

GRACEWOOD COMMUNITY SERVICES
PERSON CENTERED ASSESSMENT

NAME : _____ **COMPLETED BY:** _____

DATE OF BIRTH: _____ **DATE:** _____

1. HEALTH

Tell me how you feel: _____

Do you feel healthy? _____

How do you feel inside? _____

Do you have any health concerns? _____

Does anything bother/hurt you? _____

If so, have you talked with anyone? _____

Would you like to learn more about keeping your body healthy and feeling well? ____

Are you interested in: (check those that apply)

Nutrition: _____ Monitoring diet: _____ Weight & Fitness: _____

Self Medication: _____ Exercise Programs _____ Relaxation Training _____

2. SAFETY/SECURITY

Do you feel safe at home? _____ How about program? _____

What does being safe mean to you? _____

Do you know what you should do if a strange approaches you? _____

What if they ask you for some money? _____

Tell me what you would do if your parent/care provider/ family member fell and couldn't get up? _____

What would you do if there was a fire at your home and when you got outside you couldn't find anyone? _____

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2. SAFETY/SECURITY (CONTINUED)

Do you know what to do if someone hurts you? _____

When you want to go shopping do you have money to buy the things that you want?

What do you do with your money? _____

Where do you keep your money? _____

Tell me how people treat you. _____

Do you feel that you are treated fairly or unfairly? _____

If you didn't think you were treated fairly who would you talk to about it? _____

Do you ever use the telephone at home? _____

If so, who do you call? _____

Does anyone call you? _____

Is there anyone that you share your thoughts/concerns/feelings with? _____

3. COMMUNITY

What do you do in your community/hometown? _____

Do you go anywhere with (provide name of someone in their life) and where? _____

Is there anything you would like to do or you don't get to do? _____

Where are some places you would like to go? _____

When you go out to eat who orders for you? _____

What are your neighbor's names, or who lives around you that you know? _____

Do you ever talk with them? _____

Who do you know in your community/hometown? _____

Who do you like to spend time with? _____

Possible areas for support or training? _____

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4. FRIENDS/RELATIONSHIPS WITH OTHERS

Tell me who your friends are? _____

Are having friends important to you? _____

Do you want to have more friends? _____

What do you like to do with your friends (talk, play games, spend time)? _____

What other ways do you keep in contact with your friends/family (letters, etc.)? _____

Do you have a special friend or family member that you can share your concerns/thoughts/feeling with? _____

5. WORK

Are you interested in earning money? _____

What do you do with your money? _____

How do you feel when you work? _____

What are your long term work goals, type, etc.? _____

How long do you think you would like to work? _____

45 minutes _____ 1 ½ hours _____ 2 ¼ hours _____

Where would you like to work next year? _____

If you could have any job, what would it be? _____

What supports are needed to achieve your long term goal?) RFI, Community Employment, Volunteer) _____

Would you like to volunteer your time to help others and not earn a paycheck? _____

What does having your own business mean to you? _____

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5. WORK (CONTINUED)

Entrepreneur Opportunity

- Would you be interested in having your own business? _____
 - What type of business would you be interested in? _____
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6. SERVICES

What do you like about services you receive? (program, transportation, community outings, work) _____

Why do you come to this program? _____

How are the goals that you are working on helping you achieving your Valued Outcome? (Interviewer: say a specific individual outcome) _____

Would you like to change or add anything? _____

What would you like to learn? _____

7. HOME

What do you do at home? _____

(When "no idea", get consumer to name objects at home," What is in your living room? What do you do in there? What is in kitchen? Do you use the microwave?", if microwave is named.)

Do you help with any of the chores/cleaning around the house? _____

Who decides what chores you do? _____

What do you do at night/weekends when you are home? _____

What would you like to learn more about _____

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7. HOME (CONTINUED)

✓ Check all of consumer's interests. *Asterisk all of care providers' interests/supports.

- | | |
|--|---|
| <input type="checkbox"/> Vacuum Carpet
<input type="checkbox"/> Laundry Care
<input type="checkbox"/> Make Bed
<input type="checkbox"/> Use Microwave
<input type="checkbox"/> Use Other Appliance
<input type="checkbox"/> Make Coffee
<input type="checkbox"/> Prepare Hot Foods (stove)
(grilled cheese, soup)
(Hamburger/hot dog)
<input type="checkbox"/> Bake | <input type="checkbox"/> Dust
<input type="checkbox"/> Set Table
<input type="checkbox"/> Wash Dishes
<input type="checkbox"/> Dry Dishes
<input type="checkbox"/> Wash Tables
<input type="checkbox"/> Sweep/Mop Floor
<input type="checkbox"/> Prepare Cold Foods
(sandwich, pudding)
(salad, cereal) |
|--|---|

