

R.E.A.C.H: Realizing Educational and Career Hopes

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BEHAVIORAL ASSESSMENT

This form should be completed by the parent/guardian or primary caregiver. Please honestly evaluate the student's ability in each of the areas below. You may place a checkmark in the *Don't Know* column if you do not have information necessary to evaluate the student for a specific skill. **Please type or print legibly.**

Student Name: _____ Form completed by: _____

Independent Living Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Exercises positive grooming behaviors—brushes hair and shaves daily					
Showers independently on a daily basis					
Exhibits good hygiene—brushes teeth, trims nails, and washes hands					
Sets and uses an alarm to wake up, Goes to sleep at a reasonable time					
Budgets time and uses a schedule					
Prepares a simple, healthy meal; packs a lunch					
Utilizes kitchen appliances to prepare meals					
Cleans kitchen area and dishes after eating					
Does laundry—uses a washing machine, dryer, and iron					
Maintains a clean and organized living area—ie. makes bed daily, puts clothes away					
Is able to stay home alone					
Operating electronic devices—CD/DVD player					
Understands emergency procedures					

Please include any additional comments on independent living skills: _____

Interpersonal Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Greets people appropriately					
Communicates needs and opinions to others effectively					
Engages in informal conversations					
Establishes and maintains relationships with friends					
Enjoys spending time alone with friends					
Engages in social activities independently					
Plans social events					
Responds appropriately to authority figures					
Has ability to problem solve					
Uses a cell phone					

Please include any additional comments on interpersonal skills: _____

Community/Life Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance
Carries identification in public				
Manages personal belongings				
Uses a bank account				
Uses personal money for spending				
Handles the exchange of money—bills and coins				
Creates and follows a weekly/monthly budget				
Saves money for large purchases				
Understands responsibility of paying bills				
Schedules necessary appointments				
Shopping for food or apparel				
Traveling from home to work or school on public transportation				
Demonstrating safety awareness when among strangers				
Uses community resources				
Knows how to find help when needed				

Please include any additional comments on community and life skills: _____

Career Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance
Follows regular work schedule—arrives on time and takes appropriate breaks				
Dresses appropriately for job and weather				
Cooperates with supervisor and colleagues				
Follows written directions				
Follows verbal directions				
Follows appropriate safety procedures				
Accepts feedback and works to improve performance				
Turns computer and accessories on and off				
Uses a mouse to move the cursor, drag an object, or switch programs				
Composes and type a paragraph in a word processing program				
Starts up and uses browser to access information on the web				
Logs into a computer station and e-mail account				
Uses common e-mail functions such as creating, sending, and replying				

Please include any additional comments on career skills: _____

Please rate the student on each of the characteristics in the area of school, job, and home. Please consider the specific setting for each of the qualities or skills. For any areas you do not feel qualified to provide a response, write N/A in the specific blank.

QUALITIES

GENERAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

	<u>SCHOOL</u>	<u>JOB</u>	<u>HOME</u>
Initiative	_____	_____	_____
Responsibility	_____	_____	_____
Maturity	_____	_____	_____
Reliability	_____	_____	_____
Ability to use good judgment	_____	_____	_____
Determination	_____	_____	_____
Attitude	_____	_____	_____

Comments--describe qualities that need further development: _____

EMOTIONAL ADAPTABILITY: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

	<u>SCHOOL</u>	<u>JOB</u>	<u>HOME</u>
Ability to cope with stress	_____	_____	_____
Adjusts well to newer situations or environments	_____	_____	_____
Ability to keep problems in perspective	_____	_____	_____

Comment on types of situations that are stressful for student and coping mechanisms used: _____

INTERPERSONAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

	<u>SCHOOL</u>	<u>JOB</u>	<u>HOME</u>
Ability to relate to teachers	_____	_____	_____
Ability to relate to young children	_____	_____	_____
Ability to relate and interact with same-age peers	_____	_____	_____
Ability to relate to elderly people	_____	_____	_____
Ability to relate to people with disabilities	_____	_____	_____
Maintains positive relationships with adults	_____	_____	_____

Comments on style of interaction and specific strengths and weaknesses: _____

