Life Skills Training Log

Youth Name: **DOB:** **Assessment Date:**

Topics: (Please check all that apply)

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

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

Relationship: **Initials:**

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