

Activity 16: Preparing for Independence

Review each of the items in the task categories. Place a check mark in the column to indicate if you can do the task listed. Then check the support column if you need support to complete the task and if you have that support in place.

Task		Support		
		Can Do	Need	Have
1. Food	Meal planning	_____	_____	_____
	Meal preparation	_____	_____	_____
	Safe food storage	_____	_____	_____
	Grocery shopping	_____	_____	_____
2. Personal Care and Hygiene	Shower and bathe regularly	_____	_____	_____
	Schedule hair cuts	_____	_____	_____
	Laundry	_____	_____	_____
3. Health	Determine need for medical help	_____	_____	_____
	Schedule medical appointments	_____	_____	_____
	Follow medical instructions	_____	_____	_____
	Take medication w/out instruction	_____	_____	_____
4. Housekeeping	Change bed linens	_____	_____	_____
	Routine house-cleaning	_____	_____	_____
	Call for repairs	_____	_____	_____
5. Emergency and Safety	Operate locks on doors/windows	_____	_____	_____
	Recognize the smell of gas leak	_____	_____	_____
	Extinguish fire	_____	_____	_____
	Contact police/fire by 911	_____	_____	_____
6. Transportation	Driver's license	_____	_____	_____
	Vehicle	_____	_____	_____
	Use public transportation	_____	_____	_____
	Arrange for transport	_____	_____	_____
7. Social	Ask friends to come over	_____	_____	_____
	Go somewhere with friends	_____	_____	_____
	Hobby or other interest	_____	_____	_____