



# Life Skills Tracking Checklist

Name: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

## Rating Scale

I = Independent

S = With Support

N = Not Yet Developed

### Communication & Self-Advocacy

Skill	I	S	N
Expresses likes, dislikes, and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies personal strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies areas where support is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in meetings (at their level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes everyday choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses preferred communication method effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Notes:

### Safety at Home & in the Community

Skill	I	S	N
Knows full name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows emergency contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to call 911 (or emergency number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Identifies safe vs. unsafe situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies trusted adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows home safety rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows what to do if lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			

### Social Skills & Community Participation

Skill	I	S	N
Greets others appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns in conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows group rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages sensory needs in busy settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles minor conflicts appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			



## Emotional Regulation

Skill	I	S	N
Identifies basic emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses calming strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses coping tools when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			

## Daily Routines & Organization

Skill	I	S	N
Follows morning routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows evening routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses planner/calendar/schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses reminders or alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives on time to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			



## Self-Care Skills

Skill	I	S	N
Bathes or showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushes teeth daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages personal hygiene needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes medication safely (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains healthy sleep routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			

## Household Skills

Skill	I	S	N
Sorts and washes laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares simple meals/snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows a basic recipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes a regular household chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			



### Transportation & Community Navigation

Skill	I	S	N
Follows pedestrian safety rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies common community locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses public transit (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows a familiar route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses maps or transit apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			

### Money & Budgeting

Skill	I	S	N
Recognizes coins and bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes small purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands saving vs. spending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows a simple budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracks spending (with support if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>			



## Summary of Priority Areas

### Top 3 Skills to Focus on This Year:

1.

2.

3.

Next Review Date: \_\_\_\_\_