

Life Skills Training Log

Youth Name:	DOB:	Assessment Date:
Topics: (Please check all that ap	oply)	
Money Management/ Consumer Awareness	Transportation	Community Resources
Food Management	Education Planning Job Seeking Skills	Interpersonal Skills
Personal Appearance & Hygiene	Job Maintenance	Legal Skills
Health	Skills Emergency/	Housing Other:
Housekeeping	Safety	
Trainer Name (printed):	Date of Trainir	ıg:

Relationship:Initials:Description (Include how the skill was introduced to youth, how youth was able to practice
the skill, and any follow-up needed):