



Developmental Educational Assistance Program

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PASARR/MR Specialized Services Assessment

INDIVIDUAL'S NAME:

DATE OF REPORT:

PLAN DEVELOPER:

QUALIFIED MENTAL RETARDATION

PROFESSIONAL PSYCHOLOGIST (QMRP):

REFERRAL REASON:

The reason for this report is to provide a plan of treatment for the individual that has been deemed to be mentally retarded through the Qualified Mental Retardation Professional Report.

MEDICAL STATUS:

List of Medical Problems

The list of current medical problems should be listed here.

Impact of Medical Problems on Independent Functioning

The effects that the medical problems have on the individual's ability to function in a residential or employment situation should be reviewed here.

Current Medications

All the individual's current medications and their purposes should be listed here. Particular attention should be noted for the following drug groups:

- a. hypnotic;
- b. antipsychotic;
- c. mood stabilizers and antidepressants;
- d. antianxiety-sedative agents; and
- e. anti-parkinsonian agents.

Response to Current Medications

Given that the individual is taking medications, how are they accommodating his health related problems?

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

Is the individual able to consistently and safely, take his own medications or with minimal supervision? Does the person follow his diet or set up medical appoint on a preventative or on an as needed basis? Has the person's ability to take care of his medical problems affected the severity of his medical problems?

ASSESSMENTS USED:

This should be the listing of the standardized and informal assessments, including observations that were used to develop the specialized services plan.

Some examples of assessments are:

- Psychological Evaluations;
- Speech Evaluations
- Occupational Therapy Evaluations and Progress Reports;
- Physical therapy Evaluations and Progress Reports;
- Medical Evaluations;
- Client Observations;
- Staff and Family Interviews;
- Inventory for Client and Agency Planning (ICAP);
- Individual Behavior Assessment (IBA);
- Service Providers' Assessments or Entrance Criteria;
- School Records and Evaluations; and
- Past and/or current Individual Habilitation Planning (IHP) documents.

ASSESSMENT RESULTS:

Self-Help Development

Describe the strengths and weaknesses of the individual in such areas as: toileting, dressing, grooming, and eating.

Sensorimotor Development

Describe the strengths and weaknesses of the individual in such areas as: ambulation, positioning, transfer skills, gross motor dexterity, eye-hand coordination, and the extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity.

Speech and Language Development

Describe the strengths and weaknesses of the individual in such areas as: expressive language (verbal and nonverbal), the extent to which non-oral communication systems can improve the individual's functional capability, auditory functioning, and the extent to which non-oral communication systems can improve the individual's functional capacity, auditory functioning, and the extent to which amplification devices (e.g., hearing aids) or a program of amplification can improve the individual's functional capacity.

Social Development

Describe the strengths and weaknesses in such areas as: interpersonal skills, recreation/ leisure skills, and relationships with others.

Academic/Educational Development

Describe the strengths and weaknesses, including functional learning skills.

Independent Living Development

Describe the strengths and weaknesses in such areas as: meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bed making, care of clothing, and orientations skills (for individuals with visual impairments).

Vocational Development

Describe the strengths and weaknesses, including present vocational skills.

Affective Development

Describe the strengths and weaknesses in such areas as: interests, and skills involved with expressing emotions, making judgments, and making independent decisions.

Maladaptive or Inappropriate Behaviors

Describe the presence of identifiable behaviors of the individual, based on systematic observation (including, but not limited to), the frequency and intensity of identified maladaptive or inappropriate behaviors. Describe any past and/or current treatment plans to decrease these behaviors.

SPECIALIZED SERVICE NEEDS:

For this section the following should be specifically stated and addressed:

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:

This section should be a narrative that describes the treatment options that would be appropriate for the individual, regardless to whether the resources are presently available.

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: _____ Dated: _____

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