**Division of Rehabilitative Services**

**COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan**

**Participant:** Click or tap here to enter text. **PID#:** Click or tap here to enter text.

**ASSESSMENT**

**Directions: This pre/post assessment is intended to be used in a holistic, collaborative manner by collecting data from communication with the participant and relevant stakeholders (parents/guardians, residential providers, case managers, etc.); direct observations of skills; and/or in conjunction with standardized assessment tools.**

Definitions: (Enter the number that corresponds to the level of assistance needed into the pre- or post-rating column)

1. ***“No Assistance”*** means no help is needed.
2. ***“Prompting/Structuring”*** means prior to the completion of the action(s) described in the item, some verbal direction and/or some rearrangement of the environment is needed.
3. ***“Supervision”*** means that a helper must be present during the completion of the action(s) described in the item and provide only verbal direction, gestural prompts, and/or guidance.
4. ***“Some Direct Assistance”*** means that a helper must be present during the completion of the action(s) described in the item and provide some physical guidance/support (with or without verbal direction).
5. ***“Total Assistance”*** means that a helper must perform all or nearly all of the action(s) described in the item.

Frequency Ratings: (Check the appropriate frequency box for each functional limitation)

***“Rarely”*** means that the behavior occurs quarterly or less.

***“Sometimes”*** means that a behavior occurs once a month or less.

***“Often”*** means that a behavior occurs 2-3 times a month.

***“Regularly”*** means that a behavior occurs weekly or more.

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| **Mobility Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I require assistance from others to get around in the community, home, or workplace.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly** | Choose an item. | Choose an item. |
| I have been unsuccessful in attempts to prepare for or obtain a driver’s license without special adaptations, accommodations, or special training.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly** | Choose an item. | Choose an item. |
| I require specialized transportation.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly** | Choose an item. | Choose an item. |
| I have not been able to learn to use or access public transportation needed for employment.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly** | Choose an item. | Choose an item. |
| I rely on adaptive equipment.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Self Direction Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I require supervision on a constant basis.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need supervision to begin and finish tasks, monitor own behavior, or make decisions.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have serious difficulty working independently resulting in job loss.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have serious difficulty shifting focus from one activity or task to the next without prompting.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have serious difficulty adjusting to new situations or changes to the daily routine.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I am easily distracted/short attention span leading to repeatedly poor task completion.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| My impatient/impulsive behaviors lead to repeatedly poor task completion.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I am unaware of negative consequences of decisions resulting in repeated poor task completion or job loss.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Self Care Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I need assistance from others to perform personal hygiene functions.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need reinforcement or reminders to maintain appropriate personal hygiene.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need assistance to dress myself. **Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need assistance to feed myself.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need assistance to comply with meds/treatment.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need assistance to handle money or budgeting.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I require attendant care, assistive technology, or other devices for self-care.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I cannot live independently without supports.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Interpersonal Skills Category:**Due to my disability… | **Pre-Rating** | **Post- Rating** |
| My significant social withdrawal has resulted in inability to prepare for or succeed in work. **Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have poor relationships, inappropriate behaviors, or frequent conflicts with peers, co-workers, supervisors, and others leading to inability to prepare for or succeed in work.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have difficulty interpreting and responding appropriately to behavior/communication of others or fails to understand obvious social cues.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I do not understand acceptable levels and types of interaction appropriate to worksite.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I require frequent intervention from a teacher or supervisor in order to manage behavior.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| My personal behaviors have led to frequent legal problems.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| My disability or related behavior causes others to avoid relationships or interactions.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Communication Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I have severely impaired expressive or receptive communication, either oral or written.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need speech, reading, sign language, or other visual cues to effectively communicate.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I am dependent upon adaptive technology to communicate effectively.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have difficulty engaging in telephone conversations even with amplification.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I am not readily understood by others on first contact.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Work Tolerance Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I need modifications, adaptive technology and/or accommodations (not typically made for others) to perform duties.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I have difficulty performing at a consistent pace as required to meet production/quality standards. **Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need frequent breaks to compose and organize self in order to maintain work.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I cannot tolerate sitting/standing/bending/reaching to do a job which others.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

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| **Work Skills Category:**Due to my disability… | **Pre- Rating** | **Post- Rating** |
| I need significantly more support or supervision to learn and perform a job than normally required of persons of equivalent age, education, training, or experience.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I need rehabilitation technology, accommodations, or modifications to learn work skills.**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |
| I exhibit poor work habits resulting in a history of job loss (problems with attendance, timeliness, following instructions, etc.).**Frequency:** [ ]  **Rarely -** [ ]  **Sometimes -** [ ]  **Often -** [ ]  **Regularly**  | Choose an item. | Choose an item. |

**Division of Rehabilitative Services**

**COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan**

**Participant:** Click or tap here to enter text. **PID#:** Click or tap here to enter text.

**PLAN**

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| **Functional Limitation:** Click or tap here to enter text. |
| Needs:  | Desired Outcomes: | Interventions: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Final Outcome:** Click or tap here to enter text.

**Plan for Sustaining Skill: ­­­­**­­­­­­­­­­­­Click or tap here to enter text.

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| **Functional Limitation:** Click or tap here to enter text. |
| Needs: | Desired Outcomes: | Interventions: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Final Outcome:** Click or tap here to enter text.

**Plan for Sustaining Skill:** Click or tap here to enter text.

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| Needs: | Desired Outcomes: | Interventions: |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Final Outcome:** Click or tap here to enter text.

**Plan for Sustaining Skill:** Click or tap here to enter text.

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| **Provider Name** | Click or tap here to enter text. |
| **Employment Specialist Name** | Click or tap here to enter text. |
| **Date of Pre-Rating** | Click or tap here to enter text. |
| **Date of Post Rating** | Click or tap here to enter text. |

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| **Name of Person Completing Report** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |