |             |                  |       |
| Use ATM machine               |     |     |             |                  |       |
| other                         |     |     |             |                  |       |
| <b>POST OFFICE</b>            |     |     |             |                  |       |
| Put stamped mail in mailbox   |     |     |             |                  |       |
| Make transactions at counter  |     |     |             |                  |       |
| other                         |     |     |             |                  |       |
| <b>OTHER ERRANDS</b>          |     |     |             |                  |       |
|                               |     |     |             |                  |       |
|                               |     |     |             |                  |       |

# activities of daily living

## in the community

| LIFE SKILL AREA                                    | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|--|-----|-----|-------------|------------------|-------|
| <b>HAIR / BEAUTY SALON</b>                         |     |     |             |                  |       |
| Request haircut/style                              |     |     |             |                  |       |
| Request manicure/pedicure                          |     |     |             |                  |       |
| Pay for services received                          |     |     |             |                  |       |
| other  |     |     |             |                  |       |
| <b>CLOTHES SHOPPING</b>                            |     |     |             |                  |       |
| Make selections of choice                          |     |     |             |                  |       |
| Try on items selected                              |     |     |             |                  |       |
| Request assistance from clerks                     |     |     |             |                  |       |
| Make transaction with cashier                      |     |     |             |                  |       |
| other  |     |     |             |                  |       |
| <b>MEDICAL &amp; DENTAL APPOINTMENTS</b>           |     |     |             |                  |       |
| Make appointments by phone or online               |     |     |             |                  |       |
| Participate in scheduled appointment independently |     |     |             |                  |       |
| other  |     |     |             |                  |       |
| <b>PHARMACY</b>                                    |     |     |             |                  |       |
| Give prescription to pharmacist                    |     |     |             |                  |       |
| Pay for medication                                 |     |     |             |                  |       |
| other  |     |     |             |                  |       |

# activities of daily living

## personal growth

| LIFE SKILL AREA                                     | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|---|-----|-----|-------------|------------------|-------|
| <b>TRANSPORTATION</b>                               |     |     |             |                  |       |
| Walk to nearby sites                                |     |     |             |                  |       |
| Use public transportation                           |     |     |             |                  |       |
| Use taxi  |     |     |             |                  |       |
| Use map, GPS, or smart phone app to navigate        |     |     |             |                  |       |
| Use seatbelts                                       |     |     |             |                  |       |
| Use bicycle for some local travel                   |     |     |             |                  |       |
| Drive a car   |     |     |             |                  |       |
| Operate manual or motorized wheelchair/scooter      |     |     |             |                  |       |
| other   |     |     |             |                  |       |
| I can count on these people for a ride:             |     |     |             |                  |       |
| <b>RECREATION</b>                                   |     |     |             |                  |       |
| Express avocational interests                       |     |     |             |                  |       |
| Pursue hobbies/interests on my own                  |     |     |             |                  |       |
| Share hobbies/interests with family, friends, staff |     |     |             |                  |       |
| Share hobbies/interests with others in community    |     |     |             |                  |       |
| other   |     |     |             |                  |       |
| other   |     |     |             |                  |       |

# activities of daily living

## personal growth

| LIFE SKILL AREA                                  | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|--|-----|-----|-------------|------------------|-------|
| <b>FAMILY</b>                                    |     |     |             |                  |       |
| Visit with family regularly                      |     |     |             |                  |       |
| Take vacations with family or friends            |     |     |             |                  |       |
| Take care of dependent children                  |     |     |             |                  |       |
| Understand my legal guardianship issues & rights |     |     |             |                  |       |
| Access child care services                       |     |     |             |                  |       |
| <b>FRIENDSHIPS</b>                               |     |     |             |                  |       |
| Establish & maintain friendships                 |     |     |             |                  |       |
| Identify activities to do with friends           |     |     |             |                  |       |
| <b>INTIMATE RELATIONSHIPS &amp; SEXUALITY</b>    |     |     |             |                  |       |
| Ask for dates appropriately                      |     |     |             |                  |       |
| Identify activities for dates                    |     |     |             |                  |       |
| Understand my sexuality & appropriate behavior   |     |     |             |                  |       |
| Understand & use contraception                   |     |     |             |                  |       |
| Understand & practice safe sex                   |     |     |             |                  |       |
| other  |     |     |             |                  |       |
| <b>SPIRITUAL LIFE</b>                            |     |     |             |                  |       |
| Express interest in spiritual issues/religion    |     |     |             |                  |       |
| Belong to a spiritual community/place of worship |     |     |             |                  |       |
| Respect spiritual/religious practices of others  |     |     |             |                  |       |

# activities of daily living

## personal growth

| LIFE SKILL AREA  | N/O | N/A | SKILL LEVEL | EFFICIENCY LEVEL | IDEAS |
|--|-----|-----|-------------|------------------|-------|
| <b>COMPUTERS, TABLETS &amp; SMARTPHONES</b>            |     |     |             |                  |       |
| Play games   |     |     |             |                  |       |
| Compose/print documents                                |     |     |             |                  |       |
| Create graphic/visuals/<br>animation                   |     |     |             |                  |       |
| Use email & internet                                   |     |     |             |                  |       |
| Use smartphone for voice<br>and/or text                |     |     |             |                  |       |
| Use apps   |     |     |             |                  |       |
| <b>CONTINUING EDUCATION</b>                            |     |     |             |                  |       |
| Take classes for people w/<br>disabilities             |     |     |             |                  |       |
| Take classes with people<br>without disabilities       |     |     |             |                  |       |
| <b>EMPLOYMENT RETENTION</b>                            |     |     |             |                  |       |
| Be prepared for the day<br>(attire/hygiene/lunch)      |     |     |             |                  |       |
| Demonstrate punctuality<br>and reliability             |     |     |             |                  |       |
| Request time off<br>appropriately                      |     |     |             |                  |       |
| Notify employer when<br>unable to get to work          |     |     |             |                  |       |
| <b>OTHER AREAS</b>                                     |     |     |             |                  |       |
| Manage time well; Handle<br>wait time appropriately    |     |     |             |                  |       |
| Vote for my public officials                           |     |     |             |                  |       |
| Access benefits, financial &<br>legal counseling       |     |     |             |                  |       |
| Ensure third party payee<br>applies funds to recipient |     |     |             |                  |       |

# ideas for ELP goals

In my ELP I will need to write goals in the following areas, based on the information gathered. These could be things I want to achieve, and areas where I need help.

| Key Life Areas                                   | Ideas |
|--|-------|
| Residence and Daily Living                       |       |
| Career/Employment                                |       |
| Further Education/Training                       |       |
| Health, Well-Being and Personal Care             |       |
| Community Participation/ Membership/Contribution |       |
| Leisure Pursuits/Avocations                      |       |
| Relationships/Social Interactions                |       |
| Transportation                                   |       |
| Financial, Government Benefits, & Legal Issues   |       |
| Physical Safety and Security                     |       |

## Direct Involvement of the service recipient

Did the service recipient directly provide information gathered in this assessment?  Yes  No

Level of participation.

On the line below, indicate with a checkmark an estimate of the service recipient's level of direct contribution/participation:

---

100%                      75%                      50%                      25%                      0%

What supports were provided to the service recipient to assist him/her participate in this assessment?

- A member of his/her personal network (other than professional staff) participated by prompting and contributing information.
- He/she was able to directly enter information into electronic version of the instrument, using accessible formats/assistive technology
- A professional prompted him/her, by re-phrasing or referring to previous information and observations
- He/she used a communication board or augmentative device to provide information
- Other: