KindCare
Skills Assessment Checklist (Eating and drinking)

Monitoring activity

Date		**Time**	
Location			
Conducted by			
Client name			

Skill monitoring

Task	**Eating and drinking**		
Skills required	**Completed independently**	**Completed with some assistance**	**Requires full assistance**
Grip plate			
Place plate on table			
Grip knife, fork and spoon			
Use utensils to pick up food			
Grip cup			
Bring cup to mouth			

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Notes:	