

**CONCERNED, INC.**  
**SKILLS/ BEHAVIOR CHECKLIST**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 ID: \_\_\_\_\_

	YES	NO	COMMENTS/DATE OF LAST INCIDENT
<b>EATING</b>			
Needs to be fed			
Shows good table manners			
Eats independently			
<b>DRESSING</b>			
Needs to be dressed completely			
Needs assistance			
Dresses independently			
<b>GROOMING</b>			
Needs complete help			
Needs assistance			
Completely independent			
<b>TOILETING</b>			
Is incontinent			
Can indicate need			
Cares for own toileting			
<b>Communications</b>			
No means of communication			
Limited communication skills			
Able to communicate (specify how)			
<b>SOCIAL RELATIONS</b>			
Accepts supervision			
Avoids interaction with peers			
Disrupts group activities			
Makes close friends			
Needs close supervision			
<b>CHORES AND ACTIVITIES</b>			
Helps with household tasks			
Does routine chores			
Goes about neighborhood w/o supervision			
Makes purchases			
<b>HUMAN SEXUALITY</b>			
Demonstrates knowledge of own sexuality			
Demonstrates knowledge of others' sexuality			
Masturbates in public			
Actively displays interest in same sex			
Actively displays interest in opposite sex			
<b>BEHAVIOR INFORMATION</b>			
Hyperactive			
Aggressive			
Withdrawn			
Depressed			
Uses tobacco			
Uses illicit drugs (specify)			
Makes disruptive noises			
Uses self stimulation (rocking, etc.)			
Uses harmful self inflicting behavior			

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Continued....	YES	NO	COMMENTS/DATE OF LAST INCIDENT
Abusive to property	_____	_____	_____
Uses abusive language	_____	_____	_____
Physically aggressive towards others	_____	_____	_____
Leaves without permission	_____	_____	_____
Teases others	_____	_____	_____
Bosses or manipulates others	_____	_____	_____
Runs away	_____	_____	_____
Steals	_____	_____	_____
Lies or cheats	_____	_____	_____
Hoards things	_____	_____	_____
Tears or removes clothing	_____	_____	_____
Has eccentric habits	_____	_____	_____
Becomes upset when corrected	_____	_____	_____
Demands excessive attention	_____	_____	_____
Complains of being persecuted	_____	_____	_____
Pretends to be ill	_____	_____	_____
Changes mood without reason	_____	_____	_____
Participant is danger to self	_____	_____	_____
Participant is danger to others	_____	_____	_____
Cries for no apparent reason	_____	_____	_____
<b>OTHER SKILLS/ BEHAVIORS</b>	_____	_____	_____
Participant has drivers license	_____	_____	_____

LEISURE:  
 List interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROGRAM COORDINATOR: \_\_\_\_\_

DATE: \_\_\_\_\_