**HEROICGARDENS**
LET FREEDOM BLOOM

Horticultural Therapy Assessment

Date:

Client Name:
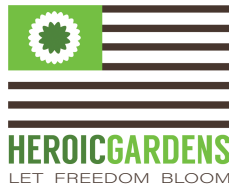
Physician/LSW:

Therapist:

Goals:

Cognitive Skills

1. Is Client oriented to time and place?
2. Does the client remember your name?
3. Does the client know time of season?
4. Does the client remember the name of plant/activity?
5. Can the client identify the tools and horticultural mediums?
6. Does the client understand the performance standards?
7. How long is the client's attention span?
8. Can the client complete the task accurately?
    a. If not, how many steps can they complete?
9. Can the client learn new work skills?
10. Does the activity stimulate work skills?

Physical Skills

1. Are there any physical problems that interfere with the client ability to perform a task?
2. What are the physical problems? List any concerns.
3. Can tools or the physical environment be adapted to increase the client's ability to do this task?
4. Does the client have good eyesight?
5. Does the client have good eye-hand coordination?

6.  Does the client hear properly?
7.  Does the client experience pain during the activity?
8.  Does the client have enough energy to complete the task?
9.  Will this task improve physical function?
10. Does medication affect the client's physical ability

Behavioral Skills

1.  What is the client's attitude regarding this activity?
2.  What is the client's mood and effect toward this activity?
3.  Does the client demonstrate socially appropriate behavior?
4.  Is the client able to express concerns or feelings?
5.  Does the client demonstrate good hygiene?
6.  Is the client able to express emotions or thoughts about the plants/activity around them?
7.  Has there been a shift in the client's behavior during the activity timeframe?

Social Skills

1.  Is there a language or cultural barrier?
2.  Is there a physical barrier, e.g. hearing or medical problem?