



Organization Name:		Program Name:			Date:				
Individual's Name (First MI Last):			Record #:		DOB:				
Admission Date:			Assessment Date:						
Functional Assessment Update: Yes <input type="checkbox"/> or No <input type="checkbox"/> (Complete an update if there is a change in the functional needs and check Yes. Complete only those functional areas that were not indicated on the previous assessments and complete the recommendation/signature page only. If No is checked, complete full assessment and complete entire document).									
Response 1=Does not accomplish 2=Does accomplish but requires consistent staff guidance/supervision to accomplish 3=Does accomplish with minimal staff assistance 4=Does accomplish independently N/A =Not Applicable									
Daily Living Skills					1	2	3	4	NA
(Skills and capabilities to maintain primary activities of daily life needed by one to live in his/her goal environment)									
Personal Hygiene/Grooming									
Youth is able to shower/wash daily using appropriate hygiene products					<input type="checkbox"/>				
Youth is able to dress appropriately for weather and season					<input type="checkbox"/>				
Youth wears clothes that are not wrinkled or soiled and changes clothes daily					<input type="checkbox"/>				
Laundry									
Youth is able to sort clothing					<input type="checkbox"/>				
Youth uses cleaning agent/uses appliances correctly					<input type="checkbox"/>				
Youth dries clothes at appropriate temperature/ use of appliance correctly					<input type="checkbox"/>				
Youth can hang/fold clothing and put away properly					<input type="checkbox"/>				
Youth is able to follow through and stay on task until completion					<input type="checkbox"/>				
Maintaining Living Environment									
Youth makes bed daily					<input type="checkbox"/>				
Youth picks up clutter and organizes bedroom daily					<input type="checkbox"/>				
Youth changes sheets weekly					<input type="checkbox"/>				
Youth can dust/vacuum and clean bedroom area appropriately					<input type="checkbox"/>				
Youth completes household chores and uses the appropriate cleaning products					<input type="checkbox"/>				
Money Management/Budgeting									
Youth can locate bank and uses the appropriate deposit and withdrawal forms, etc.					<input type="checkbox"/>				
Youth can balance account; maintains \$100 in account; counts money					<input type="checkbox"/>				
Youth can budget money for leisure activities					<input type="checkbox"/>				
Youth can determine the difference between "Needs" and "Wants"					<input type="checkbox"/>				
Youth requests when in need of clothing, hygiene products, under garments, etc.					<input type="checkbox"/>				
Youth can create a budget					<input type="checkbox"/>				
Food Preparation/Appliance Use									
Youth can create a complete one day menu (including breakfast, lunch and dinner)					<input type="checkbox"/>				
Youth can read/follow cooking directions					<input type="checkbox"/>				
Youth can prepare by washing hands, clearing a work space, wearing gloves					<input type="checkbox"/>				
Youth can prepare simple meals					<input type="checkbox"/>				
Youth can plan and cook nutritional meals					<input type="checkbox"/>				
Youth uses appliances safely					<input type="checkbox"/>				
Comments:									



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Education	1	2	3	4	NA	
Youth attends school on a regular basis	<input type="checkbox"/>					
Youth completes assignments	<input type="checkbox"/>					
Youth is scheduled to graduate on time	<input type="checkbox"/>					
Youth can function appropriately in current school placement	<input type="checkbox"/>					
Youth can pursue educational opportunities	<input type="checkbox"/>					
Youth can follow instructions	<input type="checkbox"/>					
Comments:						
Independent Living Skills						
(Identification of skills and community supports necessary for independent living)						
1	2	3	4	NA		
Travel Training						
Youth can read bus/train schedules, make appropriate phone calls or check website	<input type="checkbox"/>					
Youth can familiarize self with a map	<input type="checkbox"/>					
Youth can maintain round trip fare	<input type="checkbox"/>					
Youth can travel using public transportation (bus/train)	<input type="checkbox"/>					
Employment						
Youth can write a resume	<input type="checkbox"/>					
Youth has job interviewing skills	<input type="checkbox"/>					
Youth can fill out a job application	<input type="checkbox"/>					
Youth can search, secure and maintain a job	<input type="checkbox"/>					
Responsibilities in the Community						
Youth displays age appropriate behaviors within the community	<input type="checkbox"/>					
Youth utilizes community resources	<input type="checkbox"/>					
Youth can access positive supports	<input type="checkbox"/>					
Comments:						
Health Management						
(Awareness of one's physical health status, resources to maintain physical health, maintaining regular medical and dental appointments and basic knowledge of proper nutritional habits, first aid and other health issues)						
1	2	3	4	NA		
Youth has knowledge of basic body and health, nutritional habits, exercise, physical health	<input type="checkbox"/>					
Youth understands the dangers of substance abuse	<input type="checkbox"/>					
Youth understands safe-sex practices (HIV/AIDS), family planning	<input type="checkbox"/>					
Youth attends regular medical appointments (dental, medical annually)	<input type="checkbox"/>					
Youth attends clinical appointments	<input type="checkbox"/>					
Youth is able to display age appropriate sexual behavior	<input type="checkbox"/>					
Comments:						



