

External Aid Needs Assessment

Client Name:

Date:

Assessment Format:

- a) Interview with (list all present):
OR b) Form filled out by:

I. Independence Screen for Life Participation Roles

Role (add any additional items on blank lines)	1–5 Rating 1 = unable to do 5 = able to do as well as before or N/A	Comments (place checkmark by any that are very important to you/client)	
HOME AND COMMUNITY			
Managing finances			
Planning social arrangements			
Participating in social events			
Shopping			
Planning and preparing meals			
Cleaning, doing laundry			
Arranging transportation			
Completing personal care			
Caring for children, others			
SCHOOL AND/OR WORK			
Attending class/work			
Completing homework			
Taking tests, exams			
Doing presentations			
Organizing meetings			
Writing essays, reports			
Participating in social events			
Managing correspondence			

(continued)

II. Functional Screen for Cognitive Contributing Factors

Factor (add any additional items on blank lines)	1–5 Rating 1 = not a problem 5 = big problem	Comments (place checkmark by any that are a major priority for you/client)	
Tracking date or time			
Staying focused			
Switching between tasks			
Holding information in memory			
Following conversations			
Following directions			
Remembering what I already did			
Getting and staying organized			
Initiating tasks			
Prioritizing tasks			
Finishing tasks			
Controlling impulses			
Interacting positively with people			
Getting thoughts out quickly			
Getting thoughts out accurately			
Understanding what I read			
Remembering what I read			
Organizing thoughts in writing			

III. Cognitive Profile

Check areas of concern:	For those that are checked, describe further and note any assessment results:
<input type="checkbox"/> Attention (e.g., sustained, divided, alternating)	
<input type="checkbox"/> Working memory (ability to hold information in memory long enough to act)	

Check areas of concern:	For those that are checked, describe further and note any assessment results:
<input type="checkbox"/> Episodic memory (ability to remember daily events and personal experiences)	
<input type="checkbox"/> Semantic memory (ability to remember facts and knowledge-based information)	
<input type="checkbox"/> Prospective memory (ability to initiate a planned future action at a specific time)	
<input type="checkbox"/> Procedural memory (ability to learn procedures or steps, often without awareness)	
<input type="checkbox"/> Retrograde amnesia (loss of memory for events before injury)	
<input type="checkbox"/> Declarative learning (ability/rate of learning new information)	
<input type="checkbox"/> Executive functions (e.g., initiation, cognitive flexibility, inhibitory control)	
<input type="checkbox"/> Awareness (e.g., anosognosia, denial)	
<input type="checkbox"/> Social communication (e.g., social cognition, pragmatics)	
<input type="checkbox"/> Language (comprehension, expression, reading, writing)	

IV. Physical Profile

Check areas of concern:	For those that are checked, describe further, including current use of aids:
<input type="checkbox"/> Visuoperceptual	
<input type="checkbox"/> Sensorimotor	
<input type="checkbox"/> Auditory	

(continued)

V. Past and Current External Aid Use

Type of External Aid	Frequency of Use 0 = never, 3 = most days		How Helpful 0 = not helpful, 3 = very helpful	
	Before	Now	Before	Now
Paper Calendar <i>Describe:</i>				
• Enter scheduled events				
• Enter “things to do”				
• Refer to entries				
• Check off entries when done				
• Reschedule as needed				
• Other:				
Planner <i>Describe:</i>				
• Enter scheduled events				
• Enter “things to do”				
• Refer to entries				
• Check off entries when done				
• Reschedule as needed				
• Other:				
SMART Device <i>Describe:</i>				
• Enter scheduled events				
• Enter “things to do”				
• Assign tags				
• Refer to entries				
• Set alerts or reminders				
• Check off entries when done				
• Reschedule as needed				
• Take and save photos				
• Timer/stopwatch				
• Memo pad				
• Voice memos				
• Texting/messaging				

(continued)

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Type of External Aid	Frequency of Use 0 = never, 3 = most days		How Helpful 0 = not helpful, 3 = very helpful	
	Before	Now	Before	Now
	SMART Device (continued)			
• Voicemail				
• Other:				
• Apps:				
Other Aids				
• Voice recorder				
• Voicemail				
• Memo pad				
• Camera				
• Bulletin board				
• Whiteboard				
• Sticky notes				
• Filing cabinet				
• Pill box				
• Stopwatch				
• Calculator				
• Other:				
Other SMART Aids				
• Alexa/Apple/Google Home				
• SMART watch				
• SMART pen				
• Scanning pen				
• Screen reader (text-to-speech)				
• Speech-to-text				
• SMART glasses				
• Bluetooth tracker				
• Other:				

(continued)

VI. Client Preferences for External Aid

Appearance (e.g., color, style, size)	
Types of functions (e.g., calendar, to do list, budget, planner, reminders, tags, goals, logbook)	
Mode (e.g., electronic, written, auditory, graphic)	
Location/time of use (e.g., home, school, work, community; mornings, before bed, during class)	
Other	

VII. Other Tools, Strategies, Environmental Adaptations

Please describe (e.g., keep space neat, work in quiet, label items):

VIII. Supports and Resources

Family, friends, support workers:
Financial: