

# SAFETY ASSESSMENT

(Alone Time at Home)

\*\*All Safety skills should be demonstrated/acted out to assessor during assessment process\*\*

Name:		Date:	
Other persons participating in this assessment:			
<b><i>Home Safety Skills</i></b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrate safe use of small home appliances?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Avoids hot burner/oven elements?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Transports hot items appropriately?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates safe use of kitchen knives?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates safe use of matches/lighters?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Extinguishes cigarettes appropriately?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can locate fire extinguishers?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows when/how to use fire extinguisher?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows what to do in case of tornado warning?	Describe:	
<b><i>Personal Safety</i></b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows how to lock/unlock doors?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Keeps doors locked?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Looks through peephole or verbally asks who caller is at the door?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Requests identification of stranger at door/phone?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates ability to use the telephone?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates mock 9-1-1 calls?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows when to call 9-1-1?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not allow strangers into the home?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not buy something from a salesperson/or give money to a stranger at the door?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not go with a stranger (e.g. If the person said that staff/parent had told them to pick them up) without proper notification or arrangement beforehand?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would know what to do if they were locked out of the house?	Describe:	
<b><i>Medical/Health</i></b>			

<input type="checkbox"/> YES <input type="checkbox"/> NO	Identifies poisonous substance?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Explains basic first aid (cut, burn)?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows how to get emergency help if needed?	Describe:	.
Who would they call?		Phone number:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Recognizes own medication by size/shape/color/name?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows when to take medication and proper amount to take?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Self medicates OTC medication in proper amounts?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would recognize if they were in need of immediate medical attention?	Describe:	
Please describe any other safety skills, needs or preferences of individual:			