



Situational Assessment Form

Client:

Disability:

Concerns/Referral Issues:

Date: Tools/Tasks Used:	Observations:
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Assessment Rating Sheet

Scale:

- 1. = Never needs assistance
- 2. = Occasionally needs assistance
- 3. = Sometimes needs assistance
- 4. = Usually needs assistance
- 5. = Always needs assistance

Client:

Period:

Staff:

I. DEVELOPMENTAL SKILLS

A. Self-Care (daily activities of feeding, grooming, toileting, dressing)

5 4 3 2 1

Assets:

Training needs:

B. COMMUNICATION (verbal & non-verbal behavior enabling client to express self & understand & follow verbal instructions given)

5 4 3 2 1

Assets:

Training needs:

C. LEARNING (cognitive competence and ability to acquire new behaviors, try new things, retain information)

5 4 3 2 1

Assets:

Training needs:

D. MOBILITY (ability to move from place to place with or without mechanical aides)

5 4 3 2 1

Assets:

Training needs:

E. SELF-DIRECTION/SOCIAL SKILLS (management and taking control over social skills and personal interactions with others; ability to make decisions)

5 4 3 2 1

Assets:

Training needs:

F. INDEPENDENCE (ability to take initiative and function with appropriate level of self-reliance)

5 4 3 2 1

Assets:

Training needs:

C. Quality of task/Activity Tolerance (ability to perform tasks assigned with degree of accuracy)

5 4 3 2 1

Assets:

Training needs:

D. Behavior Management/Self Control (ability to be compliant and conduct self in a mature manner with peers and/or staff.

5 4 3 2 1

Assets:

Training needs:

E. Other Skill/Behavioral Areas of Concern