

**State of Vermont  
Division of Disability and Aging Services  
TBI Program**

**LIFE SKILLS AIDE REPORT**

**Life Skills Aide:** \_\_\_\_\_

**Provider Agency:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Independent living / community re-entry skills focused on (enter the results/progress number code for each applicable area):**

1 – 2	Unable to Perform	3 – 4	Severe Difficulty
5 – 6	Needs Assistance or Cuing	7 – 8	Independent

- \_\_\_\_\_ Physical Development & Mobility
- \_\_\_\_\_ Communication / Cognitive Skills
- \_\_\_\_\_ Eating Behaviors
- \_\_\_\_\_ Food Preparation / Cooking
- \_\_\_\_\_ Personal Hygiene / Grooming
- \_\_\_\_\_ Health / Safety
- \_\_\_\_\_ Other, please describe:

- \_\_\_\_\_ Social Behavior / Leisure Time
- \_\_\_\_\_ ADL's and Household Chores
- \_\_\_\_\_ Budgeting & Numerical Skills
- \_\_\_\_\_ Transportation & Travel
- \_\_\_\_\_ Vocational Skills

**Narrative - description of activity:**

**Comments:** (use back of form or additional paper for additional comments or suggestions)