



Developmental Educational Assistance Program

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PASARR/MR Specialized Services Assessment

INDIVIDUAL'S NAME:

DATE OF REPORT:

PLAN DEVELOPER:

REFERRAL REASON:

MEDICAL STATUS:

List of Medical Problems:

Impact of Medical Problems on Independent Functioning:

Current Medications:

Response to Current Medications:

Ability to Self-Monitor Health and Nutrition Status, Self Administrating and/or Scheduling of Medical Treatments:

ASSESSMENTS USED:

ASSESSMENT RESULTS:

Self-Help Development:

Sensorimotor Development:

Speech and Language Development:

Social Development:

Academic/Educational Development:

Independent Living Development:

Vocational Development:

Affective Development:

Maladaptive or Inappropriate Behaviors:

SPECIALIZED SERVICE NEEDS:

1. Inability to take care of most personal care needs:
2. Inability to understand simple commands:
3. Inability to communicate basic needs and wants:
4. Inability to be employed at a productive wage level without systematic long-term supervision or support:
5. Inability to learn new skills without aggressive and consistent training:
6. Inability to apply skills learned in a training situation to other environments or settings without aggressive and consistent training:

- 7. Inability to demonstrate behavior appropriate to the time, situation or others in jeopardy to health and safety:

- 8. Demonstration of severe maladaptive behavior which places the person or others in jeopardy to health and safety:

- 9. Inability or extreme difficulty in making decisions requiring informed consent:

- 10. Presence of other skill deficits or specialized training needs which necessitates the availability of training MR personnel, 24 hours per day, to teach the person functional skills:

SPECIALIZED SERVICES RECOMMENDATIONS:

Based on the assessment information, _____

Does Does Not

require the implementation of a continuous ASpecialized Services@ program, as defined at 42 CFR, Section 435.1009.

Signed: _____ Date: _____