

OFFICE OF THE MONITOR FOR THE WELSCH CONSENT DECREE

LEGAL EDUCATION CENTER, ROOM 106
40 NORTH MILTON STREET
SAINT PAUL, MINNESOTA 55104
TELEPHONE: (612) 224-3647

THE COURT MONITOR WAS APPOINTED IN ACCORDANCE WITH THE CONSENT DECREE IN THE WELSCH CASE APPROVED BY THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MINNESOTA ON SEPTEMBER 15, 1980.

January 31, 1985

Colleen Wieck, Supervisor
Developmental Disabilities
State Planning Agency
201 Capitol Square Building
St. Paul, Minnesota 55101

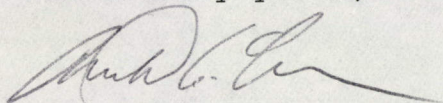
Dear Colleen:

As you may have foreseen, things are moving a little bit slower than I would like in getting feedback from the State on doing the Quality Assurance Evaluation/Project. For their perusal, I furnished them with the instruments used in the Pennsylvania, New Hampshire and Louisiana; and although I suspect that you have a copy of at least the former, I enclose copies for you as well. In any event, that is a brief update--I am more or less in a brief holding pattern.

By the way, I would appreciate it if you could send me a copy of your recently completed State Hospital Study.

Thanks very much.

Sincerely yours,



Richard A. Cohen
Court Monitor

RAC:tk

Enclosures

Chrono 85-43

TEMPLE UNIVERSITY / COMMONWEALTH OF PENNSYLVANIA

RED FLAGS / PINK FLAGS / LIFE SAFETY CODE FLAGS

Person's Name: _____

BSU Number:

Site Code:

County: _____

Residential Provider: _____

Site Address: _____

Apt. # _____

Date of Review: _____

Reviewer's Name: _____

RED FLAGS

1. ☐ Person needs glasses (BDS-2-53)
2. ☐ Person needs wheelchair, etc. (BDS-2-54)
3. ☐ Person needs hearing aid (BDS-2-55)
4. ☐ Person needs helmet (BDS-2-56)
5. ☐ Person has no TIHP or IHP (BDS-2-57)
6. ☐ Person has no day program (BDS-3-73-74)

PINK FLAGS

7. ☐ Person receives more than 4 prescribed medications daily (BDS-2-38)
8. ☐ No medication log (BDS-2-39)
9. ☐ More than 12 mos. since general medical exam (BDS-2-40-41)
10. ☐ More than 12 mos. since blood levels checked (BDS-2-42-43)
11. ☐ More than 12 mos. since gynecological exam (BDS-2-44-45)
12. ☐ More than 12 mos. since dental exam (BDS-2-46-47)
13. ☐ Individual, family or CLA pays for medical care (BDS-2-52)
14. ☐ No copy of written plan at residence (BDS-2-58)
15. ☐ More than 12 mos. since plan reviewed (BDS-2-59-62)

16. ☐ Case manager has not visited residence in past 4 weeks (BDS-2-65-66)
17. ☐ Name and phone number of case manager not available (BDS-2-67)
18. ☐ Day program provided at the residence (BDS-3-73-74)

LIFE SAFETY CODES

19. ☐ Plan for behavioral emergencies not on site and/or not properly detailed (LS-1)
20. ☐ Plan for medical emergencies not on site and/or not properly detailed (LS-2)
21. ☐ Plan for fire not on site and/or not properly detailed (LS-3)
22. ☐ No daytime fire drill in past 8 weeks (LS-4)
23. ☐ No evening fire drill in past 8 weeks (LS-5)
24. ☐ No special procedures for evacuation of persons with physical disabilities (LS-6)
25. ☐ Less than 50% of staff trained in behavior management (LS-7)
26. ☐ Less than 50% of staff trained in seizure management (LS-8)
27. ☐ Less than 50% of staff trained in first aid (LS-9)
28. ☐ Less than 50% of staff trained in CPR (LS-10)
29. ☐ Inadequate or non-existent fire alarm/detection system (LS-11)

Situations of Concern: Please list and explain

30. ☐ _____

31. ☐ _____

32. ☐ _____

COUNTY _____

SITE CODE _____

TEMPLE UNIVERSITY DEVELOPMENTAL DISABILITIES CENTER
SITE REVIEW

RESIDENTIAL PROVIDER AGENCY NAME _____

COMPLETE SITE ADDRESS
OR LIVING AREA NAME _____

SITE PHONE # _____

DATE OF REVIEW _____

TIME REVIEW BEGAN _____

TIME REVIEW ENDED _____

STAFF PRESENT FOR REVIEW:

	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

SITE REVIEWER NAME _____

PHONE # _____

GROUP HOME MANAGEMENT SCHEDULE
FROM PRATT - 1979
Modified by Temple University, 1983, 1984

1. Do people always get up at the same time (within a half hour)?

- ☐ 0 All yes
☐ 1 Different time on weekends/holidays, but same for all
☐ 2 Different time on weekends, different time for some or all people
☐ 3 Completely flexible — determined by individuals' needs and desires
☐ 9 NA

2. Is breakfast always at the same time (within a half hour)?

- ☐ 0 Always
☐ 1 Different on weekends/holidays, but same for all
☐ 2 Different on weekends/holidays, different times for some or all
☐ 3 Completely flexible — determined by individual needs and desires

3. Is supper always at the same time (within a half hour)?

- ☐ 0 Always
☐ 1 Different on weekends/holidays, but same for all
☐ 2 Different on weekends/holidays, different times for some or all
☐ 3 Completely flexible
☐ 9 NA

4. Do all people bathe within an hour of one another?

- ☐ 0 Yes
☐ 1 Sometimes
☐ 2 No
☐ 9 NA

5. Do all people go to bed at the same time (within a half hour)?

- ☐ 0 All yes
☐ 1 Different time on weekends/holidays, but same for all
☐ 2 Different on weekends/holidays, different times for some or all
☐ 3 Completely flexible
☐ 9 NA

6. How are meals planned at the residence?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
☐ 9 NA (No residents capable of any input)

7. Who shops for the groceries?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
☐ 9 NA (No residents capable of any input)

8. Who shops for clothing and personal articles?

- ☐ 0 Staff only choose purchases
☐ 1 Staff and residents together choose purchases
☐ 2 Residents only choose purchases
☐ 9 NA (No residents capable of any input)

9. How is banking handled?

- ☐ 0 Staff only for all
☐ 1 Staff and residents (e.g., staff help with filling out deposit slips)
☐ 2 Residents only
☐ 9 NA (No residents capable)

10. How are the household chores allocated (e.g., dishwashing, beds, etc.)?

- ☐ 0 Staff decide who'll do
☐ 1 Staff and residents decide
☐ 2 Residents decide
☐ 9 NA (No residents capable of deciding)

11. Who organizes parties at the residence?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
☐ 9 NA (No residents capable or parties never given)

PHYSICAL QUALITY
FROM SELTZER, 1982, MEAP RATING SCALE
Modified by Temple University, 1983

Section 1: EXTERNAL (Enter code)

1. As a neighborhood, how does the area around this site look?

- ☐ 3 Very pleasant and attractive
☐ 2 Mildly pleasant and attractive
1 Ordinary, perhaps even slightly unattractive
0 Unattractive, slum-like

2. How attractive are the site grounds?

- ☐ 3 Very attractive landscaping or very attractive natural growth;
well maintained; no litter or weeds, clean
paths, neatly trimmed
2 Somewhat attractive shows signs of care and frequent maintenance
1 Ordinary somewhat attractive, but poorly maintained or
ordinary looking; little landscaping, some
weeds or litter
0 Unattractive no grounds, sidewalks only; show little or no
maintenance

3. How attractive are the site buildings?

- ☐ 3 Very attractive unique and attractive design, excellent main-
tenance
2 Somewhat attractive may show some deterioration on close inspec-
tion, or design is adequate but not unusually
attractive
1 Ordinary buildings are somewhat attractive but poorly
maintained, or are not notable in either
design or maintenance
0 Unattractive buildings are deteriorated or unattractive

SECTION 2: ROOM BY ROOM (Enter code for each room)

Directions: Rate each of these five areas and enter your rating (0, 1, 2, or 3) in the appropriate space

4. Orderliness/clutter

- 3 Neat living spaces are very orderly; there seems to be a "place for everything and everything is in its place"
- 2 Some disarray looks "lived in"; some furniture moved around, magazines lying around, etc.
- 1 Cluttered living spaces are somewhat disorganized and messy; some objects lying about; area seems crowded
- 0 Very cluttered furniture and other objects are in disarray; floor area has objects to maneuver around

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

5. Cleanliness of walls and floors (or rugs)

- 3 Very clean both walls and floors are kept very clean, spotless; floors are polished
- 2 Clean both walls and floors are cleaned regularly; some dust in corners, fingerprints on walls
- 1 Somewhat dirty either walls or floors need cleaning; considerable dust, fingerprints, or stains
- 0 Very dirty both walls and floors need a major cleaning; surfaces stained, scuff marks, surfaces dirty to touch

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

6. Condition of furniture

- 3 Excellent condition like new; well-kept, spotless, highly polished or without stains
- 2 Good condition not new, but in good condition; slightly worn, small scratches, dusty, a few stains, some dirt in creases
- 1 Fair condition older, but still structurally sound; moderately clean
- 0 Deteriorated old and in poor repair; some tears, stains, dirt, or dust; may be structurally unsound or dangerous

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

7. Window areas

- 3 Many windows living space has large window areas which give an open feeling
- 2 Adequate windows windows are sufficient to allow good light; there is no closed in feeling
- 1 Few windows room tends to be dark, even on sunny days; there is a feeling of being closed in
- 0 No windows there are no windows, or the windows are non-functional

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN

8. Odors

- 3 Fresh living spaces have pleasantly fresh odor
- 2 No odors nothing noticeable about the air; "normal"
- 1 Slightly objectionable air is slightly tainted in some way; stale, close, musty, medicinal
- 0 Distinctly objectionable unpleasant odors are apparent

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

SECTION 3: OVERALL (Enter code)

9. Variation in design of residents' rooms (apts.)

- ☐ 3 Distinct variation as if effort was made to vary style and decor from room to room
- 2 Moderate variation rooms (apartments) are distinct, but there is a general decor throughout
- 1 Nearly identical some variation in size, shape, or furniture arrangement; variation is not noticeable unless looked for
- 0 Identical no variation except for decorative detail such as paint or rug color

10. Personalization of residents' rooms (apts.)

- ☒ 3 Much personalization most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalization
- 2 Some personalization residents have added personal objects such as rugs, pictures, chairs, favorite objects
- 1 Little personalization some family pictures or personal articles, but room does not seem to "belong to an individual"
- 0 No personalization is evident

11. Overall physical pleasantness of the facility

- ☒ 3 Quite pleasant
- ☐ 2 Pleasant
- 1 Somewhat unpleasant
- 0 Distinctly unpleasant

LIFE SAFETY CODES INSTRUMENT

Properly detailed plans show definite steps to be taken, specify who is to be notified, and name persons responsible for implementation (may be a job title).

YOU MUST SEE ALL OF THE PLANS!

1. Is there a written plan on site for meeting potential behavioral emergencies?

- ☐ 1 no plan exists
2 plan exists but is not on site
3 plan that exists is not properly detailed
4 plan is on site and is properly detailed
5 not applicable; no behavior problems have ever been observed in the people who live here

2. Is there a written plan on site for meeting medical emergencies (broken limb, uncontrollable seizures, etc.)?

- ☐ 1 no plan exists
2 plan exists but is not on site
3 plan that exists is not properly detailed
4 plan is on site and is properly detailed

3. Is there a written plan on this site in the event of a fire?

- ☐ 1 no plan exists
2 plan exists but is not on site
3 plan that exists is not properly detailed
4 plan is on site and is properly detailed

4. How many weeks since the last daytime (6 AM - 5 PM) evacuation drill was held? (Please seek documentation; enter 99 if no drill has been held.)

5. How many weeks since the last evening (5 PM - 6 AM) evacuation drill was held? (Please seek documentation; enter 99 if no drill has been held.)

6. Are there special procedures for the evacuation of physically disabled people?

- ☐ 1 no
2 no special equipment needed
3 special written procedures but no special equipment
4 special written procedures and special equipment (fire chutes, mattress loops, poles)
5 not applicable; no physically disabled people live here

7. Are all staff members trained in behavior management?

- ☐ 1 none of the staff are trained
☐ 2 less than 50% of the staff are trained
☐ 3 50% or more of the staff are trained
☐ 4 all of the staff are trained
☐ 5 not applicable; no residents need any behavioral programming (but probe to satisfy yourself that this is true)

8. Are all staff members trained in seizure management?

- ☐ 1 none of the staff are trained
☐ 2 less than 50% of the staff are trained
☐ 3 50% or more of the staff are trained
☐ 4 all of the staff are trained
☐ 5 not applicable; none of the residents have seizures

9. Are staff trained and certified in the administration of first aid?

- ☐ 1 none of the staff are trained and certified
☐ 2 less than 50% of the staff are trained and certified
☐ 3 50% or more of the staff are trained and certified
☐ 4 all of the staff are trained and certified

10. Are staff trained and currently certified in the administration of CPR?

- ☐ 1 none of the staff are trained and certified
☐ 2 less than 50% of the staff are trained and certified
☐ 3 50% or more of the staff are trained and certified
☐ 4 all of the staff are trained and certified

11. Is this residence equipped with a fire detection alarm system? (All systems MUST be checked) (Note: For three (3) people or fewer, there should be one detector on each floor and one in the basement and attic. For 4 - 8 people, there should be a fire alarm audible throughout the site.)

- ☐ 1 no system, or it is non-functioning
☐ 2 not enough detectors, or some are non-functioning
☐ 3 smoke detector or sprinkler system tested and functioning

NORMALIZATION RATINGS

For each rating area, please make recommendations that would lead to an increase in score for that rating.

This will not apply if an optimal score is given; if you cannot think of any changes that would improve the program's rating, then you must assign the optimal rating.

Please restrict your recommendations to 3 sentences or less.

For each rating area, remember this diagram for guidance:

"Typical community members would probably view the practice/situation as:

1	2	3	4	5
<hr/>				
Negatively Valued		Normative		Positively Valued
* peculiar		* familiar		* desirable
* unfamiliar		* typical		* worthy
* odd		* expected		* consistent
* undesirable		* commonly encountered in the social mainstream		with high expectations

<u>PAGE #</u>	<u>RATING AREA</u>	<u>LEVEL</u>
17	Lack of deviancy program juxtaposition	1 2 3 4 5

PAGE #

RATING AREA

LEVEL

19

Socially integrative social activities

1 2 3 4 5

R111222 SOCIALLY INTEGRATIVE SOCIAL ACTIVITIES

LOW → → → DEGREE OF INTEGRATION → → → HIGH

1 DOMICILIATION	NURSING HOME		LARGE GROUP RESIDENCE (20-30)	SHELTERED APT.		OWN HOME	
	DEVIANCY INSTITUTION			HOSTEL (6-8)	APT. COMPLEX	FOSTER HOME	INDEPENDENT APT.
	REGIONAL CENTER						
2 DEVELOPMENTAL ACTIVITIES						BOARDING HOME	
	SEGREGATED ED BLDGS		SEVERAL SPECIAL CLASSES IN REGULAR SCHOOL	1 or 2 SPECIAL CLASSES IN REGULAR SCHOOL	GENERIC EARLY EDUC'N REGULAR CLASS		
	SEGR SITE	INTEGR SITE			ON-THE JOB TRAINING		
	SEGREGATED WORKSHOP ONLY				SEGREGATED WORK STATION IN INDUSTRY	INTEGRATED WORK STATION IN INDUSTRY	OPEN EMPLOYMENT

→ → → DEGREE & FREQUENCY OF INTEGRATION → → →

3 RECREATION	LARGE SEGREGATED GROUPS ONLY		SMALL DEVIANCY GROUPS, SEGREGATED IN GENERIC FACILITIES		SMALL DEVIANCY GROUPS, NON-SEGR IN GENERIC FACILITIES		SPECIAL INTEGR SOCIAL CLUBS		GENERIC SOCIAL CLUBS	
	SEGREGATED FACILITIES		LARGE DEVIANCY GROUP VACATIONS		SMALL DEVIANCY GROUP VACATIONS				INDIVIDUAL INTEGRATED ACTIVITIES	
4 OTHER SOCIAL ACTIVITIES	SPECIAL SEGREGATED TRANSPORTATION ONLY		SMALL DEVIANCY GROUP PUBLIC TRANSPORT				PUBLIC TRANSPORT ONLY			
			COMMUNITY SHOPPING BUT ONLY IN DEVIANCY GROUPS				INDIVIDUAL WORSHIP IN GENERIC CHURCH		FREQUENT INTEGRATED COMMUNITY SHOPPING	

<u>PAGE #</u>	<u>RATING AREA</u>	<u>LEVEL</u>					
25	Age-appropriate activities, routines & rhythms	1	2	3	4	5	6

26	Age-appropriate possessions	1	2	3	4
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35	Model coherency	1	2	3	4	5
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<u>PAGE #</u>	<u>RATING AREA</u>	<u>LEVEL</u>
41	Lack of social overprotection	1 2 3 4 5

