

Resource Title:	PCP Chart and ADL Time and Support Assessment	
Source:	Transition Quality Empowerment Project (TQEP)	
TD Indicator	TD Sub-Indicator	Transition Skill
Independent Living and Community Engagement, Employment, Youth Development, Relationships,	Independent Living Skills Development, Planning for Future Living Arrangements, Travel and Transportation Skills, Community Based Experiences, Civic Engagement, Mental Health Supports. Unpaid Work Experience, Career Exploration, Paid Work Experience. Independent Living Skill Development. Social Skills Development, Friendships, Self-awareness, Self-management Skills	Independent Living Skills Social Skills Financial management Communication Skills Basic Skills Problem Solving Skills Self-Management Skills

What is it?

- Lesson Plan
- Tool Kit (package of items)
- Tip Sheet
- Website
- Other

Who is leading this?

- Stakeholders
- Family
- Youth

Target audience?

- Stakeholders
- Family
- Youth

What is included?

This assessment is divided into two sections focused primarily in Independent Living development questions. The purpose is to identify what are the priorities of the individuals when it comes to daily living, community access and personal growth. It is a useful tool to measure the individual's level of need and support and how independent or dependent the individual is presently in daily living activities.

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My Life Vision

This chart can be used to help you think about the many things to consider to have a full, inclusive, quality life in the community. You can identify which areas are a priority for your health, well-being and quality of life.

Life Domain	Things to Consider	Current Supports	More Support Needed	Priority of Importance
Daily Living	What help do I need with basic living such as bathing, dressing, mobility, etc?			
Healthy Living	What help do I need managing health care, diet, exercise, medical appointments?			
Safety & Security	What concerns do I have about my financial security?			
	What concerns do I have about my physical or emotional safety?			
Housing	Do I need help looking at other housing options?			
Home Life	Do I need help cooking, cleaning, and maintaining my home?			
Employment or Volunteering	Am I working or do I want to work or volunteer?			
Social life & Spirituality	What do I want to do for fun or to enrich my life?			
Relationships	What family, friends or intimate			

	relationships are important to me?			
Transportation	How do I get to the places I want and need to go?			
Services & Supports	What services & supports do I need (paid and unpaid) to live the life I want?			
Technology	Do I need a phone, computer, communication device?			
Education	Do I want to further my education, enroll in a program or take classes?			

Notes:

- Recreation missing (social activity same or different?)
- Time needed for each activity – how long do I need to...
- Transportation – public or private including vehicle modifications
- Assistive Technology – expand
- Wording regarding sensory needs/adaptations
- How do we assess overnight needs? Maybe two separate sections of chart daytime needs and overnight needs?

Daily Living Activities	Level of assistance needed	Time needed to complete activity	What supports needed
Bathing: preparing bath or shower, gathering supplies, and bathing	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	Cueing Prepping Etc???
Grooming: hair, makeup, etc.	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Oral hygiene: brushing teeth, flossing, etc	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Mobility/transferring: getting in and out of bed, sitting to standing, bed to wheelchair, etc.	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Toileting: setup of any supplies, transferring, etc	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Dressing: making clothing choice and physically dressing	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Basic communication skills: using a phone, email, video call	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	

Eating: serving portion, cutting, feeding self with or without assistance	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Meal preparation: meal planning, preparation, storage, using kitchen equipment	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Exercise: stretching, walking, lifting weights, etc	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Shopping: grocery shopping and other supplies	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Housework: doing laundry, cleaning dishes, cleaning living space, removing trash and clutter, etc. Separate into laundry, cleaning, etc?	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Managing medications: preparing, storing, taking	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Managing personal finances: preparing a budget, writing checks, paying bills, etc	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Overnight maintenance			
-are overnight needs different than day, in terms of nature, time needed, supports needed?			

Transferring/mobility	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Positioning	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	
Toileting	<input type="checkbox"/> Independent <input type="checkbox"/> Minimum assistance <input type="checkbox"/> Moderate assistance <input type="checkbox"/> Full assistance	Hours – Minutes	