

**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 medial 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.

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

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Time Skills		
Tell time to the quarter hour	_____	_____
Match specific times with an activity	_____	_____
Match times on a clock with a schedule	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Self Identification		
State name, phone number and address	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Self Direction		
Follows house rules	_____	_____
Follow daily routine	_____	_____
Responsible about belongings	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Communication		
Can state current situation in an emergency	_____	_____
Can follow verbal directions	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Mobility		
Can travel to specific places safely	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. First Aid		
Minor cuts	_____	_____
Scrapes	_____	_____
Bruises	_____	_____
Knows when to get help	_____	_____

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Personal Safety		
Knows whom to admit to the home	_____	_____
Uses appliances safely	_____	_____
Uses toxic materials safely	_____	_____

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?

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

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

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

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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? \_\_\_\_\_

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

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6. Will there be any other clients in the house during this time? \_\_\_\_\_

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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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_