



Briefly summarize the person’s skills and deficits associated with monitoring and supervising one’s own health status, including self-administration of medications and scheduling of medical treatments.

Based on the above medical section (including any attachments), what supports does the person need to maintain or improve his/her independent functioning as it relates to **health** status?

Name/Title – Person who Completed Section II	Date Completed
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**III. Nutritional Status**

Height <div style="text-align: right; padding-right: 10px;">inches</div>	Weight <div style="text-align: right; padding-right: 10px;">pounds</div>	Food Intake (check all that apply)
In the past six months, the person has:		<input type="checkbox"/> Eats without assistance
<input type="checkbox"/> Gained weight—specify: ____ lbs.		<input type="checkbox"/> Needs some type of adaptive aid (plate guard, built-up utensil, etc.)
<input type="checkbox"/> Lost weight—specify: ____ lbs.		<input type="checkbox"/> Needs another person to assist with feeding
<input type="checkbox"/> Stayed about the same		<input type="checkbox"/> Is fed by syringe
		<input type="checkbox"/> Feeding tube
		<input type="checkbox"/> Parenteral / IV
		<input type="checkbox"/> Mechanically altered diet (ground, pureed, etc.)

- Yes  No Is the person on a prescription or special diet? If yes, describe the diet.
  
- Yes  No Does the person have dentures and/or a removable bridge? If yes, does the person use them on a daily basis?  Yes  No
- Yes  No Does the person have broken or loose teeth?
- Yes  No Does the person have inflamed gums and/or bleeding gums?
- Yes  No Does the person have chewing problems? If yes, describe.
  
- Yes  No Does the person have swallowing problems? If yes, describe.
  
- How does the person communicate food likes and dislikes?
  
- Yes  No Consumes all or almost all food provided most of the time? If no, describe the person’s eating pattern.
  
- Yes  No Consumes all or almost all liquids provided most of the time? If no, describe the person’s fluid intake pattern.
  
- What skills does the person have to monitor his/her nutritional needs?

Based on the areas above, what kinds of supports does the person need to maintain or improve their **nutritional status**?

Name/Title – Person who Completed Section III	Date Completed
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**IV. Self-Help Development**

- ADL Self-Support**—code for person’s **performance**, not including setup:
- 0 – Independent**—No help or oversight **OR** help/oversight provided only 1 or 2 times during last 7 days.
  - 1 – Supervision**—Oversight, encouragement, or cueing provided 3+ times during last 7 days **OR** supervision plus physical assistance provided only 1 or 2 times during last 7 days.
  - 2 - Limited Assistance**—Person highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times **OR** more help provided only 1 or 2 times during last 7 days.
  - 3 - Extensive Assistance**—While person performed part of activity over last 7-day period, help of following type(s) provided 3 or more times: weight bearing support, full assistance during part (but not all) of last 7 days.
  - 4 - Total Dependence**—Full assistance of activity during entire 7 days.

**ADL Support Provided**—code for **most support provided** during last 7 days; code regardless of person’s self-performance classification:

- 0** - No setup or physical help from others
- 1** - Setup help only
- 2** - One-person physical assist
- 3** - Two+ person physical assist

Respond in both columns for each area of support	Self-Support	Support Provided
<b>Positioning</b> —How person moves to and from lying position, turns side to side, and positions body.		
<b>Transfer</b> —How person moves between surfaces, to/from: bed, chair, wheelchair, standing position (excludes bath/toilet)		
<b>Mobility</b> —How person moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiently once in chair.		
<b>Dressing</b> —How person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis.		
<b>Eating</b> —How person eats and drinks (regardless of skill).		
<b>Toilet Use</b> —How person uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.		
<b>Personal Hygiene</b> —How person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (excludes baths and showers)		

Code for most dependent in self-performance and support

**Bathing Self-Performance**

- 0 - Independent—no help provided
- 1 - Supervision—oversight help only
- 2 - Physical help limited to transfer only
- 3 - Physical help in part of bathing activity
- 4 - Total dependence

<b>Bathing</b> —How person takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair).		
<b>Task Segmentation</b> —Person requires some or all of ADL activities be broken into a series of subtask so that person can perform them	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ADL Functional Rehabilitation Potential** (check all that apply)

- Person believes he/she capable of increased independence in at least some ADLs.
- Direct care provider(s) believe person capable of increased independence in at least some ADLs
- Person able to perform tasks/activity but is very slow.
- Major difference in ADL Self-Performance or ADL Support in mornings and evenings (at least a one category change in Self-Performance or Support in any ADL).
- None of the above

**Change in ADL Function**—ADL self-performance in last six months (check one)

- No change
- Improved
- Deteriorated

Based on the areas above, what kinds of supports does the person need to maintain or improve their **self-help skills**?

Name/Title – Person who Completed Section IV	Date Completed
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**V. Sensorimotor Development** (Ambulation, positioning, and transfer skills were covered in the preceding section)

A. Motor Development (check all that apply)

- Balance—adequate balance while standing
- Balance—partial or total lack of ability to balance self while standing
- Trunk—adequate control in turning, balancing, and positioning body
- Trunk—partial or total lack of ability to turn, balance, or position body
- Arms—adequate function
- Arm(s)—partial or total lack of voluntary movement:  Left  Right
- Hands—adequate gross and fine motor dexterity
- Hand(s)—lack of dexterity:  Left  Right List examples of difficulties:
- Legs—adequate function
- Leg(s)—unsteady gait
- Leg(s)—partial or total lack of voluntary movement:  Left  Right
- Amputation(s)—Identify:
- Hemiplegia/hemiparesis
- Quadriplegia
- Contractures—arms, legs, shoulders, hands—Identify:
- Bedfast all or most of the time

Mobility Aids (check all that apply)

- Manual wheelchair:  usually wheels self  usually someone else wheels
- Power wheelchair (person operates)
- None

- Brace/prosthesis—Describe:  
 Lifted mechanically—Describe:  
 Other mobility aids—Describe:

Based on the above and any other documentation (attach), what supports does the person need to improve his/her **motor function** capabilities? (Include supports from other people, training needs, as well as prosthetic, orthotic, corrective, or mechanical supportive devices.

- B. Vision—Ability to see in adequate light and with glasses, if used (check one)  
 Adequate—sees fine detail, including regular print in newspapers/books  
 Impaired—sees large print, but not regular print in newspapers/books  
 Highly Impaired—limited vision, not able to see newspaper headlines, does appear to follow objects with eyes  
 Severely Impaired—no vision or appears to see only light, colors, or shapes

Visual Limitations (check all that apply)

- Has difficulty locating objects without assistance  
 Difficulty traveling (bumps into people/objects)  
 Misjudges placement of body when seating self

Visual Appliances (check all that apply)

- Glasses  
 Contact lenses  
 Other—Describe:

Based on the above and any other documentation (attach), what supports does the person need to improve his/her **vision** and/or supports to aid in reducing the barriers imposed by limitations in vision?

- C. Hearing—with hearing appliance, if used (check one)  
 Hears adequately—normal talk, TV, telephone  
 Minimal difficulty when not in a quiet setting  
 Hears in special situations only—speaker must adjust tonal quality and speak distinctly  
 Highly impaired/absence of useful hearing

Hearing Devices/Techniques (check all that apply)

- Hearing aid, present and used  
 Hearing aid, present and not used—Why not?  
 Hearing aide, not present—Why not?  
 Other receptive communication technique used (e.g., lip reading, signing)—Describe:

Based on the above and any other reports/evaluations (attach), what devices/techniques are needed to help the person improve his/her **receptive** functional capabilities?

Name/Title – Person who Completed Section V

Date Completed

## VI. Communication

Modes of Expression (check all used by person to make needs known)

- Cannot communicate basic needs  
 Speech  
 Writes messages to express or clarify needs  
 Sign language  
 Gestures/sounds  
 Communication board  
 Other—describe:  
 Primary language is other than English—what language?

Making Self Understood—expresses information, however able (check one)

- Is usually understood—difficulty finding words or finishing thoughts  
 Is sometimes understood—ability is limited to making concrete requests  
 Is rarely/never understood

Ability to Understand Others—understanding verbal information contact, however able (check one)

- Person understands  
 Usually understands—may miss some part/intent of message  
 Sometimes understands—responds adequately to simple, direct communication  
 Person rarely/never understands

Change in Communication—person’s ability to express, understand, or hear information has changed over last six months (check one)

- No change
- Improved—Why?

Based on the above and any other reports/evaluations (attach), what supports does the person need to improve his/her communication capabilities (both receptive and expressive, including non-verbal communication systems)?

Name/Title – Person who Completed Section VI	Date Completed
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**VII. Affective and Social Development** (attach a copy of the person’s social history)

Skills involved with expressing emotions, making judgments, making independent decisions, interpersonal skills, recreation/leisure skills, and relationships with others.

Codes:    **1** – Never Does        **2** – Rarely Does        **3** – Sometimes does        **4** – Almost always does

Code	Skill
	Expresses happiness (however able, e.g., verbally, smiles, laughter)
	Expresses sadness (however able, e.g., tears, facial expressions, verbally)
	Expresses feelings of physical pain (however able)
	Expresses feelings of anger (however able)
	Expresses feelings of loneliness (however able)
	Expresses feelings of boredom (however able)
	Expresses an interest in having more contact with family
	Expresses an interest in having friends/more friends (other than paid supports)
	Is able to alter behavior based on his/her perception of what someone else is expressing (e.g., cues, requests, emotions of others)
	Chooses clothing appropriate for the weather
	Recognizes and attends to signs/symptoms of illness
	Can identify threatening acts or gestures from others
	Will take action to protect self from threatening acts/gestures
	Can determine when a situation is unsafe
	Makes requests to speak to or be with a specific person
	Makes food choice/menu selections
	Chooses own clothing to wear for the day
	Chooses items to purchase at a store
	Makes own radio/TV station choice
	Chooses activities (choices are offered by someone else)
	Chooses activities (comes up with ideas/choices by self)
	Plans/schedules own leisure time
	Spends leisure time with family (at least an hour once a week)
	Spends leisure time with friend(s), other than family/caregiver/paid provider (at least an hour once a week)
	Has the opportunity to spend time with friend(s) away from his/her residence (e.g., at friend’s residence, at mall)

Based on the above and any other reports/evaluations (attach), what supports does the person need to develop behaviors and skills relating to his/her own **emotions** as well as skills that enable the person to establish and maintain appropriate **roles** and fulfilling **relationships** with others?

