

Towards Independence

Personal Care Routines: Introduction

Name:



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This module has been developed as the result of collaborative work between ASDAN and practitioners delivering the Towards Independence programme. Our thanks go to all those who contributed to the development of these materials.

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Welcome

You are starting a module called

Personal Care Routines: Introduction

In doing the activities in this module you will be asked to:

- say
- show
- choose
- make things

You can say things by talking or signing, or by using any other means to let someone know what you want to say.

You can choose and show things by using:

- pictures
- digital recording
- other means

- photographs
- computer

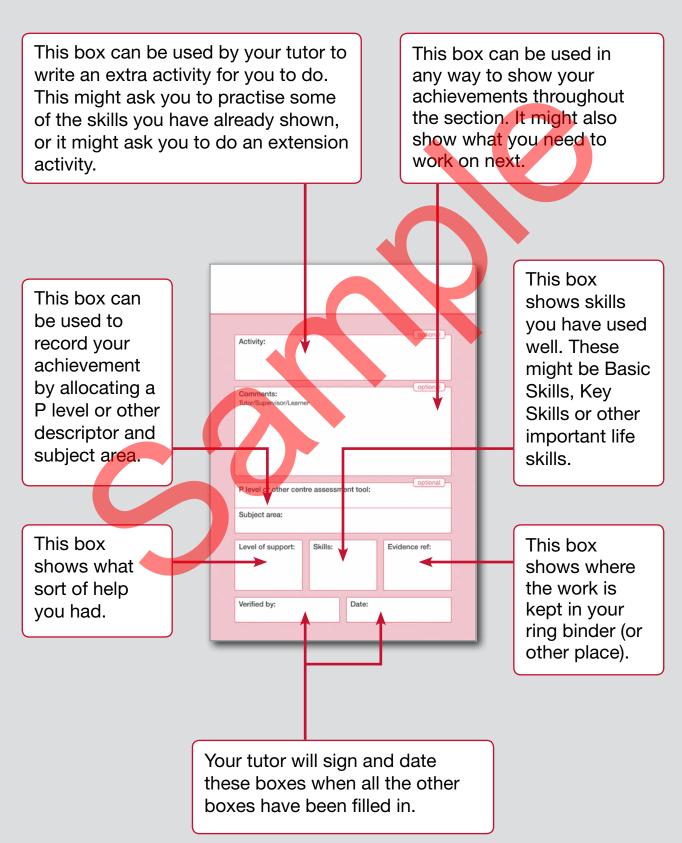
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

As you complete each activity, you or your tutor can tick the box shown alongside the activity and the corresponding box on the **Record of Activities** page.

When you have finished the module, remember to complete the **Module Review** and **Next Steps** at the end of the book.

Record Boxes

At the end of each section you will find a page of record boxes:



Levels of Support

Ask your tutor to talk to you about these:



NH No Help - you can do things on your own



SH Spoken/Signed Help – you are helped by someone speaking or signing suggestions to you



GH Gestural Help – you are helped by someone using hand signals or other gestural prompts



PH Physical Help – you are helped by someone holding you and/or helping you to move



SE Sensory Experience – you are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



ER Experience Recorded – you are provided with an experience of the activity but are unable to take part

Section A (continued):

Personal care

4 Create a diary or weekly timetable to show how often you should carry out personal care activities.



5 Keep a personal care diary for a week to show which activities you have done.

Show which activities were easy to follow in your personal care routine.

Show what you did not like doing in your personal care routine.



Section A (continued):

Personal care

			optional
Activity:			
			optional
Comments:			Optional
Tutor/Supervisor/Learne	er		
		<u> </u>	optional
P level or other cent	re assessm	ent tool:	Optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Marie and In		Dal	
Verified by:		Date:	

Section C:

Keeping your things in order

1		v that you can keep your clothes and personal items tidy. For example:	
	0	Folding and putting clothes away in drawers	
	0	Hanging clothes on hangers to stop them from getting creased	
	0	Storing shoes in an appropriate place and in an orderly fashion	
	0	Making sure that personal care items are organised and to hand in the bathroom	
	0	Putting away cosmetics after use	
	0	Other	
2		w what might happen if you did not keep your s in order.	
3		v that you can keep your things clean and ready ear. For example:	
	0	Sorting out and disposing of unwanted or worn out items. Show if there is anything you could recycle	
	0	Sorting clothes for the laundry	
	0	Washing/ironing clothes	
	0	Cleaning shoes	
	0	Using a clothes brush to brush dirt/hair off clothes	
	0	Other	
4		v that you understand why it is important to keep things in a good condition.	

Section C:

Keeping your things in order

Activity:			optional
Comments: Tutor/Supervisor/Learne		ant to all	optional
P level or other cent	e assessin	ient tooi:	
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

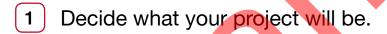
Section F:

Project

In this section you can choose your own activity.

Here are some ideas:

- Keep a clothes diary for a week with photographs of yourself in different outfits
- Make your own cosmetics using natural ingredients
- Spring clean your wardrobe so that everything is neat and in order
- Other



- 2 Plan your project
- (3) Make a list of the things you need.
- 4 Do your project.
- [5] Show what went well in your project.

Section F:

Project

Activity:			optional
Comments: Tutor/Supervisor/Learne	er		optional
P level or other cent	re assessm	nent tool:	optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

Next Steps

My next challenge:
Activities and modules that will help:
Who can help me and when:
Remember to record that you have completed this module and review on the Record Page in your Starting Out module.
Learner signature:
Tutor/supervisor signature:
Date:



