

This form is a template, add additional space as needed.

For H&W use only Date Received:

COMPREHENSIVE IBI ASSESSMENT

Name:		Date of Birth:	MID#:
Region:	DDA:		
Assessor(s):		Date(s) of Assessment:	
DDA Address:			
List each person living with & relationship to participant: <i>(add additional lines as necessary)</i>			
1.	; relationship:	2.	; relationship:
3.	; relationship:	4.	; relationship:
5.	; relationship:	6.	; relationship:

I. ASSESSMENTS AND RELEVANT HISTORIES

COMPREHENSIVE DEVELOPMENTAL ASSESSMENT

Evaluator:	Date of Report(s):
Name of Assessment:	
Summary of the assessment (include scores, strengths and needs):	

MEDICAL

1. Health care practitioner: <i>(Repeat if multiple practitioners.)</i>	Date of Report:
Diagnosis given:	

- ◆ **Current Medication(s):**
- ◆ **Medications discontinued over last 6 months:**
- ◆ **Describe potential for medication to affect behavior:**
- ◆ **Vision status:**
- ◆ **Hearing status:**

(Vision and hearing screens must be completed if they have not been done recently. Include exam if vision and/or hearing loss indicated.)

- ◆ **How does medical or physical condition affect behavior and/or learning?**
- ◆ **How will the information provided above impact the plan you will write for this participant?**

Summary:

CURRENT SOCIAL HISTORY *(completed within one year)*

Evaluator:	Date of Evaluation:
◆ Age of onset of developmental disability:	
◆ Family strengths, resources, and barriers:	

Summary:

SIB-R MALADAPTIVE INDEX							
Evaluator:				Date of Evaluation:			
Respondent:				Maladaptive Index Score:			
Description of the participant's maladaptive behaviors:							
EDUCATIONAL AND/OR INFANT/TODDLER RECORDS							
<p>Dates and summary of records, including IFSP, IEP, evaluations, and recommendations: <i>(attach copy of most current IEP, IFSP or other behavioral plan, if one exists)</i></p> <p>If participant is on an IEP or an alternative educational support plan, how will this information affect the plan?</p>							
SPECIFIC SKILL ASSESSMENT <i>(when available)</i> criteria at IDAPA 16.04.11.605							
Assessment:				Date of Assessment:			
Assessor:			Results:				
Participant's strengths and weaknesses:							
COMMUNICATION MODE AND FUNCTION							
Communication Diagnoses: (e.g., auditory processing disorder, apraxia, dysarthria, etc...)							
Receptive Language Age-Equivalency:				Expressive Language Age-Equivalency:			
Indicate below how participant expresses each of the communicative functions on the right.	Communicative Functions						
	Request Attention	Request Help	Request preferred food, objects, or activities	Request Break	Show you something or some place	Indicate Pain	Protest or Reject
Complex Speech Sentences							
Multiple Word Phrases							
One Word Phrases							
Echolalia							
Vocalizations							
Complex Signs							
Single Signs							
Point							
Lead							
Shake Head							
Grab/Reach							
Give Objects							
Increased Movement							
Moves close to you							
Moves away or leaves							
Fixed gaze							
Facial expression							

Aggression							
Self-injury							
Other							

How will this information affect the plan you will write for this participant?

Are assistive and/or augmentative communication devices being used? Describe:

PSYCHOLOGICAL AND/OR PSYCHOMETRIC ASSESSMENTS by licensed Psychologist (if available)

Evaluator: <i>(Repeat if necessary)</i>	Test Instrument:	Date of Evaluation:
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Summary:

MENTAL HEALTH OR SOCIAL AND EMOTIONAL ASSESSMENT (if available)

Evaluator: <i>(Repeat if necessary)</i>	Test Instrument:	Date of Evaluation:
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Summary:

OTHER RELEVANT ASSESSMENTS

Assessment instrument(s):	Date(s) of assessments:
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Summary:

SUMMARY ANALYSIS OF ASSESSMENTS AND HISTORIES

II. INTERVIEWS

PARTICIPANT INTERVIEW (allow participant to identify his or her own problem behaviors as s/he sees them)

Participant cannot be interviewed. Explanation:

Question for :

“What are the things you do that get you in trouble or are a problem?” *(list)*

- 1.
- 2.
- 3.

Problem Behavior 1 (repeat for additional problem behaviors)

- ◆ When is this most likely or least likely to occur?
- ◆ With whom is it more likely and least likely to occur?
- ◆ Where is it most likely and least likely to occur?
- ◆ When are you most likely to do this?
- ◆ Why do you do it?
- ◆ What happens before (behavior) that make you feel you need to (behavior)?
- ◆ What would happen if you were:
 1. asked do something really hard?

2. interrupted while you are doing something you really like?
3. told without any warning that your plans for the day were going to be different?
4. told you couldn't have something you really wanted?
5. left alone for a while?

◆ What do you get when you (behavior)?

(functional hypothesis: what does person get or avoid)

- ◆ What are things people could do that would help you not do (behavior)?
- ◆ What are things people should avoid doing that would help you to not (behavior)?
- ◆ What would you like to get if you have good behavior?

PARENT OR LEGAL GUARDIAN INTERVIEW

Name:

Relationship to the Participant:

Daily Routines:

◆ Describe typical day:

◆ Sleep habits:

1. Awake:
2. Bed time:

If inconsistent, what is range:

3. Apnea? How often up during night?

◆ Elimination habits (*constipation, incontinence, enuresis, toilet-trained*):

◆ Dietary routines:

1. Meal times:

2. Food repertory:

3. Supplements:

◆ What would happen if you:

1. asked the person to perform a difficult task?
2. interrupted a desired activity?
3. made an unexpected change to the routine?
4. denied the person something they wanted?
5. left the person alone for a while?

