Student Name:

Grade:

**Adaptive Behavior Domain Needs**

Please complete this checklist as a way to identify functional skills needs. **Also, indicate the level of support this student requires in each area (no support/ infrequent/ limited/ frequent/ extensive).**

|  |
| --- |
| **Daily Living/ Independent Living Skills:** |

*The student has difficulty and needs assistance with:*

Eating

Dressing

Health and safety concerns

Choice making

Daily scheduling

Food preparation

Seeking assistance when needed

Self advocacy (asking questions/ advocating for his/her own needs)

Household tasks

Telling time

Money management

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Social and interpersonal Skills:** |

*The student has difficulty and needs assistance with:*

Social behavior

Peer interaction

Showing appreciation

Cooperation

Turn taking

Appropriate play skills

Showing concern for others

Requesting

Self esteem

Initiating conversation or play activities

Recognizing or responding to social cues

Resolving problems

Social judgment

Language of social interaction

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Communication Skills** |

*The student has difficulty and needs assistance with:*

Using or interpreting gestures

Reading social cues

Reading and/or understanding facial expression

Understanding symbolic language/ figures of speech

Written language skills

Non symbolic language

Assistive technology needs

Making or understanding requests

Comments

Accepting criticism

Gaining attention appropriately

Choice making

Expressing wants and needs to others

Behavior as communication

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Academic Skills** |

*The student has difficulty and needs assistance with:*

Reading fluency

Reading comprehension

Math fluency

Math reasoning

Written language

Spelling

Counting money

Money management

Life skills vocabulary

Pre-literacy skills

Basic science

Basic geography

Map skills

Calendars/ scheduling

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Recreation and Leisure Skills** |

*The student has difficulty and needs assistance with:*

Choosing and initiating activities

Turn taking

Accessing activities

Following safety guidelines

Participation in individual and group activities

Expanding awareness of interests and skills

Accessing options in the home, school and community

Following directions

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Community Participation Skills** |

*The student has difficulty and needs assistance with:*

Knowledge of community resources, facilities and programs

Travel skills to access the community

Ability to access community resources, facilitates and programs

Knowledge of housing options

Can make own appointments

Can order meals at a restaurant independently

Other:

**Please explain your concerns/ level of support:**

|  |
| --- |
| **Work and Work Related Skills** |

*The student has difficulty and needs assistance with:*

Completion of tasks

Awareness of schedules

Knowledge of job options

Can accept criticism in a work environment

Accepting direction without arguing

Demonstrating independent work habits

Ability to work well with others

Work ethics

Career exploration

Accessing training opportunities

Other:

**Please explain your concerns/ level of support:**