**SUMMARY OF THINGS I CAN DO INDEPENDENTLY OR WITH MINIMAL ASSISTANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Signif Assist** | **Minimal Assist** | **Independ** | **N/A** | **Assist Dev** | **Comments** |
| **Communication** |  |  |  |  |  |  |
| **Mobility** |  |  |  |  |  |  |
| **Shopping for Personal**  **Needs** |  |  |  |  |  |  |
| **Public Transportation / Community Navigation** |  |  |  |  |  |  |
| **Finances** |  |  |  |  |  |  |
| **Preparing and Eating**  **Meals** |  |  |  |  |  |  |
| **Medications** |  |  |  |  |  |  |
| **Domestic / Cleaning** |  |  |  |  |  |  |
| **Personal Hygiene / Self Care** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |