

## Daily Living Activities

Not applicable     Adaptive device required

Device	Date			Outcome
	US	EX	PA	
Picture schedule				
Electronic reminders or cueing system				
Task analysis of necessary steps in routine or task, presented pictorially, orally, textually, or in combination				
Recipes with graphic support				
Electronic organizer				
Book holder				
Power control technology to turn on electrical appliances				
Modified utensils				
Modified dishes				
Modified drinking devices				
Modified or adaptive grip system				
Assistance opening containers				
Assistance with eating				
Clothing adjustments				
Assistance with dressing				
Toilet seat height adjustment				
Assistance with toileting				
Structured toileting schedule				
Grab bars in bathroom				
Use of lift to transition				
Wrist bands to assist with drooling				
GPS				
Other				

List any special setups or modifications to equipment or the environment needed for the student to succeed. \_\_\_\_\_

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**US** Uses successfully  
**EX** Exploring or starting trials  
**PA** Previously attempted

Write the approximate date the device was initially implemented, explored, or attempted in the **US**, **EX**, or **PA** column, respectively. If applicable, also write the date the device was discontinued.