

TOPIC #1: *Developing Independence*

Student Activity Guide



Name _____ Period _____ Date _____

DEVELOPING INDEPENDENCE

INDEPENDENCE IS:

THE _____ STEPS TO _____ EM S _____ V _____:

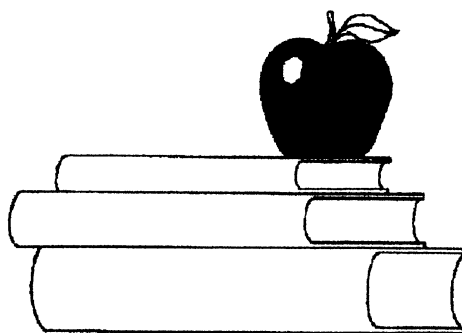
1 _____

2 _____

3 _____

4 _____

5 _____



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PROBLEM-SOLVING PRACTICE

Directions: Solve the problem below using the Five Steps of Problem Solving process.

PROBLEM: You are washing a load of clothes and the washer makes a loud noise, then overflows.

1. Identify the problem: (Write down the problem you are going to solve.)

2. Brainstorm possible solutions: (Write down anything that comes to mind. It does not have to be a "correct" answer.)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

3. Explore and evaluate possible solutions: (Look at the solutions in #2. Decide which ones you could use and list them below. Skip the solutions you wouldn't really use.)
 1. _____
 2. _____
 3. _____
 4. _____

4. Make a decision and act on it: (Using the solutions listed in #3, choose the best solutions and list them in order—best=first, next best=second, etc.)
 1. _____
 2. _____
 3. _____

5. Look back and evaluate: (This will be the hardest because in this practice exercise you have not actually solved a problem. Imagine you used your best solution, and think what the outcome would be. Or, look back over your first four steps, and if you had this problem to solve again, what would you do differently?)



Name _____ Period _____ Date _____ Score _____

WHAT WOULD YOU DO?

Directions: How do you react when you face a difficult or unfamiliar problem? On the lines below each of the following situations, write what you would do.



- 1. When you get home from school you discover that you don't have your keys. The doors are locked and no one is at home. You need to get into the house so you can change clothes, get something to eat, and go to your practice. Several friends are waiting for you at a neighborhood park. The practice can't start until everyone arrives. What would you do?



- 2. You and a friend are shopping in a local department store. Your friend is in a hurry. Suddenly you hear a strange noise behind you. When you turn around, you see that an elderly man has fallen down. He appears to be badly hurt. No adults are nearby. What would you do?



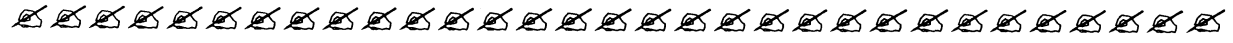
- 3. On Monday morning you realize that the \$15 you have isn't enough to pay for the things you want to buy during the week. You need to buy school lunches, a notebook and pen, and a birthday present for your little brother. You've also promised to give a dollar to the current fund raiser at school, and you're hoping to buy a new single by your favorite group. In addition, you and your friends usually go out for hamburgers and shakes at least once during the week. What would you do?



- 4. The teenager who just moved next door started attending your school this week. You've invited the new student to go with you and your friends to a movie this weekend. Your parents are pleased about the invitation. However, before you have a chance to tell your best friend about the plan, he/she tells you how "strange and totally uncool" the new student seems to be. What would you do?

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INDEPENDENT BEHAVIORS

Directions: On the left side, write in any positive aspects of the independent behavior listed.
Then on the right side, write what you might see as negative aspects of that same behavior.

POSITIVE ASPECTS

INDEPENDENT BEHAVIORS

NEGATIVE ASPECTS

BE ABLE TO SAY "NO"

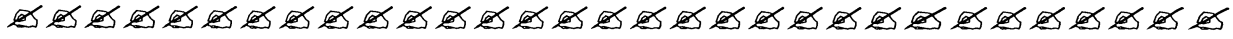
WORK FOR GOOD GRADES

TRY NEW EXPERIENCES

PRACTICE MAKING DECISIONS

PRACTICE PROBLEM SOLVING

Handwriting practice lines for each behavior category.



INDEPENDENT BEHAVIORS - PAGE 2

POSITIVE ASPECTS

10 horizontal lines for writing positive aspects.

INDEPENDENT BEHAVIORS

OFFER TO HELP SIBLINGS

5 horizontal lines for writing independent behaviors related to offering help to siblings.

BE A GOOD EXAMPLE TO PEERS

5 horizontal lines for writing independent behaviors related to being a good example to peers.

