



Neurodiversity Apprenticeship Program

Self-Assessment

| | Independently | Sometimes With Help | I Need Total Support |
|---|---------------|---------------------|----------------------|
| I can prepare lunch or snacks. | | | |
| I can cook a simple meal using a stove. | | | |
| I know how to use the bathroom and wash my hands. | | | |
| I can dress appropriately for the weather. | | | |
| I can manage my own hair and grooming. | | | |
| I can read digital or face clock and tell time. | | | |
| I do chores such as making my bed and vacuuming. | | | |
| I can stay awake for a 6-8 hour day. | | | |
| I can follow a daily schedule. | | | |
| I know how to set alarms or reminders. | | | |
| I can be home alone. | | | |
| I can take my own medications. | | | |
| I know how to call for help in an emergency. | | | |
| I can ask for help. | | | |
| I respond when someone speaks to me. | | | |
| I am comfortable starting a conversation. | | | |

| | Independently | Sometimes With Help | I Need Total Support |
|---|----------------------|--------------------------------|---------------------------------|
| I engage in appropriate conversations. | | | |
| I give people around me personal space. | | | |
| I can participate in small group activities. | | | |
| I use appropriate and respectful language. | | | |
| I display appropriate behaviors in public. | | | |
| I can manage my temper with others. | | | |
| I can use a cell phone to talk to others. | | | |
| I can use a cell phone for text messaging. | | | |
| I have an email address and use it to communicate. | | | |
| I can use the computer to play games and look up information. | | | |
| I can use the computer to create excel spreadsheets. | | | |
| I am easily understood by others. | | | |
| I use adaptive equipment to communicate. | | | |
| I use an interpreter or sign language. | | | |
| I can accept changes in my routine. | | | |
| I am comfortable with large groups of people. | | | |
| I am comfortable with loud noise. | | | |

| OUTDOOR Skills Check box even if you require assistance to perform the skill | I Have a lot of Experience | Some Experience | Never Tried This Before |
|--|-----------------------------------|------------------------|--------------------------------|
| Pushing a wheelbarrow | | | |
| Clipping and pruning | | | |
| Knowledge of insects, fish, amphibians, or reptiles | | | |
| Weeding | | | |
| Knowledge of plants | | | |
| Weed whacking | | | |
| Leaf Blowing | | | |
| Hand Mowing | | | |
| Watering Plants | | | |
| Composting and Recycling | | | |
| Building a fire | | | |
| Cleaning a pool | | | |
| Cleaning the bathroom | | | |
| Cleaning the kitchen | | | |
| Kayaking or canoeing | | | |
| Fishing | | | |
| Riding a bike | | | |