

## PERSONAL SAFETY ASSESSMENT TOOL

Consumer name: \_\_\_\_\_ Date of Assessment \_\_\_\_\_

Staff Signature \_\_\_\_\_

1. <b>Self-Care category: consumer is able to</b>	Yes	No	Comments
Bathe self and complete personal hygiene			
Dress self appropriate to weather			
Feed self, including cutting foods and opening cartons			
Dial 911 in the event of an emergency			
<b>2. Language Skills category: consumer is able to</b>			
Comprehend the spoken word			
Communicate response and requests			
Notify someone if there was no staff available			
Read a book, magazine, or newspaper			
Write a letter or note			
<b>3. Language Skills category: consumer is able to</b>			
Understand the content of television, radio, or movie			
Identify common domestic products and state the use			
State the value of money-pennies/nickels/dimes etc.			
Look at the clock and tell the time, AM or PM			
State their name, address, and phone number			
<b>4. Mobility Skills category: consumer is able to</b>			
Make transfers independently			
Move about their environment safely			
Operate safely household equipment, such as television, radio, vacuum cleaner, assistive devices			
Cross the street safely			
Use a key to lock and unlock the door to their home			
<b>5. Self-Direction category: consumer is able to</b>			
Make personal decisions about their schedule of activities			
Make independent major life decisions			
Maintain interpersonal relationships			
Make independent choices about eating			
Make financial decisions and keep track of obligations			
<b>6. Level of Independence category: consumer is able to</b>			
Carry out routine chores safely without reminders			
Independently select and participate in a community activity on a regular basis			
Be left alone for 24 hours without being considered at risk ✓			
Talk about the importance of being prompt for work or school			
State several approaches for finding a job			
Talk about his/her disability			