

Needs Assessment/Periodic Review Tool

The following are examples of questions to ask while completing the Needs Assessment/Periodic Review. The questions are not limited to what is listed below. Further questioning is strongly encouraged.

Communication:

- What are his/her receptive and expressive language skills like?
- What is his/her mode of communication? (e.g., ASL, computers, PECS, picture books)
- Does he/she have or need a communication plan?
- Does he/she need to be encouraged to express needs, wants or desires? If so, how is he/she best encouraged?

Self-Care:

- **Bathing:**
 - Is he/she able to turn on and/or regulate water?
 - Is he/she able to use the correct amount of soap and/or shampoo?
 - Can he/she get in and out of the shower/tub independently?
- **Toileting:**
 - Will he/she verbalize the need to use the restroom?
 - Can he/she independently clean and wash after using the restroom?
- **Eating/Feeding:**
 - Is any level of supervision or assistance needed for eating, cutting food or portion control?
 - