



Day Habilitation Community Skills Assessment

Purpose:

The Day Habilitation Community Skills Assessment is important in determining a person's progress and developing next steps for community engagement and career planning. This assessment covers the person's day habilitation services and supports including community participation, skills training and retention, relationship building, interest assessments, and health/safety skills development. Day habilitation service providers may use additional assessments and curricula as needed for each person. When this assessment is completed, upload a copy in CHOICES under the Supporting Documents section and share the outcomes with the person and their support team.

Date Assessment Completed:

Tabs ID #:

Person's Name:

DDRO:

Agency Name:

Agency Code #:

Day Habilitation staff person completing this form:

Name:

Email:

Current Day Habilitation (DH) Service Enrollment Date(s):

Day Habilitation Without Walls

Supplemental DH Without Walls

Site Based Day Habilitation

Supplemental Site Based DH

Other employment and vocational services the person receives: (check all that apply)

Supported Employment

Pathway to Employment

Community Based Prevocational

Site Based Prevocational

ACCES-VR

Community Habilitation

Other (list):

Day Habilitation Services and Activities:

What interests has the person expressed this year?

What are the person's talents/skills you have observed this year?

Check areas where training was provided this year and provide details.

Safety	Describe progress observed and targeted next steps:
Communication	Describe progress observed and targeted next steps:
Resolving Conflicts	Describe progress observed and targeted next steps:
Travel Training	Describe progress observed and targeted next steps:
Health and Wellness	Describe progress observed and targeted next steps:
Social Skills	Describe progress observed and targeted next steps:
Following Instructions	Describe progress observed and targeted next steps:
Budgeting	Describe progress observed and targeted next steps:
Exploring Careers	Describe progress observed and targeted next steps:
Problem Solving	Describe progress observed and targeted next steps:
Managing Stress	Describe progress observed and targeted next steps:
Personal Care	Describe progress observed and targeted next steps:
Self-Advocacy	Describe progress observed and targeted next steps:



Office for People With Developmental Disabilities

List additional skills is the person currently working on that are not included above:

List the person's general weekly activities (in-program and in community):

What are the person's goals for community participation?

What activities does the person like the most?

Is the person volunteering in the community? Yes No

If yes, list some of the tasks the person performs well at their volunteer opportunities.

How would the person benefit from additional or new volunteer and community activities and which activities?

What is the person's current time alone in the community as listed in the Life Plan?

What are you doing to increase the person's level of independence?

List two to three tasks the person can do independently:



Office for People With Developmental Disabilities

List three positive social skills you have observed:

- 1.
- 2.
- 3.

List three challenges that impact the person's community participation:

- 1.
- 2.
- 3.

Is the person working? Yes No

If no, is the person interested in exploring work? Yes No

If yes, has the person been informed of the following services (check all that apply):

Community Based Prevocational services

Pathway to Employment

Employment Training Program Supported

Employment

ACCES-VR

If referrals to employment or vocational services are recommended, who will follow up?

With permission, who will you share the assessment outcomes with? (check all that apply)

Person

Family

Care Manager

Other Service Providers (List):

The following section is to be completed by the day habilitation services management:

I have reviewed the Day Habilitation Community Skills Assessment for completion and accuracy. Any recommendations in this assessment will be shared with the person and their support team for follow up.

Manager Name:

Title:

Email:

Date Reviewed: