

INDIVIDUAL PRODUCTIVITY ASSESSMENT

CAPACITY FOR CHILDCARE

Name: _____

Date: _____

Necessary and Essential General Childcare (Care of child, clothes selection, dressing, bathing, meal preparation, preparation for school/day care, activity supervision, clothing maintenance, etc.):

Post Accident:

Replacement: _____

Day Care Child Services (Day care services provided in the home or by an outside source of day care services):

Post Accident:

Replacement: _____

Transportation (School, activities, shopping, medical appointments):

Post Accident:

_____ **Replacement:** _____