

SCHEDULE PREFERRED			
Day Of Week	Full Time 8am-6pm	Part Time AM 8am-1pm	Part Time PM 1pm-6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

PARTICIPANT'S PHYSICAL FUNCTIONING (Check appropriate description)

Ambulation/Walking ability: _____ Unassisted _____ Needs assistance						
Appliance Used	____ Cane	____ Walker	____ Crutches	____ Wheel Chair	OTHER:	
Vision	____ Good	____ Wears glasses	____ Contacts	____ Limited	____ Blind	Notes:
Hearing:	____ Good	____ Wears hearing aid in ____ Right ear ____ Left ear ____ Both ears			____ Hard of hearing	
Assistance needed in the following areas:						
____ Walking	____ Toileting	____ Feeding	____ Reasoning	____ No assistance needed		
____ Other (describe):						
MENTAL FUNCTIONING						
____ Alert	____ Confused	____ Forgetful	____ Periods of Confusion			
Briefly describe applicant's mental status:						
SOCIAL AND EMOTIONAL FUNCTIONING						
Describe how the participant relates to other people:						
Activities preferred (included special interests, skills and hobbies – past and present)						