Personal Assessment

Assistive Technology
☐ Do you use any type of medical device or a person to help you?
   ☐ Use the bathroom
   ☐ Get in or out of bed
   ☐ Leave your house
   ☐ Eat/fix a meal
   ☐ Communicate
   ☐ Take or remember medication
   ☐ Other ____________________________________________

Service Animal
☐ Do you have a service animal?
   ☐ Yes
   ☐ No
☐ How does it help you?
   ______________________________________________________
☐ Do you have a doctor’s note saying you need it?
   ☐ Yes
   ☐ No

Emotional Support Animal
☐ Do you have an emotional support animal?
   ☐ Yes
   ☐ No
☐ How does it help you?
   ______________________________________________________
☐ Do you have a doctor’s note saying you need it?
   ☐ Yes
   ☐ No
Evacuation
☐ Can you evacuate your house by yourself?
   ☐ Yes
   ☐ No
☐ Will you need transportation?
   ☐ Yes
   ☐ No
☐ What kind of assistance will you need?
   ____________________________________________________________

☐ What kind of transportation?
   ____________________________________________________________

Independent Living
☐ If you couldn't stay in your home or apartment, could you do the following without any help?
   ☐ Use the bathroom
   ☐ Cook your own food
   ☐ Transfer to/from a bed
   ☐ Communicate

☐ Can you do the things above without any help every day for:
   ☐ A week?
   ☐ Two weeks?
   ☐ A month?

Communication
☐ Can you communicate with people outside of your friends, family or staff without your assistive technology?
   ☐ Yes
   ☐ No

If no, then can you use:
   ☐ Pen and paper
   ☐ Your own communication picture book

☐ Can you tell people what you need and/or understand what they are telling you?
☐ Do you normally use an ASL interpreter, a helper or a communication device to help communicate with people you don’t know?