

CONCERNED, INC.
SKILLS/ BEHAVIOR CHECKLIST

Name:
 DOB:
 ID:

EATING	YES	NO	COMMENTS
Needs to be fed			
Shows good table manners			
Eats independently			
DRESSING			
Needs to be dressed completely			
Needs assistance			
Dresses independently			
GROOMING			
Needs complete help			
Needs assistance			
Completely independent			
TOILETING			
Is incontinent			
Can indicate need			
Cares for own toileting			
Communications			
No means of communication			
Limited communication skills			
Able to communicate (specify how)			
SOCIAL RELATIONS			
Accepts supervision			
Avoids interaction with peers			
Disrupts group activities			
Makes close friends			
Needs close supervision			
CHORES AND ACTIVITIES			
Helps with household tasks			
Does routine chores			
Goes about neighborhood w/o supervision			
Makes purchases			
Uses public transportation			
HUMAN SEXUALITY			
Demonstrates knowledge of own sexuality			
Demos knowledge of others' sexuality			
Masturbates in public			
Actively displays interest in same sex			
Actively displays interest in opposite sex			
BEHAVIOR INFORMATION			
Hyperactive			
Aggressive			
Withdrawn			
Depressed			
Uses tobacco			
Uses illicit drugs (specify)			
Makes disruptive noises			
Uses self stimulation (rocking, etc.)			
Uses harmful self inflicting behavior			

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Abusive to property			
Uses abusive language			
Physically aggressive towards others			
Leaves without permission			
Temper tantrums			
Teases others			
Bosses or manipulates others			
Runs away			
Steals			
Lies or cheats			
Hoard things			
Tears or removes clothing			
Has eccentric habits			
Becomes upset when corrected			
Demands excessive attention			
Complains of being persecuted			
Pretends to be ill			
Changes mood without reason			
Participant is danger to self			
Participant is danger to others			
Cries for apparent reason			
OTHER SKILLS/ BEHAVIORS			
Participant has drivers license			
Able to operate tools/ machinery (specify)			

LEISURE:

List interests:

 PROGRAM COORDINATOR

 DATE