## Client name

## IJP Assessment Worksheet

The following domains of the individual’s life should be examined to determine how they contribute to the problem or potential solutions. Note: If the answer is yes, information included should be provided to identify specifics of the situation.

**Residential**

Does the current residential environment have an impact on the behavior? [ ] Yes [ ] No

How and why? Be specific.

Does the current setting meet the individual’s needs in terms of the presenting behavior? [ ] Yes [ ] No

How and why? Be specific.

Would a change in living environment be appropriate/recommended?

[ ] Yes [ ] No

Why? Be specific.

**Vocational**

Does the individual’s current job situation contribute to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Does it provide a source of stability and structure for the individual?

[ ] Yes [ ] No

How and why? Be specific.

Can the behavior be controlled in this setting?

[ ] Yes [ ] No

How? Be specific.

**Education/Training**

Does this individual have skill deficits (e.g., social skills, learning deficits, communication) that contribute to the presenting behavior?

[ ] Yes [ ] No

What are they and how do they contribute? Be specific.

What, if any, further education/training might eliminate the behavior?

Be specific.

**Medical**

Do medical needs or physical disabilities contribute to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Are there needs in this area that are unmet and may contribute to the behavior?

[ ] Yes [ ] No

What are they? Be specific.

Are medications taken and at proper dosage?

[ ] Yes [ ] No

Details if needed.

**Mental/Behavioral Health**

Does the individual have a mental illness that contributes to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Does the individual have coping deficits that impact the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Are services needed/appropriate to assist the individual?

[ ] Yes [ ] No

Why? Be specific.

Are psychotropic medications taken and at proper dosage?

[ ] Yes [ ] No

Details if needed.

**Financial**

Does the individual manage his/her own money?

[ ] Yes [ ] No

Details.

Is the behavior related to lack of funds or to mismanagement of money?

[ ] Yes [ ] No

How and why? Be specific.

Are services needed/appropriate to assist the individual?

[ ] Yes [ ] No

 Be specific.

**Social/Recreation**

Does the individual have excessive free time and/or lack of ability to organize free time that contributes to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Does the individual have friends who may encourage the behavior?

[ ] Yes [ ] No

How and why? Be specific.

What services may assist the individual in positive development of skills in this domain?

 Be specific.

**Family**

Does the individual have an active and supportive family?

[ ] Yes [ ] No

How and why? Be specific.

Do family influences contribute to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Can family assist in appropriate behavior development?

[ ] Yes [ ] No

How and why? Be specific.

**Identity and Cultural background**

Are there cultural factors that should be included in the assessment process?

[ ] Yes [ ] No

What are they? Be specific.

Does culture have an impact on the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Are services needed/appropriate to assist the individual?

[ ] Yes [ ] No

Be specific.

**Transportation**

How mobile is the individual?

Be specific.

Do transportation factors contribute to the behavior?

[ ] Yes [ ] No

How and why? Be specific.

Is there accessible transportation available in the community?

[ ] Yes [ ] No

How and why? Be specific.

Are services needed/appropriate to assist the individual?

[ ] Yes [ ] No

What services? Be specific.

**Advocacy**

Is the individual his/her own legal decision maker?

[ ] Yes [ ] No

Details if needed.

Is the individual able to ensure his/her rights are upheld?

[ ] Yes [ ] No

Details if needed.

Is an outside advocate needed/desired?

[ ] Yes [ ] No

Details if needed.

Is a guardian needed?

[ ] Yes [ ] No

Details if needed.

If a guardian has been appointed, is the guardian able to ensure his/her ward's rights are upheld?

[ ] Yes [ ] No

Details if needed.

**Further Assessment**

Is there further assessment or other relevant information that would assist in identifying or addressing the behavior?

[ ] Yes [ ] No

Details if needed.

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Signature of Assessor Date