# Life Skills Assessment

[ ] Initial

[ ] Update

[ ] Closing

**Resources and Persons utilized in the assessment**

[ ] Client

[ ] Parent or guardian

[ ] BHP recommendations and treatment plan

[ ] TCM recommendations and treatment plan

[ ] Biopsychosocial or diagnostic evaluation

[ ] Teacher or school personnel

[ ] Other

**Diagnosis code and description as provided by the BHP:**

**Problem(s) or Concerns as listed on the BHP treatment plan**

#1

#2

#3

[ ]  Regulation skills:

[ ]  Crisis coping skills:

[ ]  Interpersonal skills:

[ ]  Daily living skills:

[ ]  Skills for self-monitoring of symptoms and side effects**:**

[ ]  Managing medication and follow up appointments:

[ ]  Other:

**Does the client or guardian have concerns they would like to add to the BHP’s treatment plan?**

**Risk for home and community settings**

[ ] No risks identified

[ ] yes, the following risks are identified:

[ ] Runaway behavior

[ ] Bolting behavior

[ ] Theft or shop lifting

[ ] Bowel or bladder control

[ ] Aggressive or threatening behavior

[ ] Oppositional and defiant with adults and caregivers

[ ] Suspected gang involvement

[ ] Suicidal thoughts

[ ] Suicidal behavior

[ ] Self-harm behavior

[ ] Alcohol/drug use

[ ] Impulsive behaviors

[ ] Diabetes or Hypoglycemia

[ ] Allergies

[ ] Seizure Disorder

[ ] Other:

**Enjoyment and Creativity**

What activities do you enjoy doing and what do you like about those activities? How do they make you feel?

What activities do you and family enjoy doing together? How or why are they enjoyable?

**Learning**

What are somethings you have enjoyed learning?

What new skills would you like to learn?

**Life Skill Learning Agreement**

Let us agree on a skill you could learn that would resolve some of your problems or concerns.

**Motivation**

What are the potential positive results of practicing the new skill? How would you benefit from learning the new skill?

**Inspiration and Imagination**

Chose a power creature or hero or someone you admire as an inspiration and source of strength.

[ ] Person(s) admired

[ ] Spirit animal

[ ] Superhero

[ ] Magical or imaginary

[ ] Will need to think on it

**Supporters**

Who could encourage you in making good choices to learn your new skill?

[ ] Parent(s)/Guardian:

[ ] Friend(s):

[ ] Brother(s):

[ ] Sister(s):

[ ] Cousin(s):

[ ] Grandparent(s):

[ ] Teacher or school staff:

[ ] Childcare worker:

[ ] Coach:

[ ] Pastor, priest, or minister:

[ ] Neighbor:

[ ] Other:

**Supporter Skills**

What skills would you like your supporters to use to encourage you?

[ ] Encourage me to make good choices

[ ] Remind me I am a smart and capable learner

[ ] Remind me of the difficult things I have learned before

[ ] Notice the positive progress

[ ] Remind me of the skill I am learning when I forget

[ ] Patience and kindness

[ ] When I get discouraged or forget, remind me of the times I was practicing the skill.

[ ] Other:

**Plan**

**Client and Caregiver**

[ ] Client will identify and practice skills or activities they enjoy doing

[ ] Family/caregivers will identify and participate in activities they enjoy doing together.

[ ] Client will identify and develop a new skill they would like to learn.

[ ] Client will identify the positive that can result in practicing the new skill.

[ ] Client will identify and develop a source of inspiration for learning the new skill(s)

[ ] Client will have opportunities to practice the skill at home, school and in the community.

[ ] Client will identify potential supporters and ask those persons to support them in learning the new skill.

[ ] Supporters will learn and practice supporter skills.

[ ] The client and supporters will plan a celebration of progress and success in learning a new skill.

**CSA Interventions**

☐ Emotional regulation skills

☐ Teaching crisis coping skills

☐ Developing and enhancing interpersonal skills

☐ Parenting skills training and support

☐ Shopping skills

☐ Daily living skills

☐ Financial management

☐ Transportation skills

☐ Medication management and physician follow-up skills

☐ Therapeutic behavioral intervention and support skills

☐ Assistance in accessing and utilizing community resources

☐ Cueing and supervision

☐ Other:

**Response to Plan**

[ ] The client agreed to this plan.

[ ] The guardian agreed to this plan

**Celebration**

How would you like to celebrate once you have learned the new skill?

**Anticipated date of celebration:**

**This plan was shared with the client, guardian, and identified supports on the following date:**