

# Life Skills Rating Form

Please rate your child's ability to do these tasks:

5 = your child needs no help to do this task; he/she could do this task with you not even in the room

3 = your child needs some help to do this

1 = your child cannot do this task at all; you help him/her on all parts

put on shirt: 1 2 3 4 5

put on pants: 1 2 3 4 5

put on socks: 1 2 3 4 5

put on shoes (w/o ties):

1 2 3 4 5

tie shoes: 1 2 3 4 5

fasten buttons: 1 2 3 4 5

zip a zipper: 1 2 3 4 5

fasten snaps: 1 2 3 4 5

brush teeth: 1 2 3 4 5

wash face: 1 2 3 4 5

apply deodorant: 1 2 3 4 5

wash hands: 1 2 3 4 5

go to the bathroom:

1 2 3 4 5

wipe a b.m.: 1 2 3 4 5

put on coat: 1 2 3 4 5

put on backpack: 1 2 3 4 5

feed himself: 1 2 3 4 5

cut using a fork/knife:

1 2 3 4 5

keep eating area clean:

1 2 3 4 5

wipe face: 1 2 3 4 5

clear plates/tray: 1 2 3 4 5

open small containers:

1 2 3 4 5

open milk carton: 1 2 3 4 5

open juice box: 1 2 3 4 5

use a microwave: 1 2 3 4 5

make small snacks (no microwave/  
stove): 1 2 3 4 5

pour liquid from a pitcher:

1 2 3 4 5

sweep: 1 2 3 4 5

fold clothing: 1 2 3 4 5

make bed: 1 2 3 4 5

clean table: 1 2 3 4 5

answer phone: 1 2 3 4 5

wash dishes: 1 2 3 4 5

use tv remote: 1 2 3 4 5