**GENERAL IN-HOME ASSESSMENT- SAMPLE**

**This is a sample assessment used for a general in-home assessment (or center-based initial assessment). The goal is to focus on key areas of a client’s initial well-being, to ensure that their basic self-care needs are being met. Next, the goal is to identify areas in which instruction or additional assessment will be needed. Some organizations break goals into immediate, intermediate, and long-term goals. Notes are provided throughout the assessment document to guide its use.**

**Client:**

**Date of Birth:**

**Funding Source:**

**Date(s) Served:**

**Hours Served:**

**Instructor:**

**Background information/ family or support systems:**

**Fill in basic general background information about the client, where they live, who they live with and general health notations. (Diabetes, TBI, mental health concerns/ diagnosis).**

**Eye Information from Medical Reports:**

**Cause of vision Loss:**

**Acuities/ fields:**

**Prognosis:**

**Visual Assessment: (Do not perform if there is NO functional vision; just note above that the eye records state that the client has NLP)**

1. **Client is able to name and explain their eye condition:**
2. **Client describes how they currently see:**
3. **Note details about the following:**

|  |  |  |
| --- | --- | --- |
| **Visual Skill** | **Functional/ not** | **Notes** |
| **Light Perception** |  | Can they detect light? If yes, note distance, types of lighting and how it is helping them in their daily life? |
| **Hand Motion** |  | Can they detect movement? If yes, note distance, type and lighting conditions? How are they using this vision? |
| **Close up vision** |  | Test with bold print size document, what size can they see? At what distance? With what types of lighting. Test with task lighting, back lighting and general overhead light. What are they using it for in the home? What would they like to see? |
| **Distance Vision** |  | How far can they see? With good lighting/ poor lighting? Does high contrast help? How are they using this vision |
| **Color Vision** |  | Note whether they have color vision or not, what colors can they see. How is this helping them?  |
| **Magnification test** |  | If you were able to test with HH/ stand magnification, note strength and success with this tool. This will be the key indicator to decide if an Low Vision Evaluation (LVE) is a viable next-step or not. Note any difficulty with holding, using the device (tremors/ hand strength and understanding directions. Also note whether the client has tasks for which they will need to use a magnifier. |
| **Glare Assessment** |  | Discuss glare. Note clients concerns or challenges with glare and current solutions |

**Visual Functioning Summary Notes:**

**Include any additional information that may not be addressed above. Is the client a candidate for an LVE? What tasks would they use magnification for? Note other areas for VRT follow-up instruction:**

* **Glare control evaluation**
* **Use of large print**
* **Use of contrast**
* **If there is no functional vision note the client’s emotional status regarding this situation.**

**Indoor mobility/safety:**

**Be sure to address this skill area on the first visit to ensure that the client has strategies to safely navigate their home before you leave. Instruct in basic human guide, indoor mobility (trailing) and protective techniques.**

1. **Ask client to explain their concerns about navigating their home:**
2. **Note the strategies they are currently using.**
3. **Note general state of home (clutter, presence and condition of steps, obstacles, clear pathways to high-travelled areas).**
4. **Note any concerns of family members/ care-givers.**
5. **Note any mobility devices currently used.**

|  |  |  |
| --- | --- | --- |
| **Skills** | **Criteria** | **Notes** |
| Navigates independently in home environment |  | Note current strategies; provide instruction as needed prior to moving through home; practice on a “home tour,” assess safety of home during process.  |
| Detects obstacles, furniture, and others |  | Visually, memory or tactually? Assess clear path? |
| Keep items out of travel/sitting areas |  | Complete “tour”; assess general safety. Maybe make a few suggestions. Pay close attention to steps and rugs.  |
| Uses appropriate protective techniques |  | If not, ensure that client is introduced to upper and lower hand protective techniques. |
| Uses Human Guide Skills |  | If not, teach and practice. |
| Independently exits home in case of emergency |  | Assess that client can independently locate and access exits; exit home at each exit and locate & travel path to safe waiting area. Note where this is in the report. (some exits may be blocked or unsafe – note these) |
| Can locate emergency equipment (fire extinguisher, cane, phone) |  | What do they have, where are they located? Can they use them. |

**Summary Notes for Indoor O&M:**

**Provide immediate instruction as needed on the first visit. Reinforce throughout evaluation. Immediate needs include safe navigation through home and up/ down steps; the ability to exit and locate emergency equipment (fire extinguisher).**

**Recommend an O&M evaluation/ training as necessary.**

**Immediate Needs Assessment:**

**In this section review the initial intake and ensure that instruction is provided in the 3-4 areas of immediate need. In general, these will include:**

1. **Food Prep/ eating skills (basic clean-up).**
2. **Phone use – for communication (may include calendar to remember appointments).**
3. **Medical Management (can they identify and take their medications).**
4. **Other critical needs that are deemed urgent by the client.**
5. **Make a list of resources needed immediately.**

**Complete this section of the Independent Living Plan (ILP); ensure that as much instruction as possible is provided in these areas on or soon after the first visit. Note how many visits (hours) will be needed to complete instruction in these critical skill areas.**

**Intermediate Needs Assessment:**

**In this section you will use the general VRT areas of instruction/ evaluation and note any additional instructional needs the client may have shared on the intake/ during the initial visit.**

**Communications (Summary Notes & Training Recommendations)**

**Technology (Summary Notes & Training Recommendations)**

**Personal/Medical/Financial Management (Summary Notes & Training Recommendations)**

**Household Management/ Food preparation/ Kitchen Safety (Summary Notes& Training Recommendations)**

**Recreation & Leisure/ Transportation (Summary Notes& Training Recommendations)**

**Long-Term Needs Assessment:**

**In this section you can use the general VRT areas of instruction/evaluation and note any remaining training needs that the client may have identified during early instruction OR that evolve as training begins/ continues. For each area, make a note of any training needs and estimated amount of time to complete training to the best of your ability. Be thinking about how to transition client to more independent forms of learning (community-based classes, on-line, virtual, peer groups, webinars, podcasts, etc.)**

**Advanced technology use (refer to tech instructor)**

**Advanced communication skills for life/ work**

**Advanced financial/ medical management**

**Transition to community-based activities such as senior centers, classes, volunteering or other past-times/ interests.**

**Summary Report should list training goals under the areas of Immediate, Intermediate and long-term training goals. Resources that will be contacted and shared and other referrals that have been made to community resources or other instructors at VRS. Estimated times / hours needed for addressing each area should also be included so that the team can estimate the resources and time needed to complete the clients’ training goals.**