Families First
OF FLORIDA

Life Skills Training Log

Youth Name: _____ DOB: _____ Assessment Date: _____

Topics:

- ☐ Money Management/Consumer Awareness
- ☐ Transportation
- ☐ Community Resources
- ☐ Food Management
- ☐ Education Planning
- ☐ Interpersonal Skills
- ☐ Personal Appearance & Hygiene
- ☐ Job Seeking Skills
- ☐ Legal Skills
- ☐ Health
- ☐ Job Maintenance Skills
- ☐ Housing
- ☐ Housekeeping
- ☐ Emergency/Safety
- ☐ Other: _____

Trainer Name (printed):_____ Date of Training: _____

Relationship: _____ Initials: _____

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

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