Using the Navigation Pane allows quick and easy movement from one section or item to another within the tool.

To open the navigation pane, select ‘View’ at the top of the toolbar and check the box next to ‘Navigation Pane’ or use the hot keys of ‘Ctrl F’.

# ASSESSMENT & DEMOGRAPHIC INFORMATION

Name:       Preferred Gender:

Birthdate:       Age:       Prime#:

Phone:

Address/#:

**Interview Date:**       **Face-to-Face Observation Date:**

**File Review Date:**       **Submit Date:**

Guardian name/#:

**Vision:** Select

**Hearing:** Select

**Service Setting:** Select

SC/PA:      County:

|  |
| --- |
| Additional comments related to case management entity: Click or tap here to enter text. |

**Did the individual participate in the assessment?** [ ]  Yes [ ]  No

|  |
| --- |
| Type of involvement or why individual was not able to participate: Click or tap here to enter text. |

**People who attended and/or contributed:**

Name:       Phone:       Email:

Lives with Individual: [ ]  Yes [ ]  No

Relationship: Select Participation level: Select

Name:       Phone:       Email:

Lives with Individual: [ ]  Yes [ ]  No

Relationship: Select Participation level: Select

Name:       Phone:       Email:

Lives with Individual: [ ]  Yes [ ]  No

Relationship: Select Participation level: Select

Name:       Phone:       Email:

Lives with Individual: [ ]  Yes [ ]  No

Relationship: Select Participation level: Select

# COMMUNICATION

## 1(a) How does the individual Communicate w/others?

[ ]  Verbal English

[ ]  Verbal Spanish

[ ]  Verbal other language, specify:

[ ]  Sign language

[ ]  Writing/Braille

[ ]  Gestures

[ ]  Facial expression

[ ]  Communication board

[ ]  Electronic device

[ ]  Texting/email/social media

[ ]  Other:

## 1(b) How do others Communicate w/the individual?

[ ]  Verbal English

[ ]  Verbal Spanish

[ ]  Verbal other language, specify:

[ ]  Sign language

[ ]  Writing/Braille

[ ]  Gestures

[ ]  Facial expression

[ ]  Communication board

[ ]  Electronic device

[ ]  Texting/email/social media

[ ]  Other:

|  |
| --- |
| **1(c)** Identify any other communication preferences or needs. Include issues with communication with reference to setting: Click or tap here to enter text. |

|  |
| --- |
| #1 Notes: Click or tap here to enter text. |

## 2(a) **Clarity of speech (words not messages):** Select

## **2(b) Expression (verbal and non-verbal) of ideas w/familiar people:** Select

## **2(c) Expression (verbal and non-verbal) of ideas w/unfamiliar people:** Select

## 2(d) Ask for/get Drink or indicate thirst – enough to avoid dehydration:

[ ]  Yes [ ]  No, describe why unable:

## **2(e) Understanding verbal content:** Select

|  |
| --- |
| #2 Notes: Click or tap here to enter text. |

# ACTIVITIES OF DAILY LIVING (ADLs)

## 3. Dressing-skip under 4yo:

**(a)** Upper body: Select

**(b)** Lower body: Select

**(c)** Footwear: Select

**(d)** Preferences:

[ ]  Female support person [ ]  Male support person

[ ]  Changes clothes multiple times daily

[ ]  Choose own clothes

[ ]  Same clothing daily

[ ]  Wears loose clothing

[ ]  Velcro closures

[ ]  Other

**(e)** Guidance:

[ ]  Able to direct support person

[ ]  Behavioral health challenges

[ ]  Can button clothing

[ ]  Can lift arms

[ ]  Medical/physical symptoms interfere with performing task

[ ]  PPS dress individual’s lower body

[ ]  PPS individual’s upper body

[ ]  Gets dressed with cueing

[ ]  PPS help select appropriate, clean, and/or matching clothes

[ ]  PPS label/organize clothing by color, style, etc.

[ ]  Able to manage his/her own need

[ ]  PPS put on/take off footwear

[ ]  PPS put on/take off sock/TED hose

[ ]  2-person assist

[ ]  Able to tie

[ ]  Able to zip

[ ]  Will attempt to wear dirty clothes

[ ]  Other

|  |
| --- |
| #3 Notes: Click or tap here to enter text. |

## 4. Transfer/Position-skip under 3yo:

**(a)** Sit Stand (only): Select

**(b)** Chair/Bed Chair, etc. transfers, standing up & sitting down/lying down: Select

**(c)** Roll left and right (including assistance for changing incontinence garments or similar): Select

**(d)** Preferences:

[ ]  PPS use a gait belt

[ ] Someone to assist

[ ]  Mechanical/ceiling lifts

[ ]  transfer board/pole

[ ]  Weight bearing trans

[ ]  Other

**(e)** Guidance:

[ ]  Asks for assistance

[ ]  Behavioral health challenges

[ ]  PPS assist with all wheelchair transfers

[ ]  Can transfer self-using a lift

[ ]  PPS cue to use adaptive equipment

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Has good upper body strength

