**Compilation of Work Group Assessment Data**

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| **Self Determination** |
| **High Level Markers** | **Exploratory Questions** |
| Do you need help with decision making? Do you need help making choices?Do you communicate/advocate for yourself or do you need help with that?Are you able to identify what’s important to you and important for you? Are you living the life you want to live?Do you know if you are being treated badly? Do you want to participate in training your staff? | If you need help with decisions, what kind of decisions do you need help with? Who could help you make those decisions? What information do you need and where do you get it? * If no, tell me about a decision you made that you feel was a good example. Tell me about a decision that was a bad decision.

Are there areas you would like to make choices where you don’t currently get too?How do you communicate? (sign, device, speak)If yes, tell me about a time you spoke up for yourself.* If no, do you have someone who helps advocate for you? If so, who?
* If not, what are the barriers? Decisions not consistent with goal?
* Who could you contact if you are?
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| **Optional Information** |
| **Team Instruction**Give scenario applicable to person’s life | **Training Issues** |
| **Service Needs**Person, Time, Tools Education |

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| **Personal Development** |
| **High Level Markers** | **Exploratory Questions** |
| Learning how to accept feedback/instructionTaking courses/training/instructionWhat areas are important to me to grow in and what areas are important for me?What have your accomplishments been this past year? Are you happy with them?What are your goals? Hopes? Dreams? (In Emotional Well-Being)Timelines? (Broad exploring)Learning personal safety skillsImportant things to know about meLearning and using problem solving strategies | How do you want to receive feedback? (job performance, social interactions)How do you learn best? What supports do you need in order to participate in courses/training/instruction?What tools/supports do you need to grow?Is there anything you want to learn how to do?Is there anything you want to be independent in doing? What are your talents/what are you good at? |
| **Optional information** |
| **Team Instruction**When looking at this section, be sure to consider all areas of assessment.  | **Training Issues** |
| **Service Needs** |

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| **Communication** |
| **High Level Markers**  | **Exploratory Questions** |
| Life and Current Living ArrangementPre-employment and/or workEmployment related skillsEmployment related preferencesSchool and Lifelong learningCommunity and Social LifeRelationship mapRelationships* Characteristics of people who best support
* Health & Wellness
* Financial Life
* Protection & Advocacy
* Cultural Considerations
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| **Optional Information** |
| **Team Instruction** | **Training Issues** |
| **Service Needs** |

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| **Emotional Well-Being** |
| **High Level Markers**  | **Exploratory Questions** |
| Are you happy/satisfied with your life? What are your gifts/talents?What are your hopes and dreams? (In Personal Development)What does a good day look like? What does a bad day look like? Is there anything you worry about?Do you feel safe and secure? (reference question in Rights)Is there a history of trauma?  | How do you deal with bad days?Is there anything you need?Who/What helps you when you have a bad day?How will we know that you are having a bad day? |
| **Optional Information** |
| **Team Instruction** | **Training Issues** |
| **Service Needs** |

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| **Physical Well-being** |
| **High Level Markers**  | **Exploratory Questions** |
| Are there any physical/health conditions/concerns we need to know to best provider support? | Yes: What are those conditions/concerns?Are there any health risks? (dehydration, constipation, allergies, etc.) OT/PT/Speech? Other assessments (topical, g-tube, etc.)Any mobility issues/concerns? Transfers & position? Frequent hospitalizations? Why? |
| Is there anything we need to know about your food? | Likes/dislikes?Texture preferences?Swallowing issues?Choking risks?How to best support?  |
| Are you able to communicate when we are not feeling well?  | What does not feeling well look like for you?What ways can we help you to communicate?  |
| Do you need support with medical appointments? | What support do you need during the appointment? Communication? Understanding?Do you need help making the appointment?Do you need transportation to and from?Do you need help with the follow-up? |
| Do you require support when taking medication? | Med assessment (needs to include tech)Obtaining medsCalling in prescriptions |
| Are you interested in learning more about bettering your health? | Smoking? Healthy eating? Exercise? |
| Do you have a DNR? Living Will? Power of Attorney?  | Would you like more information on the documents and how to obtain?Do you need assistance obtaining one? |
| Do you need support getting ready for the day? | Showering?Can you brush your hair?Level of Care questions.How can these services be best provided?  |
| Do you need help maintain your household?  | Laundry?Cleaning?Pest control? (Bed bugs, roaches, mice, etc.)Cooling?Maintenance? |
| Do you know what to do in an emergency?  | Fire?Tornado?Strangers/crime?Power outage?Car accident? |
| **Optional Information** |
| **Team Instruction** | **Training Issues** |
| **Service Needs** |

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| **Community Employment** |
| **High Level Markers**  | **Exploratory Questions** |
| Do you have a job?  | What is your job?Do you like it?Do you make enough money?Do you want a different job? |
| Do you want a job? | Tell me about any paid/unpaid work experience? (Type/location/support)Do you prefer working alone, with 1 person, small group, large group?When do you feel most independent?How do you learn best?What type of work environment do you prefer? (Hot/cold, dark/light, early/late, noisy/quiet) |
| **Optional Information** |
| **Team Instruction** | **Training Issues** |
| **Service Needs** |

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| **Social Inclusion*****(People, Places, Things)*** |
| **High Level Markers**  | **Exploratory Questions** |
| Tell me about the people in your life… | How is that going? Is there anything you need help with or that you want to work on?  |
| Tell me about the places you go… | How is that going? Is there anything that you need help with that you want to work on? |
| Tell me about the things you do… | How is that going?Is there anything you need help with or want to work on? |
| People | Who do you like spending time with? (Weekends, weekdays)What activities do you do with friends?How often?What is working/not working? |
| Things | What routines, rituals, and traditions do you have? |
| Places | Do you belong to any clubs, groups, or organizations?Do you feel welcome there?When do you go and how often?How do you get there?  |
| **Optional Information** |
| **Team Instruction** | **Training Issues** |
| **Service Needs** |

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| **Interpersonal Relationships** |
| **High Level Markers**  | **Exploratory Questions** |
| (Social Contacts, Relationships, and Emotional Support) Who is important to you? Favorite person or people?Do you visit with family and friends? Are you part of any groups? (Volunteering, community, religious)How/where do you meet people? Do you “talk” to people through social media?How do you communicate with friends/family?Are you dating/in a relationship? (Marital status)Do you have privacy/opportunity for intimacy? What does intimacy mean to you?What is a safe relationship? When do you feel safe in a relationship?Differences b/w relationships: Friend/co-worker, Supervisor? | Are there things that get in the way of you having relationships – behavior, transportation, making friends?Is the person interested in dating/intimacy?Does the person need dating/sex education?Is the person limited in how they develop or maintain relationships? (Restrictions, court orders, registry requirements) known/likely risks?Does the person need/want help using social media? How do they use it? Safety skills?Do you do any activities with co-workers after hours?Does person know what’s available to meet people in your community?What do you do when you disagree with someone?Have you had a big change in a relationship? (Big loss, big fight, parting of ways)?Do you have a favorite person? * Why is this your favorite?
* What do you like about them?
* What do you do together?
* How did you meet?
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| **Optional Information** |
| **Team Instruction** | **Training Issues**Be sure to record the name of the informant. |
| **Service Needs** |

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| **Rights** |  |
| **High Level Markers** | **Exploratory Questions** |
| Do you know your rights? Are supports needed in this area to help person know/advocate for his/her rights?Does this person need support making decisions/advocating for him/herself?Is the person under 18?Does this person have a guardian?Does this person have interest in being actively involved in voting, government activism, etc.?Does the person need support or know what to do if his/her rights are being violated?Does the person know what to do or need support to respond when they disagree with a decision that impacts him/her?Does the person demonstrate respect for the rights of others?Does this person have restrictions in his/her plan?Are there areas where this person is at risk for their rights being violated?Informed consent | How does person demonstrate an understanding of his/her rights? If the person doesn’t understand all of his/her rights, which rights do they not understand?Is there evidence that the person doesn’t understand his/her rights (MUIs/trends and patterns/history re: manipulation or being taken advantage of)?How does the person demonstrate their like/dislike or approval/disapproval of things?How does the person participate in meetings and decisions that impact them?Does this person need help to understand/prepare for additional rights as an adult? Consider things like bedtimes, social media access, and privacy regarding health issues etc. – things that may have been limited previously because they were a child but are not limited anymore? Does the person understand consequences and responsibilities associated with being an adult (law enforcement, etc)?Does the person understand the type of guardian s/he has? Do they need information about the role of a guardian?Does this person understand how guardianship impacts his/her rights and does not impact them (as applicable)? Does the person demonstrate an ability to advocate for him/herself to their guardian?What support does the person need to be involved in voting/government activism?What services/community resources/etc. does the person want? Does he/she access them or need help to access them?Do you ever feel forced to do something you do not want to do? How do you respond?Does the person respect personal boundaries? Do they recognize that their rights should not negatively impact the rights of others (coworkers, housemates etc.)? What support does the person need to understand these issues and demonstrate respect for others rights?Are these approved by HRC? What is the risk that prompted the restriction? Does the person understand the reason/risk that prompted the restriction? Does the person understand the plan to decrease the restriction?Example – if the person’s finances do not allow for as much access to some activities/items that are important TO the person, will the team need to consider rights restrictions in order to help them with other areas that are important FOR them (i.e., paying rent)?Is the person able to identify risks and benefits of various services and provide informed consent? Does the person have a support person to help/him her with decisions or understanding complex information? Does the person need a support in this area? |
| **Additional Information** |
| **Instructions** | **Training Issues** |
| Exploratory questions – these are things to “prime” the discussion that informs the high level areas. The SSA/QIDP should use a variety of discovery tools to get the information for the exploratory questions, and helps determine the level of support/service needed. | Is there conflict between what is important TO the person and what is important FOR the person? If so how does the person respond to/navigate these challenges with the team?How do you support someone to be involved in voting/government/issues without influencing them? |
| **Services:** Services are driven by the assessment questions. For example, the assessment indicates the person WANTS to be involved in voting but is not able to and identifies the type of support needed – and this drives the service in this area. The assessment questions that indicate there is a NEED should somehow be linked to the service section. |

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| **Material Well-Being** |
| **High Level Markers** | **Exploratory Questions** |
| Do you receive any benefits? | SSI, SSDI, Trust Fund, Food Assistance, Medicaid, Medicare – How much?Do you have a payee for your SSI, SSDI? Who?Do you have a STABLE account? Do you need one? Do you have rental assistance?If you have community employment, do you have assistance reporting wages?If no, do you need assistance? Do you have an authorized rep for ODJFS? |
| Are your needs met with the money you receive?  | Are your bills paid on time? Do you need help managing non SSI/SSDI money?How much money are you comfortable carrying on you?Do you need help with a budget?Do you need help filing taxes? Do you need a benefits analysis? |
| Is there anything you would like to change about your current living situation? | Do you feel safe where you live?Do you like where you live?Do you need any home mods? |
| Do you have the things you need?  | Access to personal belongings?Any tech needed that would better your life?Do you need an inventory of your items?Any items needed? (Clothes, furniture, etc.) |
| Do you understand how to use your money as a consumer?  | Are you able to return items?Do you know about credit reports? |
| **Optional Information** |
| **Instructions** | **Training Issues** |
| **Service Needs:** |  |

**Data Points**

1. Does the question makes sense to the SSA/QIDP?
2. Did the Team understand the question or did you have to say it another way?
3. Did you have to reword questions a lot?
4. Did the questions help get at any risks?
5. Did the question lead to discussion? Based on discussion, did people seem to understand the question and did you get the information you needed?
6. Did these questions lead to the development of ISP services and supports and desired outcomes?
7. Did we miss anything we should be asking (common themes that came up, but weren’t address?
8. Applicable to all populations (age, diagnosis, funding)
9. Comfort of individual giving information
10. Feedback from individual
11. Info gathered to plan good outcomes and supports
12. Any questions difficult to answer
13. Too long?
14. Too short?
15. Missing any questions?

Rate 1 – 5

1. Ease of use
2. Length/#of questions
3. Did providers/individuals have feedback?