



Student Name \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

Title of Person Completing Form (ex: GCS staff, GTCC staff, social worker, VR counselor)  
\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is or was your relationship with this applicant? \_\_\_\_\_

Your phone number \_\_\_\_\_ Email \_\_\_\_\_

## **POWER Adaptive Behavior Skills Checklist**



## **Communication Skills**



**Socialization Skills**

*Skills needed to interact socially and get along with other people, including having friends, showing and recognizing emotions, assisting others, and using manners.*

	<b>Non-existent (0)</b>	<b>Proficient (1)</b>	<b>Comments</b>
<b>Behavior</b>			
Responds or reacts appropriately to a given situation			
Follows school rules and code of conduct and understands reasons for those rules			
Demonstrates appropriate verbal restraint (ex: talks in turn, regulates volume appropriately)			
Respects the rights and property of others			
Controls anger/feelings			
Is flexible (ex: follows a demands or adjusts to new routines)			
Accepts authority (obeys, responds appropriately)			
Responds appropriately to different age groups.			
Attends school/community functions independently.			



**Daily Living Skills**

*Skills needed for personal care, independence, responsibility, and self-control.*

	<b>Non-existent (0)</b>	<b>Proficient (1)</b>	<b>Comments</b>
<b>Behavior</b>			