[ ]  PPS maintain contact until steady

[ ]  Individual able to manage his/her own need

[ ]  Regular repositioning required

[ ]  PPS should talk individual through each transfer

[ ]  Transfer quickly [ ]  Transfer slowly

[ ]  Transfers with some support

[ ]  2-person transfer

[ ]  Steady during transfer

[ ]  Use mechanical lift for ALL transfers

[ ]  Other

|  |
| --- |
| #4 Notes: Click or tap here to enter text. |

## 5. Mobility

**(a)** Does Ind Walk, scoot, crawl, shimmy, etc.**-skip under 3yo**: Select

**(b)** Walk, scoot, crawl, etc. **-skip under 3yo**: Select

**(c)** On/off curb/1 step**-skip under 3yo**: Select

**(d)** Up/Down steps**-skip under 3yo**: Select

**(e)** Wheelchair/Scooter used**-skip under 3yo**: Select If wheelchair is used, indicate type: Select

**(f)** Wheels **-skip under 3yo**: Select

**(g)** 2+ falls in past year: [ ]  Yes [ ]  No [ ]  Unknown

**(h)** Falls causing major injury with ongoing impact on ability to function: [ ]  Yes [ ]  No [ ]  Unknown

If yes, indicate type of injury and description of ongoing impact: [ ]  Fracture [ ]  Head Injury [ ]  Other (describe):

**(i)** Preferences:

[ ]  Can walk, but prefers wheelchair

[ ]  Cane

[ ]  Crutch

[ ]  Contact guard when walking

[ ]  Electric wheelchair

[ ]  manual wheelchair

[ ]  pushed in wheelchair

[ ]  walker

[ ]  Walker with fold-down seat [ ] Walker with permanent seat

[ ]  Gait belt

Other:

**(j)** Guidance:

[ ]  Access to backup equipment or same day repair is necessary

[ ]  Individual is afraid of falling

[ ]  PPS should assist individual over thresholds

[ ]  Can self-propel wheelchair

[ ]  Behavioral health challenges

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Evacuation plan: call neighbor or friend

[ ]  Evacuation plan: support person assistance

[ ]  Evacuation plan: use personal emergency response system (PERS)

[ ]  Has a steady gait

[ ]  PPS keep walkways clear

[ ]  Individual leans to one side

[ ]  PPS leave assistive device within reach

[ ]  Individual able to manage his/her own need

[ ]  Good navigation

[ ]  PPS provide contact guard when walking

[ ]  PPS provide physical support with stairs

[ ]  PPS remind individual to use assistive device

[ ]  Batteries recharged daily by support person

[ ]  Sees well enough to navigate independently

[ ]  Two-person assist

[ ]  Able to exit in emergency

[ ]  Able to walk/bear weight

[ ]  PPS hold the gait belt to steady the individual

Other:

|  |
| --- |
| #5 Notes: Click or tap here to enter text. |

## 6. Eating/Tube Feeding:

**(a)** Nutritional Approaches**:** Select

**(b)** Eating**-skip under 4yo**: Select

**(c)** Tube Feeding: Select

**(d)** Preferences:

[ ]  Bland diet

[ ]  Use own recipes

[ ]  Cold food [ ]  Hot food

[ ]  Eat/tube feed alone [ ] Eat/tube feed with others present

[ ]  Snacks

[ ]  Finger foods

[ ]  Large portions [ ]  Small portions

[ ]  Support person to inject formula slowly

[ ]  Tube feeding to be done discretely

[ ]  Environmental preferences – likes to be warm, watch TV, etc.

[ ] Other

**(e)** Guidance:

[ ]  Behavioral health challenges

[ ]  Can cut food

[ ]  PPS cut food into small pieces

[ ]  Medical/physical symptoms

[ ]  Has a good appetite

[ ]  Independent with equipment/adaptations

[ ]  Food allergies

[ ]  PPS monitor liquids

[ ]  Mouth pain

[ ]  PPS provide cues for eating

[ ]  Uses tube feeding pump

[ ]  Uses gravity method [ ] Uses syringe method

[ ]  Strategic timing of tube feeding

[ ]  Must stop and start tube feeding process frequently - tube clogs easily, person gets up frequently, etc.

[ ]  Two-person assist

[ ]  Other:

**(f)** Does the individual have any signs or symptoms of a possible swallowing disorder? [ ]  Yes [ ]  No

 (If yes; check all that apply)

[ ]  Pain with swallowing

[ ]  Coughing/choking while eating

[ ]  Holding food in mouth/cheeks

[ ]  Loss of liquids/solids from mouth

[ ]  NPO

 [ ]  Other:

**(g)** Does Individual refuse foods due to preferences or sensory issues, such as texture or taste to point of malnutrition/dehydration: [ ]  Yes [ ]  No If Yes, describe:

**(h)** Does the ind. drool excessively: [ ]  Yes [ ]  No

**(i)** Does the Individual complain of chest pain, heartburn, or have small, frequent vomiting or unusual burping: [ ]  Yes [ ]  No

**(j)** Has the Individual required intravenous (I/V) fluids due to dehydration in the last year: [ ]  Yes [ ]  No

|  |
| --- |
| #6 Notes: Click or tap here to enter text. |

## 7. Elimination:

**(a)** Elimination hygiene (do not include washing hands)**-skip under 4yo**: Select

**(b)** Toilet transfer**-skip under 4yo**: Select

**(c)** Preferences:

[ ]  Adult protection/absorbent products

[ ]  Diapers

[ ]  Bedpan only

[ ]  Bedside commode

[ ]  Female SP [ ]  Male SP

[ ]  Pads/briefs when going out

[ ]  Specific products

[ ]  Urinal

Other

**(d)** Guidance:

[ ]  Able to use incontinence products

[ ]  Assists support person with transfer

[ ]  Aware of need to use toilet

[ ]  Behavioral health challenges

[ ]  PPS provide assistance finding the bathroom

[ ]  Able to change incontinence pads

[ ]  Able to complete own perineal care

[ ]  Able to empty ostomy/catheter bag

[ ]  Does not need assistance at night

[ ]  Experiences urgency

[ ]  Painful urination

[ ]  Will use pads/briefs

[ ]  2-person assist

[ ]  Condom catheter used with support person assist

[ ]  Pads changed by support person, as needed

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Other

**(e)** Has the person experienced Issues around *constipation in last year*: [ ]  Yes [ ]  No

 (mark yes if any of the items f through I are Yes)

**(f*)*** *Routine/PRN* medications for constipation 2 or more x’s/month in last yr. (not fiber): [ ]  Yes [ ]  No

**(g)** Does Ind. have *diagnosis* of chronic constipation or *ongoing issues* w/ constipation: [ ]  Yes [ ]  No

**(h)** Required a suppository or enema in past year: [ ]  Yes [ ]  No

**(i)** Digital impaction removal 5 or more days/week: [ ]  Yes [ ]  No

**(j)** More than 1 painful bowel movement in past year: [ ]  Yes [ ]  No

**(k)** More than 1 episode of hard stool in past year: [ ]  Yes [ ]  No

**(l)** Takes meds causing constipation and wouldn’t recognize/communicate if constipated: [ ]  Yes [ ]  No

|  |
| --- |
| #7 Notes: Click or tap here to enter text. |

## 8. Showering and Bathing-skip under 5yo:

**(a)** Shower/bathe self (include transfer): Select

**(b)** Preferences:

[ ]  Bath [ ]  Shower

[ ]  Bed bath [ ]  Sponge bath

[ ]  Male support person [ ] Female support person

[ ]  Specific products

[ ]  Other

**(c)** Guidance:

[ ]  Able to direct PPS

[ ]  Able to manage own need

[ ]  Afraid of bathing [ ]  Enjoys bathing

[ ]  PPS assist with drying and dressing

[ ]  Bathes w/cueing

[ ]  Behavioral health challenges

[ ]  Can be left unattended [ ]  Standby during bathing

[ ]  Can judge water temperature

[ ]  Can adjust water temperature

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Individual is weight bearing

[ ]  Skin checks are completed by support person

[ ]  PPS soak the individuals’ feet

[ ]  2-person assist

[ ]  Able to transfer in/out of tub/shower

[ ]  Able to shampoo

[ ]  Able to stand alone

[ ]  PPS wash the individuals back, legs, feet

[ ]  Other

|  |
| --- |
| #8 Notes: Click or tap here to enter text. |

## 9. Oral Hygiene-skip under 5yo:

**(a)** Oral Hygiene: Select

**(b)** Preferences:

[ ]  Assistance after eating

[ ]  Assistance during morning routine

[ ]  Assistance before bedtime

[ ]  Female SP [ ]  Male SP

[ ]  Electric toothbrush

[ ]  Other

**(c)** Guidance:

[ ]  Able to manage his/her own need

[ ]  PPS cue to brush teeth

[ ]  PPS assist to clean teeth/dentures

[ ]  Medical/physical symptoms

[ ]  Aware of hygiene needs

[ ]  Behavioral health challenges

[ ]  Other

|  |
| --- |
| #9 Notes: Click or tap here to enter text. |

## 10. General Hygiene-skip under 5yo:

**(a)** General Hygiene (focus coding on daily hygiene tasks): Select

**(b)** Preferences:

[ ]  Assistance after eating

[ ]  Electric razor

[ ]  Assistance during morning routine

[ ]  Assistance before bedtime

[ ]  Female SP [ ]  Male SP

[ ]  Other

**(c)** Guidance:

[ ]  Able to manage his/her own need

[ ]  PPS applies the individuals’ deodorant

[ ]  PPS combs the individuals’ hair as needed

[ ]  Able to comb hair

[ ]  Able to wash face/hands

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Needs reminders to use/change feminine hygiene products

[ ]  Individual knows how to use feminine hygiene products

[ ]  PPS shave the individual daily or as needed

[ ]  PPS trim the individual’s fingernails as needed

[ ]  Aware of hygiene needs

[ ]  Behavioral health challenges

[ ]  Other

|  |
| --- |
| #10 Notes: Click or tap here to enter text. |

 **Support Person assists**

## **11. ADL Equipment** Current Usage with equipment Comments

|  |  |  |  |
| --- | --- | --- | --- |
| Mechanical lift | Select | [ ]  |  |
| Prone Stander | Select | [ ]  |  |
| Sidelyer | Select | [ ]  |  |
| Body Jacket | Select | [ ]  |  |

|  |
| --- |
| #11 Notes: Click or tap here to enter text. |

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)**

## 12. Housework- skip under 12yo:

**(a)** **Housework:** Select

(Consider all housekeeping tasks required to maintain a clean home environment not just the tasks the individual currently engages in)

**(b)** Preferences:

[ ]  Likes a neat house

[ ]  Wants items left where they are

[ ]  Prefers others to complete

[ ]  Other:

**(c)** Guidance:

[ ]  Able to sweep

[ ]  Allergies to dust, pollen, etc.

[ ]  Behavioral health challenges

[ ]  Individual can do dishes

[ ]  Individual can instruct support person

[ ]  Individual can take out garbage

[ ]  Individual can wash windows

[ ]  Individual can make or change bedding

[ ]  Individual can see when surfaces need cleaning

[ ]  PPS change/wash linens weekly

[ ]  PPS cue the individual to perform tasks

[ ]  Medical/physical symptoms interfere with performing tasks

[ ]  PPS dust/vacuum as needed

[ ]  Individual has chemical sensitivities

[ ]  PPS take out garbage

[ ]  PPS sweep/mop floors

[ ]  Other:

|  |
| --- |
| #12 Notes: Click or tap here to enter text. |

## 13. Meal Preparation- skip under 12yo:

**(a)** Make all the meals individual consumes: Select

**(b)** Preferences:

[ ]  Bland diet

[ ]  Casein free diet

[ ]  Foods from my culture

[ ]  Fresh fruits and vegetables

[ ]  Gluten free diet

[ ]  Halal diet

[ ]  Home-cooked meals

[ ]  Home delivered meals

[ ]  Kosher diet

[ ]  Smaller meals, more than three times per day

[ ]  Large portions [ ] Small portions

[ ]  Other religious/ethnic foods

[ ]  Salt-free foods

[ ]  Sugar free foods

[ ]  Vegetarian diet

[ ]  Vegan diet

[ ]  Other therapeutic diet:

[ ]  Other:

**(c)** Guidance:

[ ]  Individual assists with meal preparation

[ ]  Behavioral health challenges

[ ]  Individual can prepare food with cueing

[ ]  Individual can use the microwave

[ ]  Individual can cut/peel/chop

[ ]  Individual can plan meals

[ ]  Individual directs PPS to prepare meal

[ ]  Individual needs assistance when using kitchen

[ ]  Medical/physical symptoms interfere with performing task

[ ]  Individual knows how to cook

[ ]  Individual has food allergies

[ ]  Individual has accessible kitchen

[ ]  Individual keeps spoiled food

[ ]  PPS label/organize food products

[ ]  Individual leaves burners on

[ ]  Individual makes appropriate meal choices

[ ]  PPS make food accessible to the individual

[ ]  PPS prepare all meals

[ ]  PPS prepare meals for individual to reheat

[ ]  Individual has special diet

[ ] Work out a menu with individual

[ ] Other:

|  |
| --- |
| #13 Notes: Click or tap here to enter text. |

## 14. Laundry- skip under 12yo:

**(a)** Laundry:Select

**(b)** Preferences:

[ ] Prefers to fold certain items, describe:

[ ]  Prefers others to complete

[ ]  Wants items left where they are

[ ]  Other:

**(c)** Guidance:

[ ]  Individual has allergies to certain detergents or soaps

[ ]  Behavioral health challenges

[ ]  Individual can fold clothes

[ ]  Individual can instruct support person

[ ]  Individual can operate washer/dryer

[ ]  PPS cue the individual to perform tasks

[ ]  Medical/physical symptoms interfere

|  |
| --- |
| #14 Notes: Click or tap here to enter text. |

## 15. Transportation:

**(a)** Use vehicle Transportation including transfer- skip under 12yo: Select

 (Unless b is coded Dependent, a can not be coded Dependent)

**(b)** Car transfer only- **skip under 3yo**: Select

**(c)** Preferences:

[ ]  Accessible Bus

[ ]  Bike

[ ]  Taxi

[ ]  Ride sharing (e.g., Uber)

[ ]  Use own car, individual drives

[ ]  Use own car, other person drives

[ ]  Other:

**(d)** Guidance:

[ ]  PPS accompany person on bus/van

[ ]  PPS arrange medical transportation

[ ]  Behavioral health challenges

[ ]  Individual able to communicate with drivers

[ ]  PPS use own car

[ ]  PPS drive to appointments

[ ]  Has handicap parking sticker/license

[ ]  Knows bus routes

[ ]  PPS make arrangements for accessible bus

[ ]  PPS take portable oxygen tank

[ ]  PPS take wheelchair/walker

[ ]  PPS assist with securing wheelchair in accessible vehicle

[ ]  Medical/physical symptoms

[ ]  Individual needs orientation and mobility training for new routes

[ ]  Individual able to arrange own transportation

[ ]  PPS use supportive seating

[ ]  Support person assists the individual to use vest/harness

[ ]  Other:

|  |
| --- |
| #15 Notes: Click or tap here to enter text. |

## 16. Money Management- skip under 12yo:

**(a)** Money Management:Select

**(c)** Guidance:

[ ]  Able to budget

[ ]  PPS arrange credit counseling

[ ]  Support person balances individuals’ checkbook

[ ]  Behavioral health challenges

[ ]  Can use EBT card

[ ]  Can use debit card

[ ]  Can write checks and pay bills

[ ]  Can see/read bills and account information

[ ]  PPS contact POA regarding finances/issues

[ ]  PPS contacts rep payee regarding financial issues

[ ]  Individual signs own checks

[ ]  Med/physical symptoms interfere with performing tasks

[ ]  Has a rep payee

[ ]  Has direct deposit

[ ]  Has guardian/POA

[ ]  Needs POA

[ ]  Support person pays bills for the individual

[ ]  Needs automatic payment plan set up

[ ]  Needs assistive/adaptive equipment to see paperwork

[ ]  Needs budget set up

[ ]  Needs utility pay set up

[ ]  Vulnerable to financial exploitation

[ ]  Relies on others to understand that money has value

[ ]  Other:

|  |
| --- |
| #16 Notes: Click or tap here to enter text. |

## 17. Shopping- skip under 12yo:

**(a)** Shopping for all groceries and personal items the individual requires/consumes: Select

**(b)** Preferences:

[ ]  Shop at a specific store

[ ]  Shop weekly

[ ]  Specialty items

[ ]  Use coupons

[ ]  Other:

**(c)** Guidance:

[ ]  Able to communicate with store personnel

[ ]  PPS arrange to have groceries delivered

[ ]  Behavioral health challenges

[ ]  Can carry small items

[ ]  Can navigate within the store

[ ]  Can see/identify needed items

[ ]  Can carry heavy items

[ ]  Can reach items

[ ]  Can read labels

[ ]  Can shop online

[ ]  Medical/physical symptoms interfere with performing task

[ ]  PPS assists with comparison shopping

[ ]  PPS do all shopping for the individual

[ ]  Support person guides individual within store, find/describe items

[ ]  PPS help individual make shopping list

[ ]  PPS read labels to the individual

[ ]  PPS put items away

[ ]  PPS take the individual to store

[ ]  Other:

|  |
| --- |
| #17 Notes: Click or tap here to enter text. |

# BEHAVIORS

*\*The Code ‘Yes, Present…’ is used if behaviors* ***AND/OR*** *preventions have been in place in the past year.*

## 18. Injurious to self: Select

**Presenting behaviors:** (Only check presenting behaviors when present/prevented in past year)

[ ]  Chemical abuse

[ ]  Cutting self

[ ]  Head banging

[ ]  Suicide attempts

[ ]  Fascination with fire

[ ]  Pulling out hair

[ ]  Self-biting

[ ]  Self-burning

[ ]  Self-hitting

[ ]  Self-stabbing

[ ]  Self-picking

[ ]  Self-restrict eating

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 19. Aggressive or Combative: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Bites

[ ]  Hits/punches

[ ]  Kicks

[ ]  Pulls other’s hair

[ ]  Pushes

[ ]  Scratches

[ ]  Throws objects at others

[ ]  Unwanted touching

[ ]  Tripping

[ ]  Uses objects to hurt others

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 20. Injurious to Animals: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Rough pulling on limbs

[ ]  Attempts to main or kill

[ ]  Sexual abuse against animals

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 21. Verbal Aggression towards Others: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Aggressive gestures with no physical contact

[ ]  Goads

[ ]  Intimidates/stares

[ ]  Manipulates

[ ]  Resists care

[ ]  Swears at others

[ ]  Taunts/teases

[ ]  Verbal threats

[ ]  Writes threatening notes

[ ]  Yells/screams

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 22. Socially Unacceptable (Isolating) Behavior: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Disrupts others activities

[ ]  Does not understand personal boundaries

[ ]  Spits

[ ]  Throws food

[ ]  Voids in inappropriate places

[ ]  Vocalizes loudly – not aggressive

[ ]  Exposes private body areas

[ ]  Inappropriately touches others

[ ]  Masturbates in public areas

[ ]  Unwanted touching of others

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 23. Sexual Aggression/Assault (lead to legal issues): Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Gropes others

[ ]  Unwanted touching of others

[ ]  Forcible attempts to engage others in sexual acts

[ ]  Pedophilia

[ ]  Targets vulnerable population

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 24. Property Destruction: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Breaks things

[ ]  Punches holes in the walls

[ ]  Sets fires

[ ]  Uses tools/objects to damage property

[ ]  Targets other’s property

[ ]  Breaks small objects

[ ]  Cuts cords

[ ]  Tears clothing

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 25. Leaving Supervised Area: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Wanders away from support person while in the community

[ ]  Leaves for extended period of time without informing the appropriate person

[ ]  Runs away

[ ]  Attempts to jump out of vehicle

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 26. Pica/put inedible in mouth with risk: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Dirt

[ ]  Glass

[ ]  Stones

[ ]  Paper

[ ]  Hair

[ ]  Urine

[ ]  Feces

[ ]  Wood

[ ]  Toxic substances (e.g., soap, cleaning solutions)

