



Functional Skills

Name: _____ DOB: ____ / ____ / ____ LON: _____

Food Allergies: _____

Feeding Skills:

Independent: _____ Needs assistance: _____ Needs to be Fed: _____

Please Explain: _____

Hygiene Skills:

Independent: _____ Needs assistance: _____

Please Explain: _____

Dressing Skills:

Independent: _____ Needs assistance: _____ Needs to be dressed: _____

Please Explain: _____

Toilet Skills:

Independent: _____ Needs assistance: _____ Needs to be taken: _____

Wear Diapers: _____ Type: _____ (please supply diapers, wipes and spare clothes)

Special instructions: _____

Signed: _____

Date: _____