## Client name

## IJP Recommendations Worksheet

Recommendations regarding resources available to the individual should be identified, clearly organized, and an integration of the CJS and community–based services. The least-restrictive, most effective services should be recommended for implementation. Specific service providers/responsible parties should be identified for each recommendation.

The following support options should be considered (see attached flowchart for reference):

**Positive Behavior Supports**:

Are there systematic use of reinforcements or strategies that would strengthen appropriate alternative behaviors and consequences to help suppress the illegal behavior?

[ ] Yes [ ] No

What is it? Be specific.

**Counseling**

Would the individual benefit from a therapeutic effort such as one to one counseling or group therapy?

[ ] Yes [ ] No

How and why? Be specific.

Would counseling or therapy provide a level of service or support that is not currently being met in the individual’s life?

[ ] Yes [ ] No

How and why? Be specific.

**Supervision/case management**

Would increased supervision or case management services assist with preventing the behavior from occurring?[ ] Yes [ ] No

How and why? Be specific.

**Community Service**

Would the option of community service (e.g. engaging in a relatively less desirable activity) serve to suppress the problem behavior?

[ ] Yes [ ] No

How and why? Be specific.

Is this a recommendation that should be made to the courts?

[ ] Yes [ ] No

Why? Be specific.

**Hospitalization**

Is there a need for inpatient psychiatric services?

[ ] Yes [ ] No

Why? Be specific.

Is there a need for out-patient or partial care services?

[ ] Yes [ ] No

Why? Be specific.

**Agency Transfer**

Would another facility be better equipped to provide more specialized treatment to address the behavior?

[ ] Yes [ ] No

Why? Be specific.

**Other treatment/training**

Is there a need for further treatment or training?

[ ] Yes [ ] No

Why? Be specific.

**Psychotropic medication management**

Are there medication management issues that need to be addressed to ensure compliance?

[ ] Yes [ ] No

Why? Be specific.

Are there any unaddressed questions about the appropriateness of medications being taken?

[ ] Yes [ ] No

Why? Be specific.

Is there a need for ongoing review by a physician?

[ ] Yes [ ] No

Why? Be specific.

**Restitution**

Is it appropriate for the individual to make some type of restitution to the victim or do some type of service for the victim?

[ ] Yes [ ] No

Why? Be specific.

**Fine**

Would the imposing of a monetary fine may have the desired impact on the individual and result in suppression of the problem?

[ ] Yes [ ] No

Why? Be specific.

**Probation**

If probation is imposed by the court, are there any recommendations regarding the level of supervision?

[ ] Yes [ ] No

What? Be specific.

**Incarceration**

If incarceration is court-ordered, are there any risks or services that are needed to ensure the safety and well-being of the individual?

[ ] Yes [ ] No

What? Be specific.

Are there any disability-related accommodations that are needed during a period of incarceration?

[ ] Yes [ ] No

What? Be specific.

Are there any alternatives that should be presented to the court in lieu of incarceration?

[ ] Yes [ ] No

What? Be specific.

Are there any other recommendations that should be considered as part of this IJP?

[ ] Yes [ ] No

What? Be specific.

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Signature of Assessor Date