GO TO BED ON TIME

5 horizontal lines for writing independent behaviors related to going to bed on time.

LEARN A NEW SKILL

10 horizontal lines for writing independent behaviors related to learning a new skill.

STAYING ALONE FOR LONGER PERIODS OF TIME

10 horizontal lines for writing independent behaviors related to staying alone for longer periods of time.

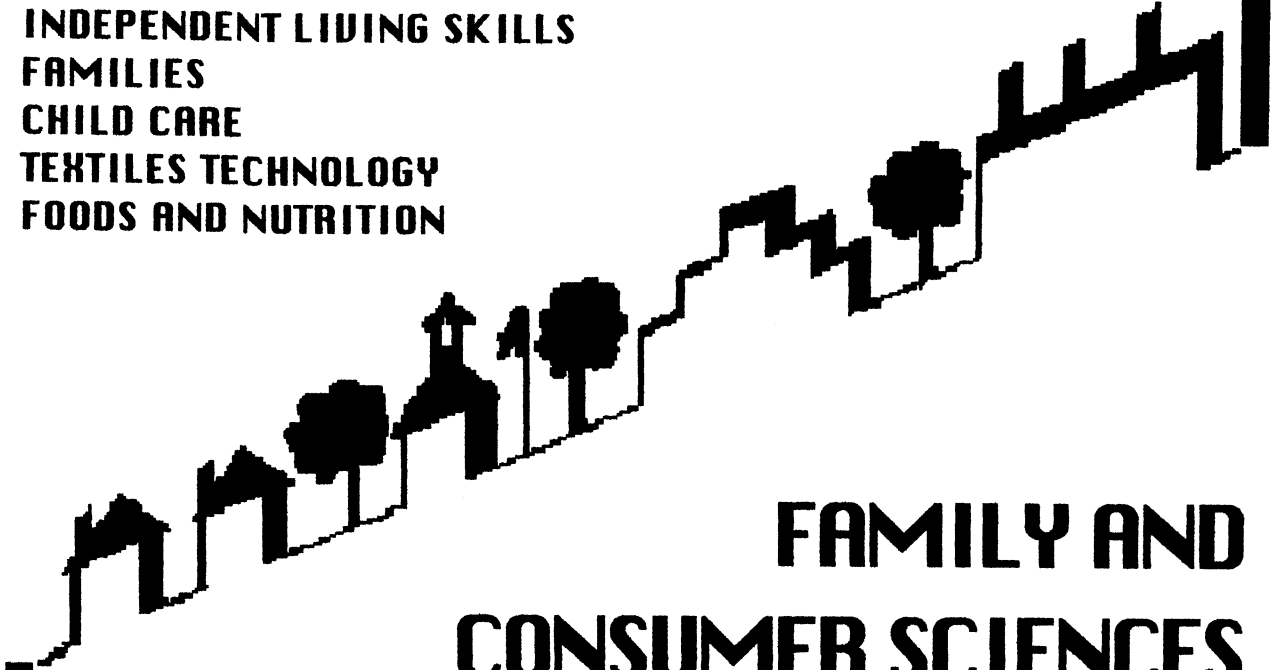
NEGATIVE ASPECTS

10 horizontal lines for writing negative aspects.



INDEPENDENT IDEAS

INDEPENDENT LIVING SKILLS
FAMILIES
CHILD CARE
TEXTILES TECHNOLOGY
FOODS AND NUTRITION



FAMILY AND
CONSUMER SCIENCES
TECHNOLOGY-LIFE-CAREERS

NAME _____

SCHOOL _____

INSTRUCTOR _____

PERIOD _____



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Name _____ Period _____ Date _____ Score _____

TELEPHONE NUMBERS

EMERGENCY:

- 1. POLICE/FIRE/AMBULANCE _____
- 2. POISON CONTROL _____
- 3. ASK-A-NURSE _____
- 4. GAS COMPANY _____
- 5. ELECTRIC COMPANY _____

FAMILY:

