NEW YORK STATE | Office for People With Developmental Disabilities

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 habiliation 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:

List additional skills the person is 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:

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: _____