

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

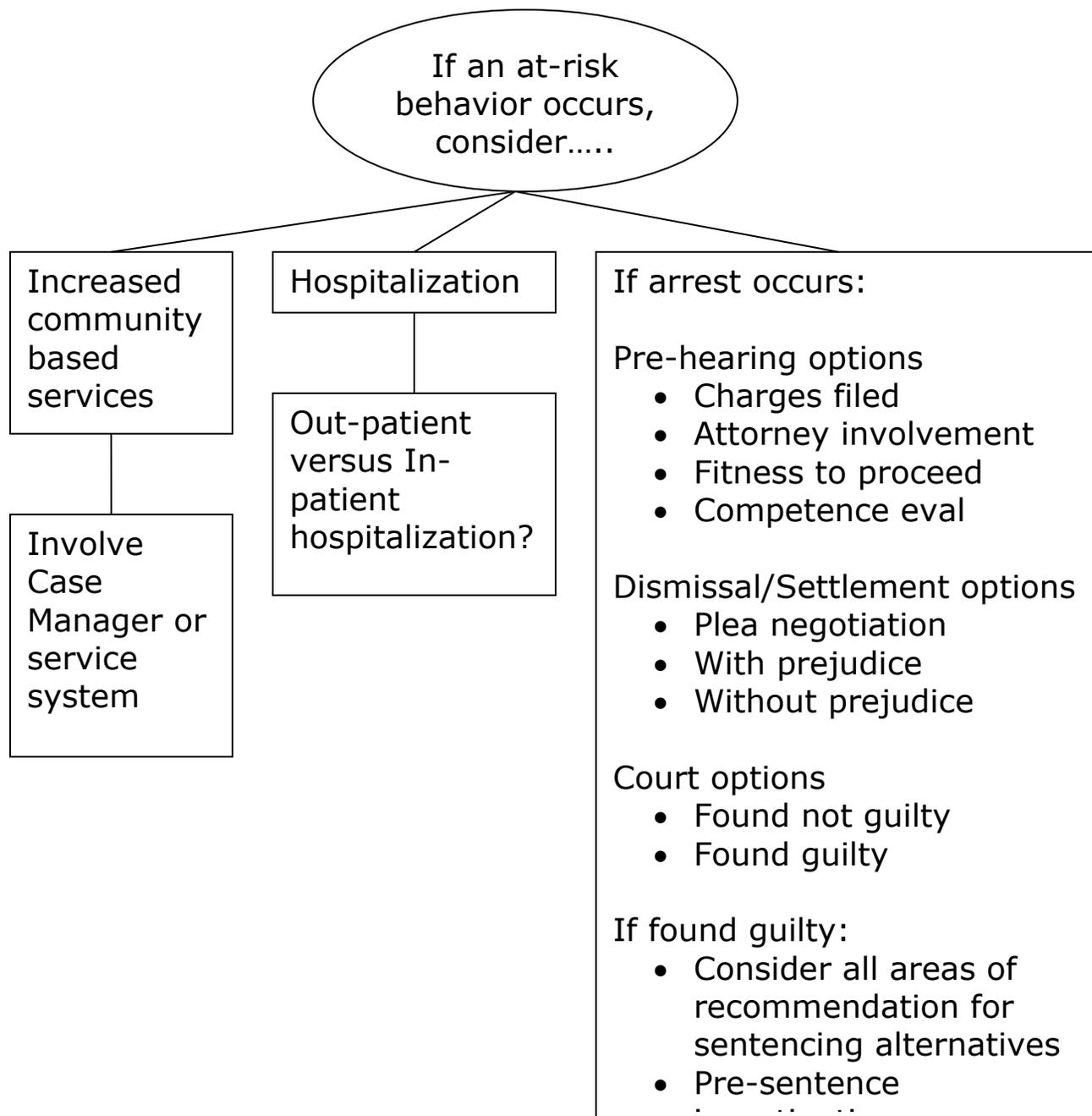
What? Be specific.

Signature of Assessor

Date

Recommendations for an IJP

The following decision process may assist with organizing recommendations relative to this section of an IJP:



Throughout this process, it is important to understand the nature of an individual's disability and what specific supports and services are needed.