List problem behaviors identified by parent or legal guardian:

Problem Behavior 1

(repeat for additional problem behaviors)

- ◆ When is the problem behavior most likely to occur?
- ◆ When is the problem behavior least likely to occur?
- ◆ Where is the problem behavior most likely to occur?
- ◆ Where is the problem behavior least likely to occur?

- ◆ With whom is the problem behavior most likely and least likely to occur?
 - ◆ What activities are most likely to produce or occur before the problem behavior?
 - ◆ What activities are least likely to produce or occur before the problem behavior?
 - ◆ Are there events or unusual or specific situations not listed that will trigger the problem behavior?
 - ◆ What is the one thing you could do that would most likely produce the problem behavior?
 - ◆ What maintains the problem behavior?
- (functional hypothesis: what does the person get or avoid)*
- ◆ What are things you could do and things you could avoid to prevent the problem behavior?
 - ◆ What are things you could do to encourage a more appropriate replacement behavior?
 - ◆ What are possible reinforcers?

OTHER SIGNIFICANT PERSON INTERVIEW

Name: _____ Relationship to the Participant: _____

Amount of time spent with the participant on a weekly/monthly basis: _____

- ◆ What would happen if you:
 1. asked the person to perform a difficult task?
 2. interrupted a desired activity?
 3. made an unexpected change to the routine?
 4. denied the person something they wanted?
 5. left the person alone for a while?

List problem behaviors identified by this person: _____

Problem Behavior 1

(repeat for additional problem behaviors)

- ◆ When is the problem behavior most and least likely to occur?
 - ◆ Where is the problem behavior most likely and least likely to occur?
 - ◆ With whom is the problem behavior most likely and least likely to occur?
 - ◆ What activities are most likely and least likely to produce or occur before the problem behavior?
 - ◆ Are there events or unusual or specific situations not listed that will trigger the problem behavior?
 - ◆ What is the one thing you could do that would most likely produce the problem behavior?
 - ◆ What maintains the problem behavior?
- (functional hypothesis: what does the person get or avoid)*
- ◆ What could you avoid to prevent the problem behavior?
 - ◆ What are things you could do to prevent the problem behavior?
 - ◆ What are possible reinforcers?

OTHER INTERVIEWS *(Insert results of additional interviews below in same format as interviews above)*

SUMMARY OF INTERVIEWS

OBSERVATIONS

Environment A *(Repeat for each environment in which participant spends time (lettering A, B, C...) Repeat for separate observations within same environment (numbering 1,2,3) then summarize.*

Observation 1 in this environment

- ◆ Where was the observation?
- ◆ Length of observation:
- ◆ Description of Environment:
- ◆ Who was present?
- ◆ What time of day was it?
- ◆ What day of week was it?
- ◆ What were participant's activities (and interactions) during hour preceding your observation/arrival?
- ◆ Amount of time participant routinely spends in this environment: per (day,week,etc.)

Behavior 1

(repeat for additional problem behavior in this environment, numbering 1, 2, 3...)

- ◆ Description of problem behavior:
- ◆ Number of incidents of Behavior 1 during observation per unit of time: per
- ◆ Duration of incidents:
- ◆ Intensity of incidents:
- ◆ What happened before the problem behavior occurs?
- ◆ What reinforced the problem behavior?
- ◆ What is the desired behavior?
- ◆ What does the participant need to learn to do to achieve the desired behavior?
- ◆ What else could be done to increase desired behaviors?
- ◆ What helped the participant do something else that is more appropriate?
- ◆ What could be done to alleviate the problem behavior?

SUMMARY OF OBSERVATIONS

PAST INTERVENTION and STRATEGIES *Behavior is never stagnant. There will be fluctuations. Discern the following through interviews, observations, and review of records.*

- ◆ What is the history of informal or formal interventions and/or strategies?

- ◆ What interventions/strategies have improved the problem behavior?
- ◆ What interventions/strategies have not improved the problem behavior?
- ◆ What interventions/strategies have made the problem behavior worse?

III. CLINICAL OPINION

Behavior 1:

(Repeat this set of questions for each problem behavior identified)

Current level of behavior:

- ◆ List variables that may affect or cause this behavior:
- ◆ Antecedents:
- ◆ Reinforcers that may be helping to maintain this behavior:
- ◆ Behavioral Communicative Intent:
(What is the participant trying to gain by engaging in behavior?)
- ◆ Is there variability in the problem behavior from day to day?
If yes, list identified setting events, antecedent/Sd/triggers that precede or predict the problem behavior.
- ◆ What are possible functionally equivalent replacement behaviors to accomplish the same outcome?
Current level of replacement behavior:
- ◆ What are possible functional skills that will accomplish the same outcome?
Current level of replacement skill:
- ◆ List all possible natural reinforcers that are motivating for this participant:
- ◆ List all possible contrived reinforcers that are motivating for this participant:
- ◆ List possible reinforcers to be added:
Support for all chosen reinforcers must be included.
- ◆ List potential strategies to prevent problem behavior:

Summary of Clinical Opinion:

COLLABORATION AND COORDINATION

1. How will IBI therapist collaborate and coordinate services with all other treatment providers?
2. How will other professionals and caregivers be provided with IBI consultation to ensure successful integration and transition?
3. Is the current setting for IBI the Least Restrictive Environment? Why?
4. Recommendations of IBI Professional for other evaluations:
5. Types and amounts of recommended IBI:

Therapy:

Consultation:

MISCELLANEOUS INFORMATION	
_____ Signature of IBI Professional	_____ Date