WELCOME HOUSE, INC.

ASSESSMENT FOR UNSUPERVISED TIME IN THE HOME

Client’s Name _________________________________

Date of Assessment _________________________

Person Completing the Assessment _________________________

Facility _____________________________

Self Preservation:
   Explain to what extent the client is able to care or
   him/herself in potentially harmful situations.

1. Does the client have a medical condition that can lead
to injury or student illness (i.e. seizure activity, asthma, allergies, etc.)? If so, explain. ________

2. Can the client care for him/herself when this medical
condition occurs? ____________________________

3. Is the client able to make decisions involved in
emergency situations (fire drills, storms, illness,
etc.)? ______________________________________

4. Does the client display any behavior problems that
could lead to injury of him/herself or others
(physical outbursts, self injury, wandering, etc.)? ______________________________________

5. Is the client able to utilize all areas of the home
without the threat of injury (stove, electrical
appliances, etc.)? ______________________________

6. Does the client have to take any medications or do any
treatments during the time they will be alone? If
yes, are they able to administer the medication and/or
treatments independently? ______________________________
7. Has the client ever been left alone, in this house or other locations? If so, explain. ______________________
   ______________________
   ______________________

8. Can the client lock and unlock the doors and windows? Do they know how to use a key? ______________________
   ______________________

Skill Training:
   Explain the client’s capabilities in each of the following skill areas.

1. Phone Skills
   YES     NO
   Dial numbers form a model ______  ______
   Give information to person who answers ______  ______
   Handle incoming calls ______  ______

Explanation ______________________
   ______________________

2. Time Skills
   YES     NO
   Tell time to the quarter hour ______  ______
   Match specific times with an activity ______  ______
   Match times on a clock with a schedule ______  ______

Explanation ______________________
   ______________________

3. Self Identification
   YES     NO
   State name, phone number and address ______  ______

Explanation ______________________
   ______________________

4. Self Direction
   YES     NO
   Follows house rules ______  ______
   Follow daily routine ______  ______
   Responsible about belongings ______  ______

Explanation ______________________
   ______________________
5. Emergency Procedures
   - Can evacuate in a fire
     YES     NO
   - Knows action for severe weather
     YES     NO
   - Knows action for medical emergency
     YES     NO
   - Knows whom to contact in an emergency
     YES     NO
   - Can handle small maintenance problems
     YES     NO

Explanation

6. Communication
   - Can state current situation in an emergency
     YES     NO
   - Can follow verbal directions
     YES     NO

Explanation

7. Mobility
   - Can travel to specific places safely
     YES     NO

Explanation

8. First Aid
   - Minor cuts
     YES     NO
   - Scrapes
     YES     NO
   - Bruises
     YES     NO
   - Knows when to get help
     YES     NO

Explanation

9. Personal Safety
   - Knows whom to admit to the home
     YES     NO
   - Uses appliances safely
     YES     NO
   - Uses toxic materials safely
     YES     NO

Explanation
Attitude:
  Explain how the client feel about being alone in the house.

1. How has the client reacted to emergency and/or stressful situations in the past?

2. How does the client feel about being left alone? _____

3. Will the client express feelings of loneliness, boredom or fear? Has the client ever expressed these feelings in the past? ______

4. Does the client seek out time to be alone or is he/she a very social person who prefers social interaction? ______

Conditions:
  Explain the times and conditions under which the client would be unsupervised.

1. Location ________________

2. Days ________________

3. Time Period ________________

4. Where is the client coming from or going? ________________

5. What activities is the client likely to participate in during this time? ________________

6. Will there be any other clients in the house during this time? ________________
7. Who will be available to call if a problem occurs? __________

8. What training or instructions will be needed for the person/facility on call? ______________

Team Recommendations:

1. What skill training will need to be done with the client before they can be unsupervised during the conditions stated above? ______________

2. Are there any limits that should be placed on this client during times when they are to be unsupervised? ______________

3. How will the client’s progress be evaluated and reviewed? ______________