ACCENT ON INDEPENDENCE

INDEPENDENT LIVING SKILLS TRAINING PROGRAM

Client Name: _____ Date: _____

| Time in | Time out | Travel time | Total time | Mileage |
|---|---|---|---|---|
| | | | | |

Strengthening

- ☐ Weights _____ #
- ☐ Balance _____
- ☐ Sit _____
- ☐ Stand _____
- ☐ Coordination _____
- ☐ Pool Therapy _____

ADL training Accuracy 0% 25% 50% 75% 100%

- ☐ Grooming _____
- ☐ Upper body dressing _____
- ☐ Med management _____
- ☐ Lower body dressing _____
- ☐ Self-feeding _____
- ☐ Endurance training _____
- ☐ Work simplification training _____
- ☐ Cognitive retraining _____
- ☐ Other _____

Emotional Health

- ☐ Irritable
- ☐ Tearful, sad
- ☐ Low cooperation
- ☐ Low participation
- ☐ Anxious
- ☐ Signs of Alcohol
- ☐ Happy
- ☐ High Cooperation
- ☐ High Participation

- ☐ Retrieving items from closet _____
- ☐ Retrieving items from floor _____
- ☐ Elevator use _____
- ☐ Getting mail _____
- ☐ Managing doors _____

Wheelchair mobility training

- ☐ Power chair _____
- ☐ Scooter _____
- ☐ Manual wheelchair _____

| Client Name | ILST Name |
|---|---|
| | |
| | |

Client Signature ILST Signature

Objective Progress Towards Goals: