

Towards Independence

Everyday Living

** ASDAN

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

Everyday Living

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

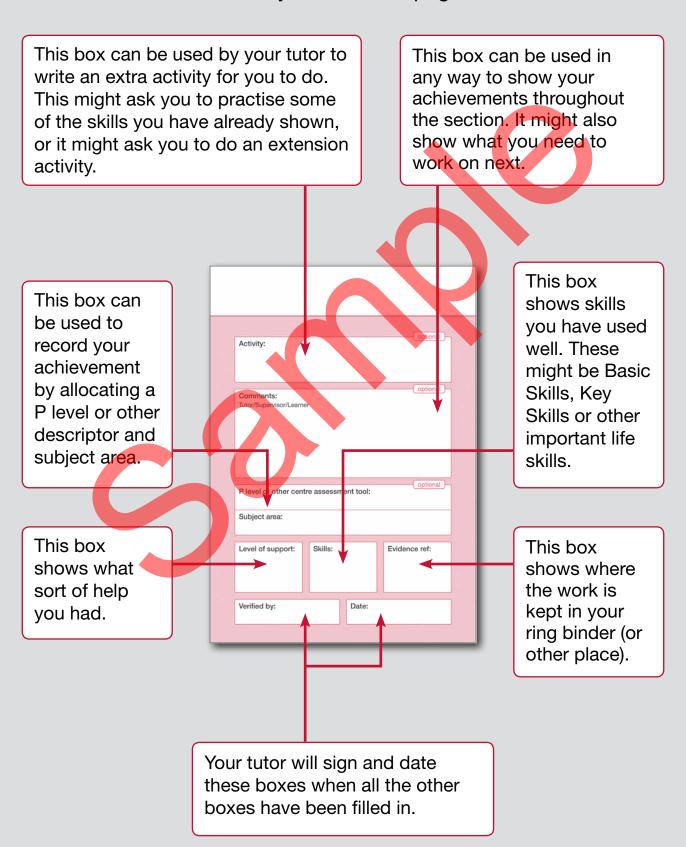
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

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:

Myself and others

| 1 Respond to your name. | |
|---|--|
| 2 Show someone who is male. | |
| 3 Show someone who is female. | |
| 4 Either: o show you know that you are male or: | |
| show you know that you are female | |
| | |

Section A:

Myself and others

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

Section C:

During the day

| 1 Show ways of saying "No". | |
|---|--|
| 2 Show ways of saying "Yes". | |
| 3 Show you can find a toilet you can use. | |
| 4 Show ways of asking for help. | |
| 5 Show places or people who can help you. | |
| 6 Visit places where you can eat. | |
| 7 Take part in a fire drill. | |
| | |

Section C:

During the day

| 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: | |

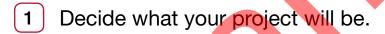
Section E:

Project

In this section you can choose your own activity.

Here are some ideas:

- Make a book about you
- Find out about personal hygiene
- Show different items of make-up
- Find out about taking care of yourself
- Invite someone to talk to you about road safety
- Cook or bake something to eat
- 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 E:

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: |



