

Admission Skills Assessment



Resident Name: _____

Date of Birth: _____

Assessment Date: _____

Assessor Name / Title: _____

Personal Care / Hygiene

Bathing / Showering

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Dressing

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Toileting / Bathroom

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Medication Self-Administration

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Meal Management

Meal Planning

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Grocery Shopping

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Food Preparation / Cooking

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Clean-Up

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Fire / Safety Awareness

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Emergency Procedures

Independent Needs Minimal Assistance Needs Moderate Assistance Needs Max Assistance

Resident / Participant Signature: _____ **Date:** _____

Assessor / Staff Signature: _____ **Date:** _____