1 . Not this year; 2. Occasionally (Less than once a month); 3. Monthly (About once a month); 4. Weekly (About once a week); 5. Frequently (Several times a week); 6. Daily (Once a day or more)

12. Indicate the frequency of each behavior over the last twelve months.

Has tantrums or emotional outbursts	1	2	3	4	5	6
Damages own or others! property	1	2	3	4	5	6
Physically assaults others	1	2	3	4	5	6
Disrupts others' activities	1	2	3	4	5	6
Is verbally or gesturally abusive	1	2	3	4	5	6
Is self-injurious	1	2	3	4	5	6
Teases or harasses peers	1	2	3	4	5	6
Resists supervision	1	2	3	4	5	6
Runs or wanders away	1	2	3	4	5	6
Steals	1	2	3	4	5	6
Eats inedible objects	1	2	3	4	5	6
Displays sexually Inappropriate behavior	1	2	3	4	5	6
Smears feces	1	2	3	4	5	6

13. As a result of any behavior problem(s) consider whether or not each of the following presently apply:

Y	N	Behavior problems currently prevent this individual from moving to a less restrictive setting
Y	N	Has a written behavior intervention plan
Y	N	Individual's environment must be carefully structured to avoid behavior problems
Y	N	Because of behavior problems, staff must sometimes intervene physically with individual (e.g., physically restrain individual or guide individual from room)
Y	N	Because of behavior problems, a supervised "time-out" period is needed at least once a week
Y	N	Because of behavior problems, the individual requires one-on-one supervision for many program activities

SELF-CARE/DAILY LIVING SKILLS
1. Total Support (Completely Dependent);
2. Assistance (Requires lots of hands-on-help);
3. Supervision (Requires mainly verbal prompts);
4. Independent (Starts and finishes without prompts or help)

14. As best you can, Indicate how Independently the Individual typically performs each activity:

Toileting/bowels	1	2	3	4
Toileting /bladder	1	2	3	4
Talking a shower/bath	1	2	3	4
Brushing teeth/cleaning dentures	1	2	3	4
Brushing/combing hair	1	2	3	4
Selecting clothes appropriate to weather	1	2	3	4
Putting on clothes	1	2	3	4
Undressing self	1	2	3	4
Drinking from a cup or glass	1	2	3	4
Chewing and swallowing food	1	2	3	4
Feeding self	1	2	3	4

15. As best you can, Indicate how Independently the Individual typically performs each task

Making bed	1	2	3	4
Cleaning room	1	2	3	4
Doing laundry	1	2	3	4
Using telephone	1	2	3	4
Shopping for a simple meal	1	2	3	4
Preparing foods that do not require cooking	1	2	3	4
Using stove or microwave	1	2	3	4
Crossing street in residential neighborhood	1	2	3	4
Using public transportation for a simple direct trip	1	2	**3**	4
Managing own money	1	2	3	4

Assessment Completed by

16. Last Name

First Name

Phone Number (area code)

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