

INDIVIDUAL PLAN – REPORT OF ASSESSMENTS

Name: Mary ***

Date: 1/16/08

ASSESSMENTS:

	Basic Need Assessment		Medication Skills Assessment		SLOF
	CALS		Mental Health Assessment		Speech/Hearing
X	Dental		Nutritional		VAP
	Employability Assessment		On The Job Evaluation	X	Vision
	Health & Safety		Preliminary Assessment		Vocational Evaluation
	Hospital Records		Psychological/Neuro. Psych.		Work Adjustment Training
X	ICAP		Psych. Rehab. Func. Assessment		Other:
	MCAS	X	Self Evaluation		Other:
	Medical	X	Self Preservations		Other:

NOTES ON ASSESSMENTS USED:

All assessments are current and up to date. Per Community Safety Assessment and Assessment of Home Independence, Mary may go into the community without staff (or CST) assistance and/or oversight for two hours. She may remain at her current CILA Group Home alone for up to two hours.

HEALTH AND SAFETY RISKS (ACTION TAKEN IF APPLICABLE):

There are no health and/or safety risks, nor applicable actions to be taken at the current time. CST (Community Support Team) will continue to monitor for any possible risks