44	Individualization	1 2 3 4 5
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PAGE #

RATING AREA

LEVEL

45

Interactions

1 2 3 4 5

1 Client-staff Points

a An obvious devaluation of the client is apparent in attempts to differentiate client from staff, e.g. via excessive separation of client & staff areas [such as lounging, dining & toilet facilities], or by having either the staff or clients wear special clothes, badges or insignia which serve primarily symbolic & differentiating functions; or staff appear afraid of clients. 0

b Distinct but minor deficiencies exist. E.g. clients may knock on staff doors before entering, but not vice versa. 1

c Staff attitudes are somewhat cold & distant, even if correct. Raters might sense that staff were attempting to meet rules, regulations & standards but without extensive commitment or warmth. Such an attitude is perhaps detectable in only 1 or 2 things, such as the staff not eating with the clients, or not romping in the snow or rough-housing with children, as would be expected in ordinary situations of a similar nature. 2

d Staff treat clients with openness, directness & sincerity, although certain minor compromises are apparent. 3

e Staff-client interaction in the project appears near ideal. 4

2 Attention paid by staff to encourage & develop adaptive & appropriate interactions.

a among clients

[1] none 0

[2] some 1

[3] considerable 2

[4] extensive; near-ideal 3

b between clients & public

[1] none 0

[2] some 1

[3] considerable 2

[4] extensive; near-ideal 3

3 Staff-staff interactions are

a grossly hostile, fragmented, distorted, etc. 0

b marked by shortcomings, but less severe than above 1

c normative 2

d unusually close, warm, constructive 3

4 Interactions of staff with the public appear:

a inappropriate; overtly negative; racist or reflecting other minority devaluations 0

b overtly appropriate but forced & non-genuine 1

c adequately appropriate 2

d cordial; extraordinary 3

Level 1 = 0-3 points

Level 2 = 4-7 points

Level 3 = 8-10 points

Level 4 = 11-14 points

Level 5 = 15-16 points

SITE REVIEWER IMPRESSIONS

1. Overall, how would you rate this site?

0 1 2 3 4 5 6 7 8 9 10

Poor Fair Excellent

2. How would you rate the quality of food in the refrigerator and cupboards?

0 1 2 3 4 5 6 7 8 9 10

Poor Fair Excellent

3. How do you perceive staff-client/client-staff interactions?

0 1 2 3 4 5 6 7 8 9 10

Cold, impersonal Neutral Warm, personal

4. How do you perceive client-client interactions?

0 1 2 3 4 5 6 7 8 9 10

Unfriendly Tolerant Friendly

5. What are staff's expectations for clients regarding growth?

0 1 2 3 4 5 6 7 8 9 10

Pessimistic Neutral Enthusiastic

6. To what extent is this setting oriented toward measurement, research, and scientific approaches? (Examples: behavior charting, regular use of behavior scales, ongoing research projects, etc.)

0 1 2 3 4 5 6 7 8 9 10

Not at all In minor ways As much as I've ever seen

"Blank" Page

NOTE: Please restrict comments on this page to the following issues:

1. Physical dangers within a residential site (e.g, broken bannisters, broken stairs, etc.)
2. Significant sanitation problems (e.g., plumbing problems, leaking pipes, rodent infestation, etc.)
3. Evidence of physical abuse or neglect
4. Evidence of psychological abuse (e.g., staff yelling at people, etc.)
5. IHP problems — total lack of familiarity with plan, lack of documentation for services supposedly being provided, etc.

Any other spleen venting should be done on the next page. Thank you.

REGION _____

PARISH _____

SITE CODE _____

PROVIDER _____

SITE ADDRESS _____

APT. # _____

DATE OF REVIEW _____

TIME OF REVIEW _____

NAME OF REVIEWER _____

STAFF PRESENT FOR REVIEW _____

TITLE _____

GROUP HOME MANAGEMENT SCHEDULE
FROM PRATT - 1979
Modified by Temple University, 1983

1. Do residents always get up at the same time (within a half hour)?

- ☐ 0 All yes
☐ 1 Different time on weekends/holidays, but same for all
☐ 2 Different time on weekends, different time for some or all residents
☐ 3 Completely flexible - determined by individuals needs and desires
☐ 9 NA

2. Is breakfast always at the same time (within a half hour)?

- ☐ 0 Always
☐ 1 Different on weekends/holidays but same for all
☐ 2 Different on weekends/holidays different times for some or all
☐ 3 Completely flexible - determined by individual needs and desires

3. Do residents go to the same day program?

- ☐ 0 All same
☐ 1 Some do
☐ 2 All different
☐ 9 NA

4. Is supper always at the same time (within a half hour)?

- ☐ 0 Always
☐ 1 Different on weekends/holidays, but same for all
☐ 2 Different on weekends/holidays, different times for some or all
☐ 3 Completely flexible
☐ 9 NA

5. Do all residents bathe within an hour of one another?

- ☐ 0 Yes
☐ 1 Sometimes
☐ 2 No
☐ 9 NA

6. Do all residents go to bed at the same time (within a half hour)?

- ☐ 0 All yes
☐ 1 Different time on weekend/holidays, but same for all
☐ 2 Different on weekends/holidays, different times for some or all
☐ 3 Completely flexible
☐ 9 NA

7. What rules are there about quiet times during waking hours (e.g., use of TV, record players, etc.)?
- ☐ 0 Strictly scheduled
1 Some time rules
2 Residents' own discretion
9 NA
8. When can relatives visit the residence during waking hours?
- ☐ 0 Certain days only
1 Any day, but set times
2 Any time
9 NA
9. When can friends visit the residence during waking hours?
- ☐ 0 Certain days only
1 Any day, but set times
2 Any time
9 NA
10. What rules are there concerning dating?
- ☐ 0 No dating allowed
1 Allowed under specified conditions, times
2 No restrictions
9 NA
11. When may residents use their bedrooms?
- ☐ 0 Only at bedtime or to change
1 Some rules/restrictions exist (e.g., permission)
2 Any time
9 NA
12. When may residents use the kitchen for things they are able to do alone?
- ☐ 0 Only at specified times
1 Some rules/regulations exist (e.g., permission)
2 Any time
9 NA (e.g., no residents able to use any part of kitchen alone)

13. Are there restrictions on the use of any other area of the residence?
(Do not count staff residence)

- ☐ 0 Certain restricted areas always
☐ 1 Certain restricted areas certain times
☐ 2 No restrictions
☐ 9 NA

14. Where do the residents keep their clothes?

- ☐ 0 Communal storage
☐ 1 Shared storage
☐ 2 Private storage
☐ 9 NA

15. What is done with the items the residents own (books, games, radios, etc.)?

- ☐ 0 Used only with permission and/or supervision
☐ 1 Used but become communal
☐ 2 Used and shared at owner's discretion
☐ 9 NA

16. How are meals planned at the residence?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
☐ 9 NA (no residents capable of any input)

17. Who shops for the groceries?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
☐ 9 NA (no residents capable of any input)

18. Who shops for residents' clothing and personal articles?

- ☐ 0 Staff only choose purchases
☐ 1 Staff and residents together choose purchases
☐ 2 Residents only choose purchases
☐ 9 NA (no residents capable of any input)

19. How is banking handled?

- ☐ 0 Staff only for all
☐ 1 Staff and residents (e.g., staff help with filling out deposit slips, etc.)
☐ 2 Residents only
☐ 9 NA (no residents capable)

20. How are the household chores allocated (e.g., dishwashing, vacuuming, beds, etc.)?

- ☐ 0 Staff decide who'll do
☐ 1 Staff and residents decide
☐ 2 Residents decide
☐ 9 NA (no residents capable of deciding)

21. Who organizes parties at the residence?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 Residents only
Other:
☐ 9 NA (no residents capable or parties never given)

22. Do staff eat with residents?

- ☐ 0 Seldom
☐ 1 Sometimes
☐ 2 Always
☐ 0 NA (no staff or minimal supervision)

23. Who controls use of the television set?

- ☐ 0 Staff only
☐ 1 Staff and residents
☐ 2 No restrictions
☐ 9 NA (e.g., no residents capable of controlling TV)

24. Can a resident have a pet?

- ☐ 0 None allowed
☐ 1 Communal only
☐ 2 Individual pets allowed
☐ 9 NA (e.g., conditions of the lease)

Did any of the residents go away on a vacation this past year?

25. How did they go?

- ☐ 0 All went as a group
☐ 1 Mixed
☐ 2 Individual trips
☐ 9 NA (no residents went away on vacation this past year)

PHYSICAL QUALITY
Modified by Temple University, 1983
from Seltzer, 1982, MEAP Rating Scale

SECTION 1: EXTERNAL (Enter Code)

1. As a neighborhood, how does the area around this site look?

3 Very pleasant and attractive

2 Mildly pleasant and attractive

1 Ordinary, perhaps even slightly unattractive

0 Unattractive, slum-like

2. How attractive are the site grounds?

3 Very attractive

landscaping or very attractive natural growth;
well maintained; no litter or weeds, clean
paths, neatly trimmed

2 Somewhat attractive

shows signs of care and frequent maintenance

1 Ordinary

somewhat attractive but poorly maintained
or ordinary looking; little landscaping,
some weeds or litter

0 Unattractive

no grounds, sidewalks only; show little or no maintenance

3. How attractive are the site buildings?

3 Very attractive

unique and attractive design, excellent maintenance

2 Somewhat attractive

may show some deterioration on close inspection, or design is adequate but not unusually attractive

1 Ordinary

buildings are somewhat attractive but poorly maintained, or are not notable in either design or maintenance

0 Unattractive

buildings are deteriorated or unattractive

SECTION 2: ROOM BY ROOM (Enter code for each room)

Directions: Rate each of these five areas and enter your rating (0, 1, 2, 3) in the appropriate space.

1. Orderliness/clutter

- | | | |
|---|----------------|--|
| 3 | Neat | living spaces are very orderly; there seems to be a "place for everything, and everything is in its place" |
| 2 | Some disarray | looks "lived in"; some furniture moved around, magazines lying around, etc. |
| 1 | Cluttered | living spaces are somewhat disorganized and messy; some objects lying about; area seems crowded |
| 0 | Very cluttered | furniture and other objects are in disarray; floor area has objects to maneuver around |

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

2. Cleanliness of walls and floors (or rugs)

- | | | |
|---|----------------|---|
| 3 | Very clean | both walls and floors are kept very clean, spotless; floors are polished |
| 2 | Clean | both walls and floors are cleaned regularly; some dust in corners, fingerprints on walls |
| 1 | Somewhat dirty | either walls or floors need cleaning; considerable dust, fingerprints, or stains |
| 0 | Very dirty | both walls and floors need a major cleaning; surfaces stained, scuff marks, surfaces dirty to touch |

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

3. Condition of furniture

- | | | |
|---|---------------------|---|
| 3 | Excellent condition | like new; well kept, spotless, highly polished or without stains |
| 2 | Good condition | not new, but in good condition; slightly worn, small scratches, dusty, a few stains, some dirt in creases |
| 1 | Fair condition | older, but still structurally sound and kept moderately clean |
| 0 | Deteriorated | old and in poor repair; some tears, stains, dirt, or dust; may be structurally unsound or dangerous |

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

4. Window areas

- | | | |
|---|------------------|--|
| 3 | Many windows | living space has large window areas which give an open feeling |
| 2 | Adequate windows | windows are sufficient to allow good light; there is no closed in feeling |
| 1 | Few windows | room tends to be dark, even on sunny days; there is a feeling of being closed in |
| 0 | No windows | there are no windows, or the windows are non-functional |

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN

5. Odors

- | | | |
|---|--------------------------|---|
| 3 | Fresh | living spaces have pleasantly fresh odor |
| 2 | No odors | nothing noticeable about the air; "normal" |
| 1 | Slightly objectionable | air is slightly tainted in some way; stale, close, musty, medicinal |
| 0 | Distinctly objectionable | unpleasant odors are apparent |

☐ LIVING ROOM ☐ DINING ROOM ☐ BEDROOMS ☐ KITCHEN ☐ BATHROOM

SECTION 3: OVERALL (Enter code)

1. Variation in design of residents' rooms (apts.)

- | | | |
|-------------------------|--------------------|--|
| 3 | Distinct variation | as if effort was made to vary style and decor from room to room |
| <input type="radio"/> 2 | Moderate variation | rooms (apartments) are distinct, but there is a general decor throughout |
| 1 | Nearly identical | some variation in size, shape, or furniture arrangement; variation is not noticeable unless looked for |
| 0 | Identical | no variation except for decorative detail such as paint or rug color |

2. Personalization of residents' rooms (apts.)

- | | | |
|-------------------------|-------------------------------|---|
| 3 | Much personalization | most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalizing the rooms |
| <input type="radio"/> 2 | Some personalization | residents have added personal objects such as rugs, pictures, chairs, favorite objects |
| 1 | Little personalization | some family pictures or personal articles, but room does not seem to "belong to an individual" |
| 0 | No personalization is evident | |

3. Overall physical pleasantness of the facility

3 Quite pleasant

2 Pleasant

1 Somewhat unpleasant

0 Distinctly unpleasant



LIFE SAFETY CODES INSTRUMENT

- 1) If there are Gary W. Classmembers living here who are not self preserving, is there a sprinkler system?



1 = yes
2 = no

- 2) Is there a written plan on site for meeting potential behavioral emergencies?



1 = no plan exists
2 = plan exists but is not on site
3 = plan exists that is not properly detailed
4 = plan is on site and is properly detailed
5 = not applicable; no behavior problems have ever been observed in the people who live here

- 3) Is there a written plan on site for meeting medical emergencies (broken limb, uncontrollable seizures, etc.)



1 = no plan exists
2 = plan exists but is not on site
3 = plan exists that is not properly detailed
4 = plan is on site and is properly detailed

- 4) Is there a written plan on site in the event of a fire?



1 = no plan exists
2 = plan exists but is not on site
3 = plan exists that is not properly detailed
4 = plan is on site and is properly detailed

- 5) How many weeks since the last daytime (6AM - 5PM) evacuation drill was held?
(Please seek documentation)

- 6) How many weeks since the last evening (5PM - 6AM) evaluation drill was held?
(Please seek documentation)

7) Are there special procedures for the evacuation of physically disabled residents?



- 1 = no
- 2 = no special equipment needed
- 3 = special written procedures but no special equipment
- 4 = special written procedures and special equipment (fire chutes, mattress loops, poles)
- 5 = not applicable; no physically disabled residents

8) Are all staff members trained in behavior management?



- 1 = none of the staff is trained
- 2 = less than 50% of the staff are trained
- 3 = 50% or more of the staff are trained
- 4 = all of the staff are trained
- 5 = not applicable, no residents need any behavioral programming (but probe to satisfy yourself that this is true)

9) Are all staff members trained in seizure management?



- 1 = none of the staff is trained
- 2 = less than 50% of the staff are trained
- 3 = 50% or more of the staff are trained
- 4 = all of the staff are trained
- 5 = not applicable; none of the residents has seizures

10) Are staff trained and certified in the administration of first aid?



- 1 = none of the staff is trained and certified
- 2 = less than 50% of the staff are trained and certified
- 3 = 50% or more of the staff are trained and certified
- 4 = all of the staff are trained and certified

11) Are staff trained and currently certified in the administration of CPR?



- 1 = none of the staff is trained and certified
- 2 = less than 50% of the staff are trained and certified
- 3 = 50% or more of the staff are trained and certified
- 4 = all of the staff are trained and certified

12) Is this residence equipped with a fire detection alarm system? (All systems MUST be checked) (Note: For three (3) people or less there should be one detector on each floor and one in the basement and attic. For 4 - 8 people there should be a fire alarm audible throughout the site)



- 1 = no system or it is non-functioning
- 2 = not enough detectors or some are non-functioning
- 3 = smoke detector or sprinkler system tested and functioning

DATA COLLECTOR:

1) Overall, how would you rate this site?

100 90 80 70 60 50 40 30 20 10 0

Excellent

Fair

Poor

2) How would you rate the quality of food found in the refrigerator and cupboards?

100 90 80 70 60 50 40 30 20 10 0

Excellent

Fair

Poor

3) How do you perceive staff-client/client-staff interactions?

100 90 80 70 60 50 40 30 20 10 0

Warm, personal

Neutral

Cold, impersonal

4) How do you perceive client-client interactions?

100 90 80 70 60 50 40 30 20 10 0

Friendly

Tolerant

Unfriendly

5) What are staff's expectations for clients regarding growth?

100 90 80 70 60 50 40 30 20 10 0

Enthusiastic

Neutral

Pessimistic

1. How many full time staff are employed at this site who provide direct care services? (enter actual number; 9=9 or more) _____
2. In an average week how many hours are worked by full time staff (enter actual number; e.g., 3 staff each working 40 hours = 120 hours) _____
3. How many part-time staff are employed at this site providing direct care services? (enter actual number; 9=9 or more) _____
4. In an average week, how many hours are worked by part-time staff (enter actual number; e.g., 2 part-time staff; 1 works 30 hours and one works 20 hours; enter 050) _____

Interview with Gary W. Classmember

1. Are you usually happy living here?

____yes

____no

2. How much do you like living here?

____not at all

____a little

____pretty much

____a lot

3. When you moved here, did you lose any friends?

(Have you made new friends?)

4. Do you like the people who work here?

____not at all

____a little

____pretty much

____a lot

5. Are you usually sad living here?

____yes

____no

Is there anything else you'd like to tell me about living here? (Record responses verbatim.)

Interview with Gary W. Classmember

1. Are you usually happy living here?

____yes

____no

2. How much do you like living here?

____not at all

____a little

____pretty much

____a lot

3. When you moved here, did you lose any friends?

(Have you made new friends?)

4. Do you like the people who work here?

____not at all

____a little

____pretty much

____a lot

5. Are you usually sad living here?

____yes

____no

Is there anything else you'd like to tell me about living here? (Record responses verbatim.)

Interview with Gary W. Classmember

1. Are you usually happy living here?

___yes

___no

2. How much do you like living here?

___not at all

___a little

___pretty much

___a lot

3. When you moved here, did you lose any friends

(Have you made new friends?)

4. Do you like the people who work here?

___not at all

___a little

___pretty much

___a lot

5. Are you usually sad living here?

___yes

___no

Is there anything else you'd like to tell me about living here? (Record responses verbatim.)

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NOTE: Please restrict comments on this page to the following issues;

- 1) physical dangers within a residential site (e.g., broken bannisters, broken stairs, etc.,)
- 2) significant sanitation problems (e.g., plumbing problems, leaking pipes, rodent infestation, etc.,)
- 3) evidence of physical abuse of a client or neglect
- 4) evidence of psychological abuse (e.g., staff yelling at residents, etc.,)
- 5) plan problems - total lack of familiarity with plan, lack of documentation for services supposedly being provided, etc.,)

Any other spleen venting should be done on the next page. Thank you.

TODAY'S DATE: _____

CHECK THE CLOCK STOPPING FLAGS YOU FOUND IN REVIEWING THIS PERSON'S SITUATION.

1. ☐ Person is not self-preserving and site has no sprinklers [LS-1]
2. ☐ Person physically disabled but no special evacuation procedures [LS-7]
3. ☐ Person has seizures, but not all staff are trained [LS-9]
4. ☐ Not all staff trained in first aid [LS-10]
5. ☐ Not all staff trained in CPR [LS-11]
6. ☐ Site has inadequate fire alarm [LS-12]
7. ☐ No day program [BDS 4-12-13]
8. ☐ No medication log for person, and person does get meds [BDS 2-29]
9. ☐ Evidence of abuse or neglect [BDS 2-22]
10. ☐ Evidence of misuse of restraints: Physical, mechanical, or chemical [BDS 2-8 to 2-15, and OBSERVE]
11. ☐ Evidence of malnutrition [OBSERVE]
12. ☐ Significant physical plant problems (rodents, filth, electrical or fire hazards, plumbing problems, broken stairs, large leaks, extremes of temperate, etc.) [OBSERVE]
13. ☐ Person's rights are being violated (censorship, withholding personal monies, forbidding visitors, locking in house) [OBSERVE]
14. ☐ Untreated injury or illness at time of review [OBSERVE]
15. ☐ Lack of adequate supervision (e.g. physical separation of staff and classmembers) [OBSERVE]
16. ☐ No transportation [OBSERVE]
17. ☐ Insufficient clothing [OBSERVE]
18. ☐ No phone at site [OBSERVE]
19. ☐ Other 24-hour emergency

20. ☐ Not all staff trained [SOC-7, ZERO LEVEL ONLY]
21. ☐ Person's possessions were not brought to new placement [SOC-21, ZERO LEVEL ONLY]
22. ☐ Behavior management activities not completed [SOC-22, ZERO LEVEL ONLY]
23. ☐ Pharmacological review has not been completed [SOC-23, ZERO LEVEL ONLY]
24. ☐ Incomplete general service plan [SOC-24, ZERO LEVEL ONLY]
25. ☐ No log of seizure activity [BDS 2-27]
26. ☐ Three or more daily medications (other than ointments or vitamins) [BDS 2-28]
27. ☐ No medical exam, or no dental exam, in last 12 months [BDS 2-30-31 and 2-36-37]
28. ☐ Lack of needed adaptive equipment [BDS 2-43 to 2-48]
29. ☐ Inadequate, partial, or no written plans on site [BDS 2-50]
30. ☐ Written plan more than a year out of date [BDS 2-51-54]
31. ☐ DHHR case manager has not visited this person at the home, or has not visited at the day program, in past 4 weeks [BDS 2-63-64]
32. ☐ Less than 20 hours per week of day program or less than 3 days per week [BDS 4-14 and 4-15]
33. ☐ GHMS score less than 25
34. ☐ PQ score less than 30

DESCRIBE THE FLAGS HERE.

<u>FLAG #</u>	<u>DESCRIPTION</u>
1	10/1/79
2	10/1/79
3	10/1/79
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6	10/1/79
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95	10/1/79
96	10/1/79
97	10/1/79
98	10/1/79
99	10/1/79
100	10/1/79

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there are several short, dark vertical marks or tabs, possibly from a binder or folder. The paper appears slightly aged or off-white.**PROVIDER AGENCY'S
FULL MAILING ADDRESS**

CASE MANAGER'S
FULL MAILING ADDRESS

FAMILY'S / GUARDIAN'S
FULL MAILING ADDRESS

BEHAVIOR DEVELOPMENT SURVEY

PERSON'S NAME _____
(OPTIONAL) (LAST) (FIRST) (MI)

1-(1-5) ID NUMBER

1-(6) 1 (CARD #)

1-(7-10) SITE CODE (leave blank)

.....

RESIDENTIAL PROVIDER AGENCY _____

COMMUNITY HOME LOCATION — OR — INSTITUTION NAME

STREET (or Cottage) _____

APT. COMPLEX NAME _____ APT. # _____

CITY, TOWN _____ STATE _____ ZIP _____

.....

RESPONDENT'S NAME _____

JOB TITLE _____ WORK PHONE _____

INTERVIEWER'S NAME _____

.....

PARENT'S, NEXT OF KIN, OR ADVOCATE

NAME(S) _____

ADDRESS: STREET _____ APT. # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () - _____

.....

Temple University Developmental Disabilities Program/UAP
Evaluation and Research Group: May 1984

GARY W. VS. THE STATE OF LOUISIANA
MONITORING DOCUMENT

1-(11-14) TODAY'S DATE _____ / _____ / _____
MONTH YEAR

1-(15-18) PERSON'S DATE OF BIRTH _____ / _____ / _____
MONTH YEAR

1-(19-22) DATE OF ADMISSION TO CURRENT
RESIDENTIAL PLACEMENT _____ / _____ / _____
MONTH YEAR

1-(23) TYPE OF CURRENT RESIDENTIAL PLACEMENT
(Enter code number)

- ☐ 1 DHHR Institution (e.g. Central, Belle Chasse)
☐ 2 Public Correctional Facility (e.g. Angola)
☐ 3 Private Residential Facility (more than 6 persons, e.g. Pecan Grove, Padua House)
☐ 4 Community Home (6 persons or fewer)
☐ 5 Supervised Apartment
☐ 6 Independent Living or with Family
☐ 7 Foster Care
☐ 9 Other _____

1-(24) HISTORY
WHERE DID THIS PERSON LIVE IMMEDIATELY
BEFORE COMING TO THIS SETTING?

- ☐ 1 DHHR Institution _____
☐ 2 Private Residential Facility _____
☐ 3 Public Correctional Facility _____
☐ 4 Independent Living or with Family
☐ 5 Foster Care
☐ 9 Other _____

1-(25-26) PARISH OF RESIDENCE

Name of Parish _____
_____ Parish Code (Leave blank)

1-(27) LEVEL OF RETARDATION

- ☐ 1 NOT RETARDED
☐ 2 MILDLY RETARDED
☐ 3 MODERATELY RETARDED
☐ 4 SEVERELY RETARDED
☐ 5 PROFOUNDLY RETARDED

1-(28) IF THIS PERSON IS NOT RETARDED, HOW DID
S/HE BECOME A GARY W. CLASSMEMBER?
(Leave blank if individual is labelled mentally re-
tarded)

- ☐ 1 Individual is a recipient of Mental Health
Services
☐ 2 DHHR Custody
☐ 9 Other _____

1-(29) SEX ☐ 1 Male
☐ 2 Female

1-(30) RACE ☐ 1 White
☐ 2 Black
☐ 3 Other

ADAPTIVE BEHAVIOR

1-(31) VISION (Enter number)
With glasses - if used
☐ 4 No difficulty in seeing
☐ 3 Some difficulty in seeing
☐ 2 Great difficulty in seeing
☐ 1 No vision at all

1-(32) HEARING
With hearing aid - if used
☐ 4 No difficulty in hearing
☐ 3 Some difficulty in hearing
☐ 2 Great difficulty in hearing
☐ 1 No hearing at all

1-(33) AMBULATION
☐ 4 Walks with no difficulty
☐ 3 Limp or walks unsteadily
☐ 2 Walks only with help
☐ 1 Unable to walk

1-(34) WALKING AND RUNNING (Check ALL that apply)
With cane, crutches, brace, walker - if used

- ☐ a Walks alone
☐ b Walks up and down stairs alone
☐ c Walks down stairs by alternating feet
☐ d Runs without falling often
☐ e Hops, skips or jumps
☐ NONE OF THE ABOVE

1-(35) SPEECH (Not including signing.)

- ☐ 5 Speech easily understood
☐ 4 Speech somewhat difficult to understand
☐ 3 Speech very difficult to understand
☐ 2 Speech is not understandable but makes
sounds
☐ 1 Makes no sounds

1-(36) VOCABULARY (Including signing.)

- ☐ 5 Talks about action when describing pictures
☐ 4 Names people or objects when describing
pictures
☐ 3 Uses names of familiar objects
☐ 2 Asks for at least ten things by their
appropriate names
☐ 1 Is nearly non-verbal

1-(37) BODY BALANCE

- ☐ 6 Stands on "tiptoe" for ten seconds if asked
☐ 5 Stands on one foot for two seconds if asked
☐ 4 Stands without support
☐ 3 Stands with support
☐ 2 Sits without support
☐ 1 Can do none of the above

1-(38) USE OF TABLE UTENSILS

- ☐ 7 Uses knife and fork correctly and neatly
☐ 6 Uses table knife for cutting or spreading
☐ 5 Feeds self with spoon and fork - neatly
☐ 4 Feeds self with spoon and fork
- considerable spilling
☐ 3 Feeds self with spoon - neatly
☐ 2 Feeds self with spoon - considerable spilling
☐ 1 Feeds self with fingers or must be fed

1-(39) EATING IN PUBLIC

- ☐ 4 Orders complete meals in restaurants
☐ 3 Orders simple meals like hamburgers or
hot dogs
☐ 2 Orders soft drinks at soda fountain or canteen
☐ 1 Does not order food at public eating places

1-(40) DRINKING

- ☐ 4 Drinks without spilling, holding glass in
one hand
☐ 3 Drinks from cup or glass unassisted - neatly
☐ 2 Drinks from cup or glass - considerable spilling
☐ 1 Does not drink from cup or glass

1-(41) TOILET TRAINING

- ☐ 5 Never has toilet accidents
☐ 4 Never has toilet accidents during the day
☐ 3 Occasionally has toilet accidents during
the day
☐ 2 Frequently has toilet accidents during the day
☐ 1 Is not toilet trained at all

1-(42) SELF-CARE AT TOILET (check ALL statements
that apply)

- ☐ a Lowers pants at the toilet without
help
☐ b Sits on toilet seat without help
☐ c Uses toilet tissue appropriately
☐ d Flushes toilet after use
☐ e Puts on clothes without help
☐ f Washes hands without help
☐ NONE OF THE ABOVE

1-(43) WASHING HANDS AND FACE

- ☐ a Washes hands with soap
☐ b Washes face with soap
☐ c Washes hands and face with water
☐ d Dries hands and face
☐ NONE OF THE ABOVE

1-(44) BATHING

- ☐ 7 Prepares and completes bathing unaided
☐ 6 Washes and dries self completely
without prompting or helping
☐ 5 Washes and dries self reasonably well
with prompting
☐ 4 Washes and dries self with help
☐ 3 Attempts to soap and wash self
☐ 2 Cooperates when being washed and dried
by others
☐ 1 Makes no attempt to wash or dry self

1-(45) CARE OF CLOTHING
(Check all statements that apply)

- ☐ a Cleans shoes when needed
☐ b Puts clothes in drawer or chest neatly
☐ c Puts soiled clothes in proper place for
laundrying/washing, without being
reminded
☐ d Hangs up clothes without being
reminded
☐ NONE OF THE ABOVE

1-(46) DRESSING

- 6 Completely dresses self
5 Completely dresses self with verbal prompting only
4 Dresses self by pulling or putting on all clothes with verbal prompting and by fastening (zipping, buttoning, snapping) them with help
3 Dresses self with help in pulling or putting on most clothes and fastening them
2 Cooperates when dressed by extending arms or legs
1 Must be dressed completely

1-(47) SHOES (Check ALL statements that apply)

- ___ a Puts on shoes correctly without assistance
___ b Ties shoe laces without assistance
___ c Unties shoe laces without assistance
___ d Removes shoes without assistance
___ NONE OF THE ABOVE

1-(48) SENSE OF DIRECTION

- 4 Goes several blocks from grounds, or from home, without getting lost
3 Goes around grounds or a couple of blocks from home without getting lost
2 Goes around cottage, ward, or home
1 Gets lost whenever s/he leaves own living area

1-(49) MONEY HANDLING

- 5 Uses banking facilities independently
4 Makes change correctly but does not use banking facilities OR uses banking facilities but does not make change correctly
3 Adds coins of various denominations up to one dollar
2 Uses money but does not make change correctly
1 Does not use money

1-(50) PURCHASING

- 6 Chooses and buys all own clothing without help
5 Chooses and buys some of own clothing without help
4 Makes minor purchases without help (candy, soft drinks, etc)
3 Does shopping with slight supervision
2 Does shopping with close supervision
1 Does no shopping

1-(51) WRITING

- 6 Writes sensible and understandable letters
5 Writes short notes and memos
4 Writes or prints forty words
3 Writes or prints ten words
2 Writes or prints own name
1 Cannot write or print any words

1-(52) PREVERBAL EXPRESSION (Check ALL statements that apply)

- ___ a Is able to say (sign) at least a few words (If yes, enter 6 in circle)
___ b Nods head or smiles to express happiness
___ c Indicates hunger
___ d Indicates wants by pointing or vocal noises
___ e Expresses pleasure or anger by vocal noises
___ f Chuckles or laughs when happy
___ NONE OF THE ABOVE

1-(53) SENTENCES

- 4 Sometimes uses complex sentences containing "because," "but," etc.
3 Asks questions using words such as "why," "how," "what," etc.
2 Speaks in simple sentences
1 Is non-verbal or nearly non-verbal

1-(54) READING

- 6 Reads books suitable for children nine years or older
5 Reads books suitable for children seven years old
4 Reads simple stories or comics
3 Recognizes ten or more words by sight
2 Recognizes various signs, "ONE WAY," "NO PARKING," "WOMEN," "MEN"
1 Recognizes no words or signs

1-(55) COMPLEX INSTRUCTIONS (Check ALL statements that apply)

- ___ a Understands instructions containing prepositions e.g., "on," "in," "behind," etc.
___ b Understands instructions referring to the order in which things must be done, e.g., "first do... then do..."
___ c Understands instructions requiring a decision, "If... do this; but if not, do..."
___ NONE OF THE ABOVE

1-(56) NUMBERS

- 6 Does simple addition and/or subtraction
5 Counts ten or more objects
4 Mechanically counts to ten
3 Counts two objects by saying "one... two..."
2 Discriminates between "one" and "many" or "a lot"
1 Has no understanding of numbers

1-(57) TIME (Check ALL statements that apply)

- ___ a Tells time by clock or watch correctly
___ b Understands time intervals, e.g., there is one hour between 3:30 and 4:30
___ c Understands time equivalents, e.g., "9:15" is the same as "quarter past nine"
___ d Associates time on clock with various actions and events
___ NONE OF THE ABOVE

1-(58) ROOM CLEANING

- 3 Cleans room well, e.g., sweeping, dusting, and tidying
2 Cleans room but not thoroughly
1 Does not clean room at all

1-(59) FOOD PREPARATION

- 4 Prepares an adequate complete meal (may use canned or frozen foods)
3 Mixes and cooks simple food, e.g., fries eggs, makes pancakes, cooks TV dinners, etc.
2 Prepares simple foods requiring no mixing or cooking, e.g., sandwiches, cold cereal, etc.
1 Does not prepare food at all

1-(60) TABLE CLEARING

- 3 Clears table of breakable dishes and glassware
2 Clears table of unbreakable dishes and silverware
1 Does not clear table at all

1-(61) JOB COMPLEXITY

- 3 Competitive employment or goes to workshop
2 In pre-vocational training, in school, or retired
1 Performs no work

1-(62) INITIATIVE

- 4 Initiates most of his own activities, e.g., tasks, games, etc.
3 Asks if there is something for him to do or explores surroundings, e.g., home, yard, etc.
2 Will engage in activities only if assigned or directed
1 Will not engage in assigned activities, e.g., putting away toys, etc.

1-(63) ATTENTION

- 5 Will pay attention to purposeful activities for more than fifteen minutes, e.g., playing games, reading, cleaning up
4 Will pay attention to purposeful activities for at least fifteen minutes
3 Will pay attention to purposeful activities for at least ten minutes
2 Will pay attention to purposeful activities for at least five minutes
1 Will not pay attention to purposeful activities for as long as five minutes

1-(64) PERSONAL BELONGINGS

- 4 Very dependable - always takes care of personal belongings
3 Usually dependable - usually takes care of personal belongings
2 Unreliable - seldom takes care of personal belongings
1 Not responsible at all - does not take care of personal belongings

1-(65) AWARENESS OF OTHERS (Check all that apply)

- ___ a Recognizes own family
___ b Recognizes people other than family (if b is checked, check a)
___ c Has information about others, e.g., job, address, relation to self.
___ d Knows the names of people close to him, e.g., classmates, neighbors.
___ e Knows the names of people not regularly encountered
___ NONE OF THE ABOVE

1-(66) INTERACTION WITH OTHERS

- 4 Interacts with others in group games
3 Interacts with others for at least a short period of time, e.g., showing or offering toys, clothing or objects
2 Interacts with other imitatively with little interaction
1 Does not respond to others in a socially acceptable manner

1-(67) PARTICIPATION IN GROUP ACTIVITIES

- 4 Initiates group activities at least some of the time (leader and organizer)
3 Participates in group activities spontaneously and eagerly (active participant)
2 Participates in group activities if encouraged to do so (passive participant)
1 Does not participate in group activities

MALADAPTIVE BEHAVIOR

MALADAPTIVE BEHAVIOR (Enter code number)

- 4 Never observed
3 Not observed within the last 4 weeks
2 Occasionally (5 times or less per week) within the last 4 weeks
1 Frequently (more than 5 times per week) within the last 4 weeks

1-(68) Threatens or does physical violence to others

1-(69) Damages own or other's property

1-(70) Disrupts other's activities

1-(71) Uses profane or hostile language

1-(72) Is rebellious, e.g. ignores regulations, resists following instructions

MALADAPTIVE BEHAVIOR (Enter code number)

- 4 Never observed
- 3 Not observed within the last 4 weeks
- 2 Occasionally (5 times or less per week) within the last 4 weeks
- 1 Frequently (more than 5 times per week) within the last 4 weeks

- 1-(73) Runs away or attempts to run away
- 1-(74) Is untrustworthy, e.g. takes other's property, lies or cheats
- 1-(75) Displays stereotyped behavior, e.g. rocks body back and forth, has hands in motion
- 1-(76) Removes or tears off own clothing inappropriately
- 1-(77) Injures self
- 1-(78) Is hyperactive, e.g. will not sit still for any length of time
- 1-(79) Displays sexual behavior (heterosexual or homosexual) that is socially unacceptable, e.g. forcible advances, public masturbation, public exposure, etc.
- 1-(80) Requires restraint or time-out
- 2-(1-5) REPEAT ID #
- 2-(6) 2 (CARD #)
- 2-(7) Is withdrawn, e.g. extreme inactivity, extreme shyness, extreme unresponsiveness

Does this person's program include any of the following?
0 = No
1 = Yes, in written plan
2 = Yes, but not in written plan

- 2-(8) Time out or exclusion over 5 minutes
- 2-(9) Overcorrection (restoring situation to better than normal state)
- 2-(10) Mechanical restraint (muffs, mitts, any form of binding)
- 2-(11) Physical restraint (restriction of movement by another person)
- 2-(12) Isolation (in room with door closed)
- 2-(13) Chemical restraint (any medication given in emergencies or prn to control behavior)
- 2-(14) Meal modification
- 2-(15) Other

FAMILY/ADVOCATE INFORMATION

- 2-(16) In the past year, how often has the family contacted the person or program staff by phone?
6 No family
5 Never
4 Twice a year or less
3 About every three months
2 About once a month
1 About once a week or more
- 2-(17) How often did family members visit the person (in past six months)?
6 No family
5 Never
4 Twice a year or less
3 About every three months
2 About once a month
1 About once a week or more
- 2-(18) How often did this person visit with the family at their home or on outings (in past six months)?
6 No family
5 Never
4 Twice a year or less
3 About every three months
2 About once a month
1 About once a week or more

- 2-(19) How often did the Friend - Advocate make contact by phone or visit (in past six months)?
Note: An Advocate is neither a family member nor a person whose job involves direct contact with the individual
Leave blank if person self-advocates
6 No Friend - Advocate
5 Never
4 Twice a year or less
3 About every three months
2 About once a month
1 About once a week or more

RESIDENCE INFORMATION

- 2-(20) How many other people live at this person's residence?
0 None
1 One
2 Two
3 3-5
4 6-10
5 11-15
6 16-20
7 21-25
8 26-30
9 More than 30

- 2-(21) How many times has this person moved residences in the past year? Include any change of address. Enter number 0 to 9.
- 2-(22) Is there any evidence that this person is being abused, neglected or mistreated (e.g. disrespect, bruises, scratches, staff hollering at individuals)?
1 Yes
2 No
- 2-(23) Is there any evidence that this individual has been abused in the past six months?
1 Yes
2 No
- 2-(24) If yes, approximately how many incidents have occurred in the last six months?
1 One to five
2 Six to ten
3 Eleven to fifteen
4 Sixteen or more

MEDICAL INFORMATION

- 2-(25) MEDICAL NEEDS: In general, how urgent is this person's need for medical care? (Enter code number)
4 Generally has no serious medical needs
3 Needs visiting nurse and/or regular visits to the doctor
2 Has life-threatening condition that requires very rapid access to medical care
1 Would not survive without 24 hr. medical personnel
If this person has a life-threatening medical condition, name it:

- 2-(26) SEIZURE FREQUENCY (Enter code number)
8 Continuous intermittent seizures
7 Approximately one per day
6 Approximately one per week
5 Approximately one per month
4 7-11 seizures per year
3 One-six seizures per year
2 Has documented history of seizures, no seizures currently
1 Does not have seizures
- 2-(27) Is there a record (log) maintained at the residence documenting seizure activity for this individual?
1 Yes
2 No
9 Not applicable; no seizure activity

- 2-(28) CURRENT MEDICATION: How many different prescribed medications (other than vitamins or topical ointments) are administered daily? (Enter number. If none, enter 0. If greater than nine, enter 9) What is the medication(s) and its dosage?

NAME	DOSAGE	TIMES PER DAY

- 2-(29) Is there a record (log) maintained at residence of all medications and their administration for this person?
1 Yes
2 No
9 Not applicable - no meds

- NEXT 4 ITEMS: 00 = This month
98 = Never
99 = N/A
- 2-(30-31) How many months since general medical checkup?
- 2-(32-33) How many months since blood levels were checked? (Enter 99 if no meds)
- 2-(34-35) How many months since exam by a gynecologist? (Enter 99 if male)
- 2-(36-37) How many months since exam by a dentist?
- 2-(38-39) How many days in past 4 weeks has this person required hospital care (inpatient, outpatient, emergency room)? (Enter number of days, 00-28)
- 2-(40-41) How many days in past 4 weeks have this person's normal activities been restricted because of health problems? (Enter number of days, 00-28)

- 2-(42) What kind of medical coverage is most often used for this individual?
1 Medicaid
2 Medicare
3 Private Insurance (Blue Cross, Blue Shield)
4 Individual or family's money pays for medical care
5 Community home funds pay for medical care
6 No medical coverage

- 4 Needs, but does not have
- 3 Needs and has, but does not or cannot use
- 2 Needs, has, and uses
- 1 Has no need

- 2-(43) Glasses
2-(44) Wheelchair, walker, braces, or cane
2-(45) Hearing aid
2-(46) Helmet
2-(47) Communication Devices
2-(48) Medical Devices/Adaptive Equipment

INDIVIDUAL HABILITATION PLAN

- 2-(49) Is there a written program plan for this person?
- 1 Yes, General Service Plan
 - 2 Yes, Individual Habilitation Plan (Specific Service Plan and IEP if person is school age)
 - 3 Yes, both 1 and 2
 - 4 No written plan
- 2-(50) Is there a copy of the written plan(s) at the person's residence?
- 1 Yes, all applicable plans are present
 - 2 Some of plans present (e.g. only GSP)
 - 3 No
 - 9 Not applicable: no written plan

- 2-(51-54) / What is the date on the
MONTH YEAR written plan (use IHP if GSP
and IHP exist)

- 2-(55-56) How many goals or objectives are present in the written program plan? (enter number of goals 01 to 99; use IHP if it exists, GSP if no IHP exists)

1 0-24%
2 25-49%
3 50-74%
4 75-100%
blank - not applicable

- 2-(57) What percent of the goals are written in behaviorally objective and observable terms? ☐
- 2-(58) What percent of the goals include an expected date of achievement (or length of time until achieved)? ☐
- 2-(59) What percent of the goals name a person responsible for assistance in accomplishing goal? ☐
- 2-(60) What percent of the goals describe what the individual will do (not what staff will do)? ☐
- 2-(61) What percent of the goals target individual change (not maintenance)? ☐
- 2-(62) What percent of the goals have been achieved as of this moment? ☐

- 2-(63-64) _____ How many weeks since the DHHR Case Manager visited this person at the residence? (Enter number of weeks 01 to 97, enter 98 if never)

- 2-(65) Is the name and phone number of the case manager readily available to the individual?
- ☐ 1 Yes
- ☐ 2 No

- 2-(66) Is the name and the phone number of the case manager readily available to staff of the residence?
- ☐ 1 Yes
- ☐ 2 No

- 2-(67) In general, how long does the case manager stay when s/he visits the residence?
- ☐ 1 10 minutes or less
- ☐ 2 11-20 minutes
- ☐ 3 21-30 minutes
- ☐ 4 31 minutes to 1 hour
- ☐ 5 More than 1 hour
- ☐ 9 Not applicable: case manager has not visited

- 2-(68) In general what percent of that time does the case manager spend with the individual?
- 1 None
- 2 Less than 10%
- 3 About 10-24%
- 4 25-49%
- 5 50-74%
- 6 75% or more
- 9 Not applicable: case manager has not visited

INDIVIDUAL'S GOALS

What are the 5 most important goal areas in this person's current Plan?

(USE GOAL CODES—EACH
MAY BE USED ONLY ONCE)

- | | | | |
|------------------|-----------|--------------------------|--------------------------|
| 2-(69-70) | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-(71-72) | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-(73-74) | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-(75-76) | 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-(77-78) | 5. | <input type="checkbox"/> | <input type="checkbox"/> |

- 2-(79-80)**

How many weeks since the DHHR Case Manager visited this person at the day program? (Enter number of weeks, 01 to 97, enter 98 if never.

- 3-(1-5) REPEAT ID #
3-(6) 3 CARD #

LIST OF POSSIBLE GOAL AREAS

- 01 Dressing
- 02 Toileting
- 03 Domestic activities (house cleaning, bedmaking, care of belongings, clothes washing, etc.)
- 04 Eating (self-feeding, use of utensils, table manners, table setting and clearing, eating in restaurants, food preparation, etc.)
- 05 Bathing and/or washing
- 06 Grooming and other hygiene (toothbrushing, hair care, shaving, cosmetics, etc.)
- 07 Understanding and use of numbers
- 08 Use of money and purchasing
- 09 Telling time

- 10 Handling emergencies (fire precaution, first aid, telephone assistance, etc.)
- 11 Obtaining generic community services (how to obtain medical, religious, psychological, social welfare, and other generic services)
- 12 Mobility/Travel (getting around home, neighborhood, use of public transportation, etc.)
- 13 Personal health care (recognizing signs of illness, use of medications, nutrition, following doctor's orders, attending to menstruation, etc.)

GOALS CONCERNING DEVELOPMENT OF SENSORY, MOTOR, AND COMMUNICATION SKILLS:

- 20 Vision (using glasses, correction of other eye problems, etc.)
- 21 Hearing (using hearing aid, correction of other ear problems, etc.)
- 22 Ambulation (using physical aids when necessary, correction of other motor or orthopedic problems, muscular strength and control, body balance, gait, running, etc.)
- 23 Arm use and hand-eye coordination (ability to grasp, to manipulate objects, o use fine motor skills, correction of other motor or orthopedic problems, using physical apparatus to aid in muscular strength and control, etc.)
- 24 Use of verbal language
- 25 Use of non-verbal communication (signing, gestures, making needs known, expression of feelings, etc.)
- 26 Use of written language (reading, writing, understanding of meaning of written signs, etc.)
- 27 Sensory awareness (sensory stimulation, sensory integration, etc.)

