CrittersWork Service Dog Partners, Inc. Applicant Name _____ # _____
Service Dog Application 09 Speech, Vision, and Daily Living

Please use the scale below to indicate your ability.

1= Severe impairment or inability to be understood or inability to learn.
10 = No impairment or ability to be understood or ability to learn.

Speech

1	2	3	4	5	6	7	8	9	10

Tone Variation

1	2	3	4	5	6	7	8	9	10

Easily Understood

1	2	3	4	5	6	7	8	9	10

Volume

1	2	3	4	5	6	7	8	9	10

Do you use a word board?
__ Yes __ No __ Other

Vision

1	2	3	4	5	6	7	8	9	10

Do you use corrective lens?
__ Yes __ No

Do you need an American Sign Language interpreter?
__ Yes __ No

How do you handle the following?

Routine medications
__ By yourself __ Assisted __ Provided by others

Getting dressed
__ By yourself __ Assisted __ Provided by others

Your finances, checkbook
__ By yourself __ Assisted __ Provided by others

Shopping, groceries, etc.
__ By yourself __ Assisted __ Provided by others

Housecleaning
__ By yourself __ Assisted __ Provided by others

Personal Care
__ By yourself __ Assisted __ Provided by others

Meals
__ By yourself __ Assisted __ Provided by others

Do you use personal attendants, including family members, to assist you?
__ Yes __ No

Please describe any additional limitations - mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your reaction to crowded locations or triggering sounds, your ability to read and understand written material, and anything else that might help us understand your needs.