Kohlman Evaluation of Living Skills

KOHLMAN EVALUATION OF LIVING SKILLS

Each skill will be scored on a scale of 0 to 5, with 0 indicating no ability or complete dependence and 5 indicating independent mastery. The evaluator will assign a score based on the client's performance, considering safety, efficiency, and level of assistance required.

Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Gender: _____ **Address:** _____

Phone Number: _____ **Email Address:** _____

Date of Evaluation: _____ dd / mm / yyyy **Name of Evaluator:** _____

Bathing/Showering

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Dressing

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Grooming

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Toileting

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Eating/Feeding

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Medication Management

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Emergency Situations

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Household Safety

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Personal Safety

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Budgeting

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Paying Bills

○ ○ ○ ○ ○ ○
0 1 2 3 4 5

Banking

0 1 2 3 4 5

Shopping

0 1 2 3 4 5

Using Public Transportation

0 1 2 3 4 5

Navigating the Community

0 1 2 3 4 5

Using Technology for Directions

0 1 2 3 4 5

Accessing Community Resources

0 1 2 3 4 5

Summary and Recommendations

Follow-up Plans