

RESIDENTIAL ASSESSMENT OF SAFETY IN THE COMMUNITY**Resident's Name:** _____ **Date of Assessment:** _____**Resident's Home Address:** _____**Tester's Name:** _____

Instructions: This assessment is to be conducted by the resident's case manager and should be completed while listening to and observing the resident's responses to the questions. Section 1 may be done in the resident's home; however observing the resident perform the requested tasks must complete Section 2. Make sure you know the accurate answers to Questions 9, 10, 11 and 12 in Section 1!

Be sure to explain the purpose of the assessment to the resident and let him/her ask any general questions before beginning the process. To ensure the resident understands how to be safe in the community, it is important for the case manager to state each question in Section 1 and then allow sufficient time for a response. Prompting should be kept to comments like: "You've told me <repeat the resident's responses>. Is there anything you want to add?"

SECTION 1

Question	Resident's Response	Responded Correctly (x)	Add'l Training Needed (x)
1. What is your name?			
2. Where do you live?			
3. What is your telephone number?			
4. What time is it?			
5. When you enter <name a local bank, pharmacy, or other store> what do you say to the <teller, pharmacist, etc.>?			
6. If you fell down on the sidewalk, what would you do?			
7. What do you do to cross the street safely?			
8. What would you do if you became lost?			

RESIDENTIAL ASSESSMENT OF SAFETY IN THE COMMUNITY

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SECTION 1 (cont'd)

Question	Resident's Response	Responded Correctly (x)	Add'l Training Needed (x)
9. What would you do if a stranger stopped and asked you if you wanted a ride?			
10. When is <name resident's local bank> open?			
11. When is <name resident's local pharmacy> open?			
12. When is <name resident's local convenience store> open?			
13. When is <name resident's local library> open?			

SECTION 2

Instructions: Decide with the resident what locations you are going to visit. If possible, be sure that to reach the identified locations the resident will have to demonstrate s/he can successfully cross a street without a marked crosswalk and another street with a marked crosswalk. Tell the resident that you will be walking a little way behind her/him so you can see how s/he would do it alone.

First Location Visited: _____ Time of Day: _____

Question	Yes	Needed Prompting
1. Did the resident use sidewalks when they were available?		
2. When sidewalks were not available, did the resident walk on the edge of the road facing oncoming traffic?		
3. Did the resident look carefully to the left and right for oncoming traffic <u>each time</u> before attempting to cross the street?		
4. If available, did the resident use the marked crosswalk <u>each time</u> before crossing the street?		
5. If available, did the resident use the crosswalk light <u>each time</u> before crossing the street?		
6. If a crosswalk light was available, did the resident recognize the difference between "Walk" and "Don't Walk"?		

RESIDENTIAL ASSESSMENT OF SAFETY IN THE COMMUNITY

7. When arriving at the designated location, did the resident greet the <teller, clerk, etc.> appropriately?		
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SECTION 2 (cont'd)

Second Location Visited: _____ Time of Day: _____

Question	Yes	Needed Prompting
1. Did the resident use sidewalks when they were available?		
2. When sidewalks were not available, did the resident walk on the edge of the road facing oncoming traffic?		
3. Did the resident look carefully to the left and right for oncoming traffic <u>each time</u> before attempting to cross the street?		
4. If available, did the resident use the marked crosswalk <u>each time</u> before crossing the street?		
5. If available, did the resident use the crosswalk light <u>each time</u> before crossing the street?		
6. If a crosswalk light was available, did the resident recognize the difference between "Walk" and "Don't Walk"?		
7. When arriving at the designated location, did the resident greet the <teller, clerk, etc.> appropriately?		

† I feel this individual is safe to travel in the community alone.

† I feel this individual's skills should be re-evaluated after additional training.

Signature of Case Manager Completing Assessment

† I agree this individual is safe to travel in the community alone.

† I suggest a retest of this individual's skills in _____ weeks / months after additional training.

Signature of Program Manager