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Medication Management		1	2	3	4	NA
(Knowledge of the purpose and effect of medication(s), storage and ability to self-medicate)						
Youth takes medication as prescribed		<input type="checkbox"/>				
Youth understands the reasons medication is prescribed		<input type="checkbox"/>				
Youth understands role of medication and recognizes side effects		<input type="checkbox"/>				
Youth knows medication name, time and dosage		<input type="checkbox"/>				
Youth understands the negative effects of combining various medications and/or illicit drugs		<input type="checkbox"/>				
Youth participates in medication training		<input type="checkbox"/>				
Comments:						
Medication Monitoring						
Youth will come independently to take prescribed medication		<input type="checkbox"/>				
Youth consults and discusses with therapist/staff about medication issues, i.e., desire to decrease/increase medication		<input type="checkbox"/>				
Youth is able to order medication independently/arrange for renewals of prescriptions		<input type="checkbox"/>				
Comments:						
Family Relationships/Support		1	2	3	4	NA
(Skills needed to successfully be discharged to a living environment and form relationships with family members)						
Youth can maintain appropriate family relationships		<input type="checkbox"/>				
Youth is motivated to work on rebuilding relationships with family members		<input type="checkbox"/>				
Youth is able to compromise and develop realistic structure, rules and expectations at home		<input type="checkbox"/>				
Youth is able to accept authority from authority figures (parent, guardian)		<input type="checkbox"/>				
Youth is able to interact and display age appropriate behaviors at home		<input type="checkbox"/>				
Youth is able to develop an appropriate discharge plan		<input type="checkbox"/>				
Youth is able to develop and implement a safety plan		<input type="checkbox"/>				
Comments:						
Socialization		1	2	3	4	NA
(Activities which are intended to diminish tendencies towards isolation and withdrawal))						
Youth seeks out leisure activities alone or with others		<input type="checkbox"/>				
Youth participates/engages in organized social activities for a reasonable amount of time		<input type="checkbox"/>				
Youth greets people when entering or leaving		<input type="checkbox"/>				
Youth displays appropriate social behaviors, respects self or others, communicates and maintains conversation and compromises		<input type="checkbox"/>				
Youth can initiate and maintain friendships/appropriate peer supports		<input type="checkbox"/>				
Youth can resist inappropriate peer pressure		<input type="checkbox"/>				
Youth can participate/pursue interests and hobbies		<input type="checkbox"/>				
Youth can identify the importance of personal space and how it affects interactions with others		<input type="checkbox"/>				
Youth can identify the benefits of increased socialization.		<input type="checkbox"/>				



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 NA=Not applicable

Counseling Services (The potential to achieve rehabilitation goals, identify impediments to goal setting and awareness of the influence of environmental stress)	1	2	3	4	NA
Youth is receptive to counseling and participates in treatment goal planning	<input type="checkbox"/>				
Youth is aware of areas of strength, needs and improvement	<input type="checkbox"/>				
Youth can identify and specify behaviors that impede goal setting and attainment	<input type="checkbox"/>				
Youth can generalize newly learned behaviors to other situations outside program structure	<input type="checkbox"/>				
Youth is able to manage daily issues and still attend to areas in his/her life	<input type="checkbox"/>				

Comments:

Behavioral Management (The capacity to manage ones behavior from everyday life situations to acute emotional stress)	1	2	3	4	NA
Youth is able to identify internal and external stressors	<input type="checkbox"/>				
Youth demonstrates anger management coping skills (aggression)	<input type="checkbox"/>				
Youth is able to demonstrate appropriate impulse control	<input type="checkbox"/>				
Youth is able to demonstrate appropriate frustration tolerance	<input type="checkbox"/>				
Youth is able to control mood swings	<input type="checkbox"/>				
Youth seeks assistance to discuss personal problems and seeks resolution	<input type="checkbox"/>				
Youth can recognize symptoms prior to exacerbation	<input type="checkbox"/>				
Youth approaches staff to verbalize symptoms	<input type="checkbox"/>				
Youth understands/develops coping strategies to deal with internal/external stressors	<input type="checkbox"/>				
Youth is able to identify depressed mood (suicidal attempts, self abuse)	<input type="checkbox"/>				
Youth is able to concentrate and follow through on tasks	<input type="checkbox"/>				

Comments:

Summary/Recommendations/Assessed Needs: List identified Needs and indicate if need is active or not by using the following categories. A-Active, ID-Individual Declined, D-Deferred, R-Referred Out (If declined/deferred/referred out, please provide rationale). Include recommended services if needs will be Active and goals/objectives will be in place.

	A	ID*	D*	R*
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Declined/Deferred/Referred Out-Provide Rationale (s). Explain why Individual declined to work on Need Area. List rationale(s) for why Need Area(s) is deferred/referred out below. N/A <input type="checkbox"/>								
Change in IAP Required: Yes <input type="checkbox"/> No <input type="checkbox"/> . (If Yes, complete the IAP Revision/Review form to record needed changes in Goal s), Objectives(s), Interventions, Services, Frequency.)								
Individual Served Signature (Optional):							Date:	
Guardian Signature (Optional):							Date:	
Completed By - Print Staff Name/Credentials:				Staff Signature:			Date:	
Supervisor - Print Name/Credentials (if needed):				Supervisor Signature (if needed):			Date:	