## **OVERALL PERSONAL HYGIENE RUBRIC**

Client's Name:	<u>Therapist:</u>
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**Date:** 

List any adaptive equipment used for personal hygiene:

Personal Hygiene	Uses the skill at all times in all environments	Completes the skill as expected	Uses the skill inconsistently	Learning the skill	Total
Toileting (urination)	4	3	2	1	
<b>Toileting (bowel movement)</b>	4	3	2	1	
Washing hands after bathroom use	4	3	2	1	
Washing hands before meal time	4	3	2	1	
Use of soap (dispenser or bar soap)	4	3	2	1	
Washing face	4	3	2	1	
Taking a bath	4	3	2	1	
Taking a shower	4	3	2	1	
Wiping nose	4	3	2	1	
Blowing nose	4	3	2	1	
Brushing teeth	4	3	2	1	
Brushing hair	4	3	2	1	
		TO	TAL SCORE O	UT OF 48 POINTS	