Name/Title – Person who Completed Section VII	Date Completed
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**VIII. Functional Learning Skills**

Skills involved in processing information received by the senses (memory, reasoning, and problem solving).

Codes:    **1** – Never Does        **2** – Rarely Does        **3** – Sometimes does        **4** – Almost always does

Code	Skill
	Discriminate objects by size/shape/color
	Correctly follows one-step requests/redirections

	Correctly follows two or more step requests/directions
	Requests assistance when necessary to complete a task
	Independently corrects errors during a familiar task
	Independently corrects errors during an unfamiliar task
	Corrects errors when given cues
	Remembers a direction/task/event for 24 hours
	Remembers a direction/task/event for 7 days or more
	Can learn to complete a new task (with definite beginning and end) within one week
	Can learn to complete a new task (with definite beginning and end) within one month
	Understands cause and effect relationships (e.g., plans to repeat an action to obtain a particular result)

Based on the above and any other reports/evaluations (attach), what supports does the person need to improve his/her **functional learning** capabilities?

Name/Title – Person who Completed Section VIII	Date Completed
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**IX. Independent Living Development**

Does the person have skills in the following areas?

Codes: 1 – Does not do      2 – Does with assistance      3 – Does independently

Code	Skill
	Can prepare a simple meal
	Makes bed
	Laundry (use of washer/dryer)
	Care of clothes (sorting, folding, hanging)
	Housekeeping skills (dusting, vacuuming, cleaning, etc.)
	Shopping for groceries (regardless of transportation)
	Shopping for clothes (regardless of transportation)
	Understanding of money and its use
	Budgeting skills
	Uses transportation system (bus, taxi)
	Can identify and take action to protect self from threatening acts of others
	Person with visual impairment has community orientation skills

Based on the above and any other reports/evaluations (attach), what supports does the person need to improve his/her **personal independence** and **social responsibility** expected of their age and cultural group?

Name/Title – Person who Completed Section IX	Date Completed
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**X. Vocational Skills**

Vocational development refers to work interests, work skills, present and future employment options, etc. (check all that apply)

- Presently involved in a sheltered work program (with main emphasis on production, piecework, etc.)
- Presently involved in a pre-vocational training program (with main emphasis on learning work related skills)
- Presently involved in a supported employment program (working at an integrated job site with supports)
- Presently involved in a day services program where the primary focus is not related to work or learning work skills (e.g., recreation/leisure activities, social skills development, ADL skills development)
- Person expresses (however able) an interest in working/having a job/getting job training
- Others familiar with the person recommend work or work skills training
- Person has previously had work skills training
- Person has previously worked (no longer works). Describe nature of the work and why discontinued:

Briefly describe what the person does during a typical week (i.e., Mon-Fri., 8:00-4:00) and where the activity occurs:

Based on the above and any other reports/evaluations (attach), what supports does the person need to improve his/her vocational skills?

Name/Title – Person who Completed Section X	Date Completed
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**XI. Challenging Behavior**

The presence of identifiable maladaptive or inappropriate behaviors of the person based on systematic observation. Source(s) of following information (including name and title/relationship)

Name – Individual providing the following information	Title / Relationship to Client
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Codes:     **1** – Never                               **2** – Rarely                               **3** – Not more than once per month  
               **4** – More than once per month, but not daily                               **5** – On a daily or near daily basis

Code	Skill
	Withdraws from others or environment
	Causes physical harm to self
	Causes physical harm to others (e.g., hit, pinch, shove, scratch)
	Verbally abusive—uses language to cause emotional harm to others (e.g., threatens, screams, curses)
	Engages in self-sexual behavior in a way that is offensive to others or injurious to self
	Manipulates, coerces, or forces others into sexual behavior that violates others’ right to free choice
	Damages or destroys public or private property
	Disrupts the program activities of individuals or of group (e.g., disrupting sounds, noisy, screams, smears/throws food/feces, hoards objects, rummages through others’ belongings)
	Wandering—moved with no rational purpose, seemingly oblivious to needs or safety
	Resists taking medications/injections
	Resists ADL assistance
	Other—describe:

Is there a written behavior management program (not including programs that only involve the use of physical restraints or psychotropic medications)?      Yes      No

Has there been a change in the person’s overall behavior in the past six months?  
 No change      Improved      Deteriorated

If improved or deteriorated, why?

Based on the above section and any other reports/evaluations (attach), what supports or interventions are needed to reduce **maladaptive behaviors** and improve the person’s ability to function safely and independently?

Name/Title – Person who Completed Section XI	Date Completed
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