KindCare
Skills Assessment Checklist (Cleaning; kitchen)

Monitoring activity

Date		**Time**	
Location			
Conducted by			
Client name			

Skill monitoring

Task	**Clean the kitchen**		
Skills required	**Completed independently**	**Completed with some assistance**	**Requires full assistance**
Put dishes on the sink			
Fill sink with water			
Wash dishes			
Dry dishes			
Put dishes away			
Wipe down benches			
Spot clean cabinet fronts			

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Notes:	