What supports are needed? _____

8. ACTIVITIES OF DAILY LIVING

<u>Independent</u>	<u>Desire/Interest</u>	<u>Assisted/Need</u>	<u>N/A</u>	
				Hand washing after restroom use (including water regulation)
				Tooth Brushing
				Hair (combing/blow dryer/curler)
				Using Deodorant
				Shaving
				Eating/Table Manners
				Selection of clothing for weather (including jacket/coat, footwear)
				Dressing skills-tying shoes, belt, bra, zipping coat, etc.
				Maintain tidy, acceptable appearance throughout the day
				Nail Care (clipping/clean)
				Nose Care (tissue use)
				Eye Glasses
				Feminine Hygiene

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9. ACADEMIC DEVELOPMENT

Independent	Desire/Interest	How will individual benefit	
			Reading sentences of several words
			Recognizes sight vocabulary
			Alphabet (support reading/writing)
			Writes sentence of several words possibly letters (friends/family)
			Recognizes community signs
			Numbers-recognize or counting
			Time Telling
			Phone Use
			Money Use
			Budgeting money
			Writes name
			Relates name, address, phone number (Verbally or presents ID card)
			Computer Use

10. LEISURE

What do you do for fun? _____

Are you satisfied with these activities? _____

Would you like to have more leisure activities, if so what? _____

Do you initiate leisure activities when you have free time? _____

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11. What type of volunteering would you enjoy?

	Working with people		Working with children
	Working alone		Helping with paperwork (stapling, folding, stuffing)
	Reading to people or children		Making arts and crafts to give away
	Helping with Holiday parties		Church related activities
	Cooking or baking for people		Visiting people in the hospital
	Helping with animals		Visiting people in a nursing home
	Gardening		Visiting shut-ins (older people who don't go out)
	Doing maintenance work (sweeping, windows, etc.)		Dishwashing, food prep, table setting
	Mowing		Help to serve meals
	Shoveling snow		Habitat for Humanity
	Raking leaves		Cleaning churches
	Caring for plants		Helping others with your skills

12. Recreational Activities that you enjoy or would like to try (check only those that apply)

Would like to try	Likes	Activity	Would like to try	Likes	Activity
		Bowling			Going to the library
		Art & Craft Activities			Physical Activities/sport
		Sit down games			Ceramics
		Photography			Being in plays
		Being in musicals			Exercising/working out
		Trips to a museum			Eating out
		Fairs/amusement parks			Going on picnics
		Fishing			Going to movies
		Musical performance			BINGO
		Cross country skiing			Sledding
		Swimming			Volleyball
		Softball			Attending fashion shows
		Basketball			Painting
		Hiking			Jewelry making
		Flower arranging			Leather work
		Candle making			Puzzles

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12. Recreational Activities that you enjoy or would like to try (check only those that apply) (Continued)

Would like to try	Likes	Activity	Would like to try	Likes	Activity
		Putting models together			Cake decorating
		Crochet (w/yarn & hook)			Dancing
		Carpentry			Photo albums
		Square dancing			Sewing/needle craft
		Listening to stories			Making tapes
		Video recording			Scrap booking
		Improve self appearance			Wood working
		Singing			Latch hook
		Making new friends			Shopping
		Making scenery (drama/plays)			Spectator at sporting events
		Roller skating/blading			Miniature golf
		Attending plays			Starting a collection
		Current events (newsletter)			Playing an instrument
		Bird watching			Working with clay
		Craft clubs (quilting)			Beading
		Reading books			Stained glass
		Weaving			Drumming

13. PERSONAL GOALS

What are your hopes and dreams for the future?
(What do you think about doing a long time from now)

What do you want to accomplish in the future? _____

What would you like to learn? _____

What help do you need to accomplish this? _____

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13. PERSONAL GOALS (CONTINUED)

What have you accomplished that you feel good about? (What do you do really well?)

14. OTHER

Are you interested in becoming a part of the Speakers Bureau? _____

Are you interested in Self Advocacy? _____

INTERVIEWER:

- Social skills needed to develop friendships (listening when others speak, asking questions of others, converses on a variety of topics, etc.)

- Traffic Safety: _____

- How do the individual interact with unfamiliar people in the community?

- Does the individual clearly state preferences? _____

- Does in individual require further information to understand vocational options?

- When faced with decisions, does the individual:
____ Evaluates & selects ____ Chooses a familiar option ____ Does not make a choice