GOALS CONCERNING REDUCTION OF BEHAVIOR PROBLEMS:

- 30 Reduction of physical violence towards others
- 31 Reduction of hostility or threatening behavior
- 32 Reduction of property damage
- 33 Reduction of behaviors that disrupt other's activities
- 34 Reduction of rebelliousness, resistance to rules, instructions, duties orders, etc.
- 35 Reduction of running away or attempting to run away
- 36 Reduction of theft, stealing, shoplifting
- 37 Reduction of lying, cheating, borrowing without permission
- 38 Reduction of physical violence to self
- 39 Reduction of stereotyped behavior, odd or repetitive mannerisms, eccentric habits or bizarre oral habits
- 40 Reduction of inappropriate verbalization or vocalization (profanity, talking too loudly, laughing inappropriately, unpleasant noises, etc.)
- 41 Reduction of inappropriate interpersonal manners (too familiar with strangers, violation of other's rights and/or personal space, annoying others, etc.)
- 42 Reduction of clothing problems (refuses to wear or removes inappropriately, tear or damage to clothing)

- 43 Reduction of withdrawal (extreme inactivity, extreme shyness, extreme unresponsiveness)
44 Reduction of hyperactivity
45 Reduction of any kind of inappropriate sexual behaviors
46 Reduction of psychological disturbance
47 Reduction of other behavior problems (describe: _____)

GOALS CONCERNING DEVELOPMENT OF SOCIAL SKILLS:

- 50 Awareness of others
- 51 One-to-one interaction (including conversation techniques, appropriate behavior, etc.)
- 52 Group interaction
- 53 Family interaction (with parents, siblings, other relatives and/or offspring)
- 54 Manners, customs, politeness, etiquette (proper behavior in any social setting)
- 55 Civic and legal duties (laws, respect for rights of others)
- 56 Sexual interaction
- 57 Awareness of property and ownership (learning when it is appropriate to share, and when it is appropriate to borrow)
- 58 Improve attention span.
- 59 Improve self concept, self esteem

GOALS CONCERNING WORKING:

- 60 Learn the concept of working for pay
- 61 Improve motivation to work
- 62 Learn specific job skills
- 63 Achieve a new or better work placement (may be structured activities center, workshop, job station in industry, competitive employment, etc.)
- 64 Learn job-seeking skills (may include learning where to look for jobs, promptness, appropriate dress, interviewing techniques, filling out application, etc.)
- 65 Learn how people are expected to relate to employers and co-workers

GOALS CONCERNING EDUCATION

- 70 Learn appropriate classroom behavior (sitting still, being quiet, paying attention, performing assigned activities, etc.)
- 71 Improve motivation to participate and learn in school
- 72 Be transferred to a more appropriate or more advanced or more normalizing school placement
- 73 Achieve mastery of specific academic skill(s) - reading, writing, arithmetic, etc.

GOALS CONCERNING USE OF LEISURE TIME

- 80 Learn to use television appropriately (more selectively, less often, at proper times, etc.)
- 81 Develop hobby(s) - arts, crafts, music, leisure reading, games, collecting, etc.
- 82 Develop skills in sports/athletic activities (regular exercise, jogging, baseball, basketball, horseback riding, tennis, bowling, swimming, etc.)
- 83 Learn to use community resources more independently (parks, pools, movies, theatres, museums, churches, etc.)
- 84 Learn to plan excursions (day trips, vacations, etc.)

DEVELOPMENTAL SERVICES IN THE PAST 4 WEEKS (EXCLUDING DAY PROGRAM)

FORMALLY STRUCTURED AND SCHEDULED SKILLS TRAINING PROGRAMS

Specific programs providing education and training in essential activities of self-help, social interaction, and independent living.

- a. Cognitive/Academic Skills Training
Reading, arithmetic, etc.
- b. Mobility Training
Movement skills, skills to get around house and community (e.g. public transportation).
- c. Sensorimotor Skills Training
e.g. eye-hand coordination training
- d. Social Interaction Training
e.g. interpersonal skills, manners
- e. Recreation Therapy
Provided or supervised by a recreational therapist
- f. Family Life and Sex Education
- g. Community Living Skills Training
e.g. money handling, domestic activity, obtaining generic community services, shopping
- h. Dressing Skills Development
Teaching, not just helping
- i. Eating Skills Development
Including food preparation, learning to feed one's self, etc.
- j. Hygiene and Grooming Skills Development
including toileting
- k. Supervision/Training in Individual Recreational Activities
- l. Supervision/Training in Group Recreational Activities
(sports, hobbies, use of TV, etc.)
- m. Supervised Recreational Trips
(camping, movies, field trips, etc.)
- n. Day Camp
- o. Residential Camp
- p. Nursing Care
Nursing care other than administration of routine medications.
- q. Physical Therapy
Services of Physical Therapist
- r. Occupational Therapy
Services of an Occupational Therapist
- s. Speech and Hearing Therapy
Services to improve verbal and/or non-verbal speech and language
- t. Psychological Services
Professional counseling/therapy performed by a trained therapist

(LEAVE ALL SPACES BLANK FOR SERVICES THAT DO NOT APPLY)

Behavior Modification to Reduce Maladaptive Behavior
On-going activities such as extinction, structured reinforcement,
correction/overcorrection, verbal reprimands, time out, etc.

3-(13-15) _____ Average # Minutes Per Day of
Direct Interventions (Make Rough Estimate).

- Enter Exact
For Past 28 days
- a. 3-(16-18) _____
 - b. 3-(19-21) _____
 - c. 3-(22-24) _____
 - d. 3-(25-27) _____
 - e. 3-(28-30) _____
 - f. 3-(31-33) _____
 - g. 3-(34-36) _____
 - h. 3-(37-39) _____
 - i. 3-(40-42) _____
 - j. 3-(43-45) _____
 - k. 3-(46-48) _____
 - l. 3-(49-51) _____
 - m. 3-(52-54) _____
 - n. 3-(55-57) _____
 - o. 3-(58-60) _____
 - p. 3-(61-63) _____
 - q. 3-(64-66) _____
 - r. 3-(67-69) _____
 - s. 3-(70-72) _____
 - t. 3-(73-75) _____

AVERAGE
DURATION:
1 = 5 min. or less
2 = 15 min.
3 = 30 min.
4 = 1 hour
5 = 2-4 hours
6 = 5-7 hours
7 = 8-23 hours
8 = 24 hours

DAY PROGRAMS AWAY FROM THE HOME OR LIVING AREA

(This Section should be completed by telephone interview with day program staff)

TYPE OF DAY PROGRAM

VOCATIONAL

- 01 Day Developmental Training
Preparation for full time vocational training
(motor skills, self-care)
- 02 Work Adjustment Training
Assistance in development of skills necessary
for movement into actual employment
- 03 Sheltered Workshop
Provides employment opportunity in a regular
job with support, training, supervision provided
by a human service agency
- 04 Competitive Employment
Human service agency may provide assistance
in acquiring job placement and in providing
follow along support
- 05 Work Study
Cooperative arrangement between educational
agency and an employer to provide opportunity
for individuals to work and study in a joint
program

EDUCATION

- 20 Public school, regular class in regular school
- 21 Public school, special class in regular school
- 22 Public school, special school
- 23 Private school, paid for by school system
- 24 Private school, paid for by other than school
system
- 25 Public school, part-time special class
- 26 Public School, homebound

OTHER

- 30 DAY ACTIVITIES AT THE RESIDENCE
- 80 OTHER AWAY FROM RESIDENCE
- 90 NO DAY PROGRAM

4-(1-5) REPEAT ID #

4-(6) 4 (CARD #)

4-(7-11) \$_____ How much money does this
individual earn in an average
week?

DESCRIPTION OF PERSON'S CURRENT DAY PROGRAM(S)

4-(12-13) A. What Type?
(Enter code from list above) ☐ ☐
If Two Day Programs, Record
The One Where Most Time
Is Spent

4-(14)

B. How Many Days Per Week
Does Person Go To Day
Program? (Enter Number, 1 to 7)
If Two Day Programs, Record
Total Days. ☐

4-(15)

C. How Many Hours Per Day?
(Enter Number, 1 to 9)
If Two Day Programs,
record average. Exclude travel time. ☐

4-(16-17)

What is name and location
of day program?

4-(18)

H. How does this person normally travel to the day
program?

- ☐ 1 Walks or bicycles
- 2 Uses public transportation, escorted
- 3 Uses public transportation, independently
- 4 Residence provides transportation
- 5 Day program provides transportation
- 6 Other _____

4-(19)

How are this person's wages determined?

- ☐ 1 Set hourly wage
- 2 Piece rate based on time study
- 3 Piece rate not based on time study
- 4 Other _____

COSTS

4-(20-22)

Per Day

How much is paid for this
person's residential placement? This
figure should not include any portion of
the person's SSI or other public assist-
ance money. Accept per day, per week,
per month, per year. Convert to per
day and round to 3 digits.

Per _____

4-(23-25)

Per Month

How much per month does this person
receive in SSI or other assistance
payments? Round to 3 digits.

4-(26-28)

Per Day

How much is paid for this person's
day program placement?