[ ]  Cigarettes

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 27. Difficulties Regulating Emotions: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Cries uncontrollably

[ ]  Frequently argues about small things

[ ]  Impulsivity

[ ]  Overly excitable

[ ]  Screams

[ ]  Shouts angrily

[ ]  Overzealous social exchanges

[ ]  Refuses to move (plants self)

[ ]  Self-injury

[ ]  Throws self on floor

[ ]  Uses inappropriate tone for conversation

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 28. Refusing ADL/IADL and Medical Care: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Is physically combative against assistance

[ ]  Is verbally combative against assistance

[ ]  Is resistant against specific ADL/AIDL assistance, describe in 28b

[ ]  Is resistant to being seen by a medical professional

[ ]  Is resistant to taking medications

[ ]  Requires full sedation for medical appointments

[ ]  Requires full sedation for dental appointments

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 29. Rapid Ingestion of Foods/Liquids w/health and safety risk: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Rapid ingestion of liquids

[ ]  Rapid ingestion of foods

[ ]  Behavior only present with specific foods/liquids, describe in 29b

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 30. Withdrawal that impacts functioning, health, and/or safety: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Avoidance

[ ]  Isolation

[ ]  Lack of interest in life events

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 31. Intrusiveness: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Inappropriate boundaries

[ ]  Physical

[ ]  Verbal

[ ]  Inappropriate eye contact (e.g., extended periods of time)

[ ]  Unaware of interpersonal space

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 32. Behaviors that increase victimization risk: Select

(code general susceptibility to victimization due to judgment in item 40a)

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Hitchhiking

[ ]  Inviting strangers into their home

[ ]  Panhandling

[ ]  Promiscuity

[ ]  Puts self in harm’s way

[ ]  Shares personal identifying information

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 33. Legal Involvement due to criminal behavior: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Assault

[ ]  Burglary

[ ]  Commits arson

[ ]  Issues related to houselessness (e.g., urinating in public, camping ban violations, etc.)

[ ]  Drug related crimes

[ ]  Financial crimes

[ ]  Prostitution

[ ]  Public nuisance

[ ]  Sexual crimes

[ ]  Shoplifting

[ ]  Terroristic threats

[ ]  Theft

[ ]  Trespassing

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 34. Other Behavior: Select

Presenting behaviors: (Only check presenting behaviors when present/prevented in past year)

[ ]  Fecal smearing

[ ]  Hoarding

[ ]  False reporting (with intent of getting someone in trouble)

[ ]  Calls 911 inappropriately

[ ]  Problem gambling

[ ]  Other (describe in b)

|  |
| --- |
| **(b)** Description of behaviors and/or any potential concern: Click or tap here to enter text. |

|  |
| --- |
| **(c)** Description of intermittent/cyclical behaviors, if applicable: Click or tap here to enter text. |

|  |
| --- |
| Notes: Click or tap here to enter text. |

## 36. Intervention frequency:

**(a)** Cueing (including physical gestures, unscripted, **proactive** & reactive cues/language): Select

**(b)** Proactive Strategies/Physical Prompts (including scripted language, deflection/evasion): Select

**(c)** Safeguarding interventions written into a PBSP (AKA PPIs): Select

|  |
| --- |
| #36 Notes: Click or tap here to enter text. |

## 37. Other behavior items:

**(a)** Is a court mandated restriction currently in place against theindividual (includes SO registration, probation, parole, restraining order, etc.): [ ]  Y [ ]  N

Type/Reason/Order date:

 **(b)** Does the individual have a current court mandated restriction in place against anyone: [ ]  Y [ ]  N

Type/Reason/Order date:

|  |
| --- |
| #37 Notes: Click or tap here to enter text. |

## 38. Substance Abuse Issues:

**(a)** Is there a concern about abuse of substances, including alcohol, marijuana, prescription medication, or illegal drugs: [ ]  Yes [ ]  No

Type and use of substance:

|  |
| --- |
| #38 Notes: Click or tap here to enter text. |

## 39. Positive Behavior Support Plan:

**(a)** Has a PBSP been created for the individual: [ ]  Y [ ]  N

**(b)** Is the PBSP currently implemented by PPS: [ ]  Y [ ]  N

(to code Yes, the plan must be reviewed annually by the ISP team and/or behavior specialist, and used by paid/unpaid support people.)

**(c)** Does PBSP require doc incidence of behaviors: [ ]  Y [ ]  N

**(d)** Does the PBSP include SI/PPIs: [ ]  Y [ ]  N

**(e)** Does the PBSP include complex behavior support tools that must be altered by a support person one or more times per month: [ ]  Y [ ]  N

**(f)** Has the individual required emergency, crisis intervention, protective or restraints (not approved SI’s in PBSP) services to address a dangerous behavior 2 or more times in the past 12 months: [ ]  Y [ ]  N

|  |
| --- |
| #39 Notes: Click or tap here to enter text. |

# SAFETY

## 40. Safety Awareness and Support- skip under 5 yo:

**(a)** Does the individual have the judgment and/or physical ability to cope, make appropriate decisions, and take action in a changing environment or a potentially harmful situation (general personal safety awareness and protection): Consider **ALL** risks related to health and safety that are specific to the individual.

