



Community Based Instruction Checklist and Questionnaire

Client Name

Date

Person Completing Form

Relationship

ENVIRONMENTAL SKILLS & HABITS

Follows verbal instruction	Yes___ No___
Follows modeled instruction	Yes___ No___
Follows two stage instructions	Yes___ No___
Completes a given task within a defined time period	Yes___ No___
Follows a related, 3 stage sequence necessary for accomplishment of task	Yes___ No___
Maintains "on task" behavior for a specific length of time for task completion	Yes___ No___
Demonstrates understanding of words of a job related vocabulary	Yes___ No___
Cleans up after task completion	Yes___ No___
Has need for sameness	Yes___ No___
Must finish a task that has started	Yes___ No___
Has sensitivity to loud noises	Yes___ No___
Wanders from current environment	Yes___ No___

WORK ATTITUDE

Seeks help with work task when needed	Yes___ No___
Maintains concentration to task despite environmental distractions	Yes___ No___
Dresses self appropriately	Yes___ No___
Shows assertiveness in certain situations	Yes___ No___
Has difficulty in changing routine	Yes___ No___
Engages others in conversation	Yes___ No___

BEHAVIORAL

Does individual have any fears or phobias?

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Does individual have depression/anxiety?

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Does individual have a particular interest that dominates all other interests?

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Does individual seem happier to be alone rather than group setting? Can they be exposed to crowded area?

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.....

As behavioral patterns apply to the client, please mark the following with: (a) none, (b) sometimes, or (c) often

- | | | |
|--|--|---|
| <input type="checkbox"/> Has poor organizational skills | <input type="checkbox"/> Has low self esteem | <input type="checkbox"/> Has peer relation problems |
| <input type="checkbox"/> Has difficulty in changing routine | <input type="checkbox"/> Displays aggressiveness | <input type="checkbox"/> Acts without thinking |
| <input type="checkbox"/> Has difficulty following directions | <input type="checkbox"/> Displays shyness | <input type="checkbox"/> Day dreams |

Describe any behaviors that are of concern at home and/or at school. How are they approached and handled?

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Attention span is: Adequate Short

Activity level is: Regular Overactive Underactive

If overactive/underactive, please explain.

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INTERESTS AND GOALS

What are some interests/hobbies that individual has? What do they like to engage in?

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What are the most major concerns regarding the individual?

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Where would you like to see the individual in 3-5 years? What progress would be most satisfying?

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