

Pikes Peak Respite Services  
 719-659-6344  
[cmbev@hotmail.com](mailto:cmbev@hotmail.com)  
[www.pikespeakrespiteservices.com](http://www.pikespeakrespiteservices.com)



## SCC SKILLS ASSESSMENT

Person Supported: \_\_\_\_\_

SCC goal/s: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**Score Key:**

- 1 = Independent
- 2 = Verbal Prompt
- 3 = Gestural Demonstration
- 4 = Physical Assistance

<b>COMMUNITY AWARENESS</b>
----------------------------

<b>STREET SAFETY SKILLS</b>	1-4	N/A
Stays with mentor		
Can carry objects while walking		
Crosses street alone		
Crosses street when prompted by mentor		
Has stamina to walk to destination		
If uses wheelchair, has stamina to ride to destination		
Understands which direction to go		
Arrives at simple, familiar destinations		
Arrives at complex (several turns) familiar destinations		
Arrives at new, unfamiliar destination if directions are given		
Follows "walk" signs		

Follows traffic light (red, green, yellow)		
<b><u>COMMENTS</u></b>		

<b>VEHICLE SAFETY SKILLS</b>	<b>1-4</b>	<b>N/A</b>
Enters/Exits vehicle alone		
Fastens seat-belt		
Keeps seat-belt fastened throughout transport		
Does not touch door handle in route		
Operates window		
Has patience when riding into community locations		
Communicates appropriately during transport		
Communicates needs during transport (e.g. restroom etc.)		
If wheelchair is used, participates in transfers		
<b><u>COMMENTS</u></b>		

<b>EATING AT DAY PROGRAM</b>	<b>1-4</b>	<b>N/A</b>
Obtains lunch/Brings lunch		
Eats finger foods		
Uses utensils (spoon, fork, knife)		
Takes appropriate size bites		

Eats at an appropriate pace		
Cuts their own food		
Uses napkin		
Clears the table/place		
Drinks from cup		
Drinks from straw		
<b><u>COMMENTS</u></b>		

<b>PERSONAL HYGIENE AT DAY PROGRAM</b>	<b>1-4</b>	<b>N/A</b>
Arrives at day program with good hygiene		
Practices personal hygiene during day program		
Washes hands before meals		
Performs menstrual care		
Recognizes need to change clothes		
Changes clothes as needed		
<b><u>COMMENTS</u></b>		

<b>FITNESS/HEALTH AT DAY PROGRAM</b>	<b>1-4</b>	<b>N/A</b>
Engages in exercise		
Follows menu/diet plan		

Self-regulates food quantities		
Self-administers medication		
Controls use of caffeine		
Controls use of tobacco		
Uses matches/lighter safely		
Extinguishes matches/cigarettes safely		
Controls use of sugar/salt		
Alerts day program staff if they are not feeling well		
<b><u>COMMENTS</u></b>		

<b>GROSS MOTOR SKILLS AT DAY PROGRAM</b>	<b>1-4</b>	<b>N/A</b>
Walks with adaptive equipment (e.g. crutches, walker)		
Ambulates in a wheelchair		
Uses adaptive equipment		
Sits and stands from toilet		
Ascends stairs alternating feet		
Ascends stairs without alternating feet		
Walks or ambulates wheelchair up/down ramp		
Transfers into/out of wheelchair		
<b><u>COMMENTS</u></b>		

<b>FINE MOTOR SKILLS AT DAY PROGRAM</b>	<b>1-4</b>	<b>N/A</b>
Grasps/releases object with both hands		
Grasps/releases hand-size objects		
Grasps/releases finger-size objects		
Opens/closes plastic lids on lunch containers		
Opens/closes latch-type lunchbox		
Opens/closes velcro items		
Holds pen or pencil		
Writes simple words (e.g. name)		
Writes complex or unfamiliar words		
<b><u>COMMENTS</u></b>		

<b>COMMUNITY ACTIVITIES PREPARATION</b>	<b>1-4</b>	<b>N/A</b>
Recognizes the need for money for the event		
Associates time with specific activity		
Tells time		
Uses calendar		
Knows personal information		
Carries ID		
<b><u>COMMENTS</u></b>		

<b>BUDGETING MONEY SKILLS</b>	<b>1-4</b>	<b>N/A</b>
Identifies bills and coins		
Uses a dollar bill for a small purchase		
Waits for change from cashier		
Uses a 10 dollar bill for a larger purchase		
Discriminates the need for a 1-dollar bill versus a 10-dollar bill		
Counts 1-dollar bills to pay close to price under 10 dollars		
Reads prices to select purchase within budget		
Keeps their money secure while accessing the community		
<b><u>COMMENTS</u></b>		

<b>TIME AWARENESS/MANAGEMENT</b>	<b>1-4</b>	<b>N/A</b>
Tells the time on a digital clock		
Estimates times of day (morning, afternoon, evening)		
Knows the current date		
Knows the current day of the week		
Knows the current month		
Knows the current year		
<b><u>COMMENTS</u></b>		

<b>COMMUNITY ACTIVITY PARTICIPATION</b>	<b>1-4</b>	<b>N/A</b>
Expresses choice in activity attendance		
Interacts appropriately with community members		
Is able to identify benefits of activity relevant to service plan goals		
Transitions appropriately between activities		
Expresses likes/dislikes of an activity		
<b><u>COMMENTS</u></b>		

<b>SOCIAL BEHAVIOR ASSESSMENT</b>	<b>1-4</b>	<b>N/A</b>
Avoids interactions with others		
Isolates in a room or other areas		
Avoids eye contact		
Makes inappropriate statements/comments towards others		
Calls 911 unnecessarily		
Overly friendly with strangers		
Misuses phone (I.E. calls others repeatedly and/or unnecessarily)		
Perseverates (fixates on a topic/object with activities of daily living)		
Feigns illness		
Yells inappropriately		
Laughs inappropriately		
Interrupts others verbally or with physical intrusion		
Grabs others		
Strikes others with open or closed hand		
Scratches others		

Kicks others		
Strikes head on others (head butts)		
Bites others		
Throws items in environment (property destruction)		
Throws items at others (property aggression)		
Urinates or defecates in areas other than toilet		
Engages in self-stimulating behavior (I.E. rocks, flaps hands, twirls)		
Exhibits echolalia (repeats sounds/words)		
Picks skin and/or sores		
Strikes self with open or closed hand		
Scratches self		
Bites self		
Strikes head on surface		
Attempts to engage in/has history of sexual offending behavior		
Resists staff supervision/elopes		
Does not readily comply with requests		
Does not maintain appropriate personal space boundaries		
Reports hearing voices, seeing things that aren't present		
Is unusually fearful of others watching or monitoring behavior		
Has difficulty orienting reality		
Makes poor choices with regard to personal safety		
Makes poor choices with regard to sexual behavior		
Misuses alcohol or other substances		
Hoards items		
Stuffs food in mouth or overeats to point of dangerous ingestion		
Ingests inedible items (PICA)		
<b>COMMENTS</b>		

--

**List any additional behaviors of concern:**

--