[ ]  Yes

[ ]  No, check all that apply and describe below

[ ]  Judgement/Decision making:

[ ]  Physical Ability (limitations related to CP, injury, etc.):

[ ]  Behavior Issue (individual’s behavior hinders safety to exacerbates risk):

**(b)** Does the ind. need support to remain safe around traffic: [ ]  Yes, describe [ ]  No

|  |
| --- |
| Traffic Notes: Click or tap here to enter text. |

**(c)** Does the ind. need support to evacuate when a fire or smoke alarm sounds: [ ]  Yes, describe [ ]  No

|  |
| --- |
| **Evacuation notes:** Click or tap here to enter text. |

|  |
| --- |
| #40 Notes: Click or tap here to enter text. |

## 41. Environmental Safety:

**(a)** Is the individual at risk of serious injury from household chemicals IF the chemicals are not secured:

[ ]  No [ ]  Yes, describe:

**(b)** Are there currently conditions in the residence that may lead to injury or illness:

 (e.g. construction, broken windows, black mold, or similar)

[ ]  No [ ]  Yes, describe:

**(c)** Is the individual at risk of eviction/lose housing because of conditions in residence/other:

[ ]  No [ ]  Yes, describe:

|  |
| --- |
| #41 Notes: Click or tap here to enter text. |

## 42. Assessor’s Judgement about the Potential for Abuse, Neglect, and Exploitation:

**(a)** Evidence of historic or current abuse, neglect, or exploitation:

 [ ]  No

 [ ]  Yes, describe reasons:

**(b)** Evidence of historic or current self-neglect - **skip under 18yo**:

[ ]  No

[ ]  Yes, check all that apply:

[ ]  Alcohol and/or other drug use leading to health or safety concerns

[ ]  Behaviors that pose a threat of harm to self or others

 [ ]  Dehydration or malnutrition

[ ]  Hygiene that may compromise health

[ ]  Impairment of orientation, memory, reasoning, and/or judgement

[ ]  Inability to manage funds that may result in negative consequences

[ ]  Inability to manage medications or seek medical treatment that may threaten health or safety

[ ]  Unsafe/unhealthy living conditions

[ ]  Other:

**(c)** Has child welfare been involved on behalf of the individual-**skip over 17yo**: [ ]  Yes [ ]  No

|  |
| --- |
| #42 Notes: Click or tap here to enter text. |

# MEDICAL

## 43. General Medical Supports:

**(a)** In the past 6 months, how many times has another person recommended that the individual seek medical attention for an issue that the individual was unaware of or unwilling to seek attention for- **skip under 18yo:**  Select

**Select the reason(s) individual did not seek attention for medical issue:**

[ ]  Individual unaware of issue(s)

[ ]  Individual unwilling to seek attention for issue(s)

[ ]  Other:

**(b)** Does the individual currently experience a lack of access to medical care because of transportation, geographical, financial, cultural, or other non-behavioral reasons:

[ ]  Yes, select and describe

(Check all that apply)

[ ]  Transportation

[ ]  Geographical

[ ]  Financial

[ ]  Cultural

[ ]  Other:

[ ]  No

(c) Does the individual require documented daily monitoring of – ALL 4 – temperature, respiration, heart rate, and/or blood pressure according to a documented physician’s order:

[ ]  Yes

[ ]  No

**(d)** Is the individual able to report or describe pain and /or signs of illness and where it’s located:

[ ]  Yes

[ ]  No, describe:

**(e)** Does the individual need assistance to make and/or keep medical appointments**- skip under 18yo**:

[ ]  Yes, describe:

[ ]  No

|  |
| --- |
| #43 Notes: Click or tap here to enter text. |

## 44. Conditions and Diagnoses:

Health conditions/Specific Diagnoses:

  **Has Affects Receiving Needs Follow up**

**Condition Functioning Treatment or Referral**

**(a)** Chronic Chest Congestion: [ ]  [ ]  [ ]  [ ]

**(b)** Dysphagia: [ ]  [ ]  [ ]  [ ]

**(c)** GERD: [ ]  [ ]  [ ]  [ ]

**(d)** Persistent cough: [ ]  [ ]  [ ]  [ ]

**(e)** Pneumonia (in last year): [ ]  [ ]  [ ]  [ ]

**(f)** Rattling when breathing: [ ]  [ ]  [ ]  [ ]

#44 Notes: Click or tap here to enter text.