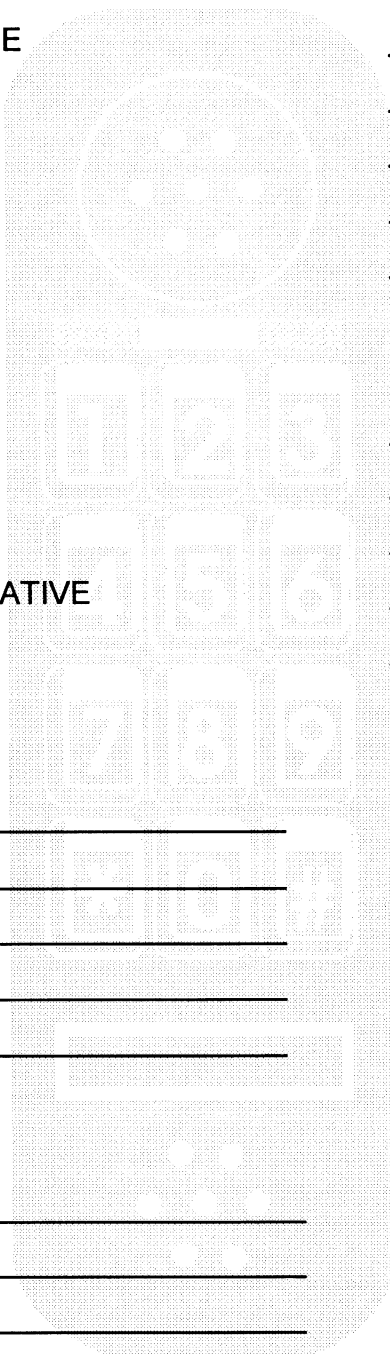
- 1. PARENT'S WORK _____
- 2. PARENT'S WORK _____
- 3. GRANDPARENT _____
- 4. COUSIN OR OTHER RELATIVE _____
- 5. OTHER RELATIVE _____

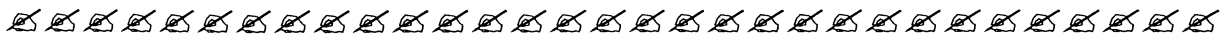
NEIGHBORS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

FRIENDS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____





Name _____ Period _____ Date _____ Score _____

EMERGENCY INFORMATION

FIRST AID:

BURNS: FIRST DEGREE _____

SECOND DEGREE _____

THIRD DEGREE _____

NOSEBLEEDS: _____

CUTS AND SCRATCHES: _____

LACERATIONS: _____

OTHER BLEEDING: _____

INSECT BITES OR STINGS: _____

VOMITING: _____

POISONINGS: _____

FEVER: _____

UNCONSCIOUSNESS: _____

ELECTRICAL SHOCK: _____

SHOCK: _____

STOMACH PAIN: _____

VITAL SIGNS:

TEMPERATURE: _____

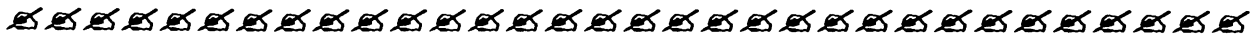
PULSE: _____

RESPIRATION: _____

NOTE: IF YOU ARE UNSURE ABOUT PROPER FIRST AID, CALL A PARENT OR YOUR LOCAL EMERGENCY NUMBER. IT IS: _____

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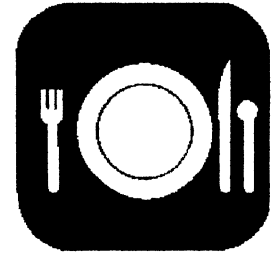


Name _____ Period _____ Date _____ Score _____

DOS AND DON'TS AT MY HOUSE

KITCHEN:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



FRIENDS AND FREE TIME:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



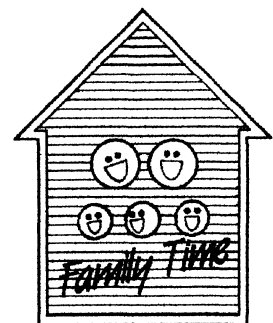
FAMILY:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



GENERAL:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



TOPIC #1: Developing Independence

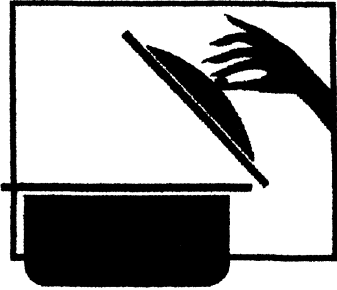
Student Activity Guide



Name _____ Period _____ Date _____ Score _____

SAFETY TIPS

KITCHEN:



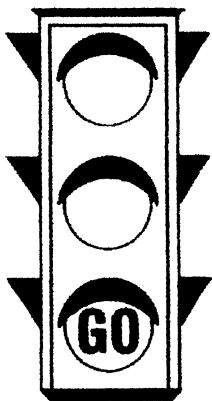
- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

PHYSICAL ACTIVITIES:



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

GENERAL:



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____



Name _____ Period _____ Date _____ Score _____

MY "RESPONSIBILITIES" AT HOME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DAILY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WEEKLY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

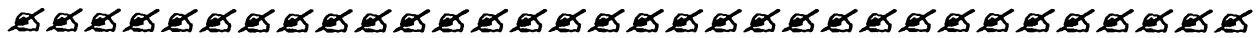
SEASONAL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

OTHER

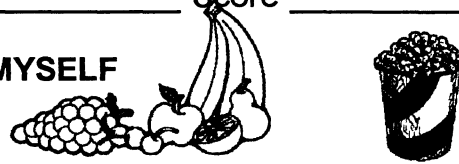
TOPIC #1: Developing Independence

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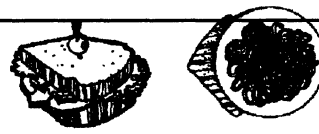
Name _____ Period _____ Date _____ Score _____

FOODS I CAN PREPARE MYSELF



* HEALTHY SNACKS:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |



MEALS OR FOOD ITEMS:

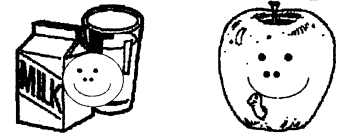
- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |



OTHER:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

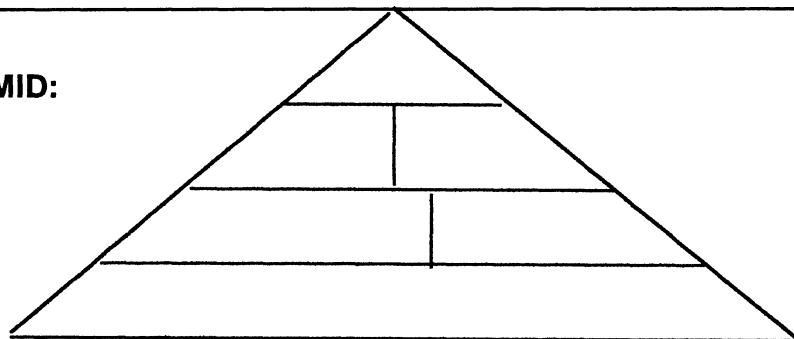
* DIETARY GUIDELINES:



- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |
| 5. _____ |
| 6. _____ |
| 7. _____ |



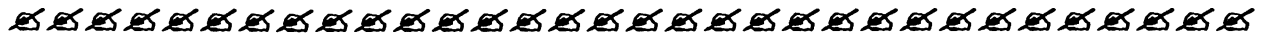
* FOOD PYRAMID:



* To be completed as the related topic is studied.

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THINGS TO DO WHEN THERE'S "NOTHING TO DO"



THINGS I COULD READ:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

RANDOM ACTS OF KINDNESS I COULD DO:



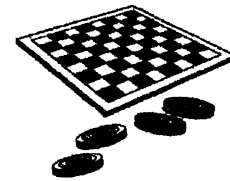
- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

PHYSICAL ACTIVITIES I COULD DO:



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

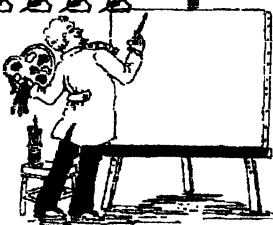
GAMES I COULD PLAY BY MYSELF OR WITH SOMEONE ELSE:



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

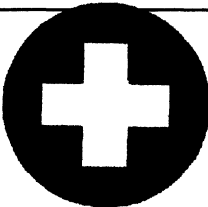


**THINGS TO DO WHEN THERE'S
"NOTHING TO DO" - PAGE 2**



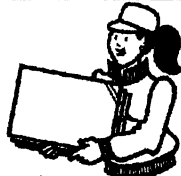
ARTS AND CRAFTS OR OTHER CREATIVE ACTIVITIES I COULD DO:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



SERVICE PROJECTS I COULD DO OR HELP WITH:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



COMMUNITY ACTIVITIES IN WHICH I COULD PARTICIPATE:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

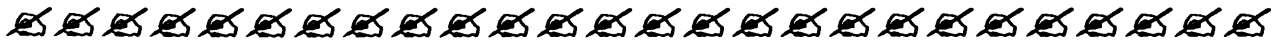


OTHER THINGS I COULD DO:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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**"ON MY OWN"
ABBREVIATED VERSION**

RESPONSIBILITIES

TELEPHONE NUMBERS



1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

SAFETY TIPS



EMERGENCY INFORMATION



1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____



**THINGS TO DO WHEN
THERE'S NOTHING TO DO**



FOODS I CAN PREPARE MYSELF



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



Name _____ Period _____ Date _____ Score _____

**"INDEPENDENT IDEAS" HANDBOOK
TABLE OF CONTENTS**

TOPIC	ACTIVITY	SCORE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____