

## Independence Tool

**Person's Name:**

Step	Independent using a known routine	Independent after one verbal prompt	Independent after a physical prompt (showing the item)	Requires regular verbal prompts	Requires a physical and verbal prompt or sign eg passing an object and signing where to put it	Requires physical support eg hand under hand	Responds to objects Eg cup, spoon	Follows activity with eye movement	Dependent on staff to do
Placing meal on the table									
Identifying cutlery to use									
Using cutlery									
Cutting up/loading food onto utensil									
Moving food from plate to mouth									

Step Continued...	Independent using a known routine	Independent after one verbal prompt	Independent after a physical prompt (showing the item)	Requires regular verbal prompts	Requires a physical and verbal prompt or sign eg passing an object and signing where to put it	Requires physical support eg hand under hand	Responds to objects Eg cup, spoon	Follows activity with eye movement	Dependent on staff to do
Chewing food									
Recognising different foods									
Recognising when food is finished									
Putting utensils down when finished									
Removing plate from table									
Wiping mouth and checking clothes									

**Completed by:** \_\_\_\_\_

**Date Completed of Baseline Independence:** \_\_\_\_\_

**Review Date(s):** \_\_\_\_\_ \*Every three months minimum

\* To be used when you have concerns about a person's level of independence. Put a date in each box to record where that person is on each review date.