## 45. **Seizure & Diabetes**

**(a)** Does the individual have a diagnosis of seizures or epilepsy or has the individual had a seizure within the past five (5) years: [ ]  Yes [ ]  No

**(b) In**dicate all items that apply to the individual:

[ ]  Currently takes medication to control seizures

[ ]  Required a PRN medication (such as Ativan or Diastat) **two or more times/month**, at the time of the seizure **to stop** seizure in the past year

[ ]  Has taken medication to control seizures in the past year

[ ]  Has had a seizure in the past year

[ ]  Has had seizures that required emergency medical attention in the last three years

[ ]  Uses a vagus nerve stimulator (**VNS**) two or more times/month

**(c)** Does the individual require support to prevent injury during or prior to a seizure episode:

 [ ]  Yes, describe support needed:

[ ]  No

**(d)** Does the individual have a diagnosis of diabetes or pre-diabetes?

 [ ] Yes, diabetes [ ] Yes, pre-diabetes [ ]  No

**(e)** Does the individual use a diabetic insulin pump: [ ]  Yes [ ]  No

**(f)** Does the individual’s diabetes management include administration of sliding scale insulin?

[ ]  Yes, Administered by the individual without in-person assistance

[ ]  Yes, Administered by the individual with in-person assistance

[ ]  Yes, Administered by support person

[ ]  No

**(g) Mechanisms used to manage diabetes:**

 **Currently used Additional support needed to use Chooses not to use**

|  |  |  |  |
| --- | --- | --- | --- |
| Therapeutic Diet | [ ]  | [ ]  | [ ]  |
| Exercise | [ ]  | [ ]  | [ ]  |
| Blood Glucose Testing | [ ]  | [ ]  | [ ]  |
| Insulin Administration | [ ]  | [ ]  | [ ]  |
| Other:       | [ ]  | [ ]  | [ ]  |

#45 Notes: Click or tap here to enter text.

## 46. Treatments and Therapies:

**(a)** Is the individual currently receiving or currently needs any special treatments, such as pacemaker, bowel program, ostomy care, oxygen therapy, feeding tube, or dialysis: [ ]  Yes [ ]  No

*\*Include Treatments and Monitoring the individual has had in the past if the ISP team so chooses.*

**(b) Treatments and Monitoring:**

**Column 1:** Treatment / Therapy

**Column 2:** (SPP) Check if the Support Person Performs the treatment

**Column 3:** (RT) Check if the Support Person requires regular training and oversight from a medical professional (such as nursing delegated tasks)

**(b) Treatment/Monitoring/Therapy Current Need SPP RT Notes/comments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Respiratory therapy | Select | [ ]  | [ ]  |  |
| Chest percussion (include percussion vest) | Select | [ ]  | [ ]  |  |
| Postural Drainage | Select | [ ]  | [ ]  |  |
| Nebulizer | Select | [ ]  | [ ]  |  |
| Tracheal aerosol therapy | Select | [ ]  | [ ]  |  |
| Oral suctioning that does not extend beyond the oral cavity | Select | [ ]  | [ ]  |  |
| Airway suctioning  | Select | [ ]  | [ ]  |  |
| Tracheal suctioning | Select | [ ]  | [ ]  |  |
| Nasopharyngeal suctioning | Select | [ ]  | [ ]  |  |
| Other suctioning | Select | [ ]  | [ ]  |  |
| Tracheostomy care | Select | [ ]  | [ ]  |  |
| Care for central line | Select | [ ]  | [ ]  |  |
| Intravenous (IV) injections/infusions | Select | [ ]  | [ ]  |  |
| Subcutaneous injections | Select | [ ]  | [ ]  |  |
| Jejunostomy tube | Select | [ ]  | [ ]  |  |
| Nasogastric or abdominal feeding tube (e.g., g-tube, NG tube) | Select | [ ]  | [ ]  |  |
| Indwelling or suprapubic catheter monitoring | Select | [ ]  | [ ]  |  |
| Insertion of catheter (intermittent catheterization) | Select | [ ]  | [ ]  |  |
| CPAP / BiPAP | Select | [ ]  | [ ]  |  |
| Oxygen therapy | Select | [ ]  | [ ]  |  |
| Colostomy, Ostomy, and/or other ostomy | Select | [ ]  | [ ]  |  |
| Peritoneal Dialysis | Select | [ ]  | [ ]  |  |
| Hemodialysis | Select | [ ]  | [ ]  |  |
| Active cerebral shunt monitoring | Select | [ ]  | [ ]  |  |
| Baclofen pump | Select | [ ]  | [ ]  |  |
| Wound care, excluding stage III or IV ulcers | Select | [ ]  | [ ]  |  |
| Treatment for stage III or IV ulcers (full los of skin and tissue, may extend into muscle or bone) | Select | [ ]  | [ ]  |  |
| Behavioral health therapies, including mental health | Select | [ ]  | [ ]  |  |
| Psychiatric therapies/services | Select | [ ]  | [ ]  |  |
| Other | Select | [ ]  | [ ]  |  |
| Other | Select | [ ]  | [ ]  |  |
| Other | Select | [ ]  | [ ]  |  |

|  |
| --- |
| #46 Notes: Click or tap here to enter text. |

## 47. Medication Management:

**(a)** Individual currently takes prescription medications or routine over-the-counter medications recommended by a medical professional: [ ]  Yes [ ]  No

(b) Does the individual take medication known to cause dehydration: [ ]  Yes [ ]  No

**Skip meds for under 18yo**

**(c)** Oral meds: Select

**(d)** Inhalant/Mist meds: Select

**(e)** Injectable meds: Select

**(f)** Topical meds: Select

**(g)** Suppository meds: Select

**(h)** Meds thru tube: Select

|  |
| --- |
| #47 Notes: Click or tap here to enter text. |

|  |
| --- |
| **Additional Assessment Notes:** Click or tap here to enter text. |