

Name _____ Age _____

SELF-HELP INVENTORY

Please check each task your child does on his/her own.

DRESSING

- Pull shirt over head
- Button shirt or coat
- Put arms through sleeves
- Take shirt off over head
- Put underwear on
- Put pants on
- Pull pants up
- Pull down pants
- Put socks on
- Put shoes on feet
- Tie shoes
- Velcro shoes
- Take shoes off
- Put coat on
- Zip shirt or coat
- Put gloves/mittens on
- Put hat on head

FEEDING

- Hold spoon
- Scoop up food
- Lift spoon/fork to mouth
- Hold fork
- Pierce food with fork
- Cut food with knife
- Hold cup
- Bring cup to mouth
- Pour liquid into cup
- Wipe mouth with napkin

TOILETING

- Pull pants down
- Pull underwear down
- Sit on toilet
- Stand at toilet
- Wipe self with toilet paper
- Flush toilet
- Turn water on/off
- Pump soap dispenser
- Wash/Rinse Hands
- Dry hands with towel
- Open/close door
- Indicate desire to use bathroom
- Indicate soiled pants

CHORES

- Set table
- Throw garbage into trash
- Pick up toys
- Make bed
- Help with dishes (wash or dry)
- Water plants
- Feed pet

BATHING

- Turn water on/off
- Fills up tub/turns on shower head
- Washes/rinses face and body
- Washes/rinses hair
- Dries self with towel
- Combs hair
- Put toothpaste on toothbrush
- Brush teeth

***Please note: This form is for use of gathering additional information and does not replace any required licensing forms.**