



FILE NO: _____

NAME: _____

DATE: _____

The **ADAPTIVE FUNCTIONING INDEX** above presented in a wheel format, presents pictorially the relative strengths of the individual.

To complete the wheel, fill in each skill spoke, starting at the centre rim out to the number of credits achieved. Empty spaces indicate skills needing concentrated training.

General Comments: _____

Signed: _____

(Specific comments over)

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VOCATIONAL

AREA _____

DATE _____

BY _____

SKILLS SHOWING IMPROVEMENT _____

_____RECOMMENDATIONS (INCLUDE SKILLS REQUIRING SPECIAL TRAINING) _____

_____**RESIDENTIAL**

AREA _____

DATE _____

BY _____

SKILLS SHOWING IMPROVEMENT _____

_____RECOMMENDATIONS (INCLUDE SKILLS REQUIRING SPECIAL TRAINING) _____

_____**SOCIAL ACADEMIC**

AREA _____

DATE _____

BY _____

SKILLS SHOWING IMPROVEMENT _____

_____RECOMMENDATIONS (INCLUDE SKILLS REQUIRING SPECIAL TRAINING) _____

_____**SPECIAL TRAINING**

(RECREATION, COUNSELLING, GROUP ACTIVITIES, PARTICULAR THERAPIES)

1 ACTIVITY _____

DATE DONE _____

BY _____

SKILLS SHOWING IMPROVEMENT _____

_____RECOMMENDATIONS (INCLUDE SKILLS REQUIRING SPECIAL TRAINING) _____

