

 **ACTIVITY #18: 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
<b>1. Food</b>	Meal planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safe food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Personal Care and Hygiene</b>	Shower and bathe regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schedule hair cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Health</b>	Determine need for medical help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schedule medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follow medical instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Take medication w/out instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Housekeeping</b>	Change bed linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Routine house-cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Call for repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Emergency and Safety</b>	Operate locks on doors/windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize the smell of gas leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extinguish fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contact police/fire by 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Transportation</b>	Driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrange for transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Social</b>	Ask friends to come over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go somewhere with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hobby or other interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>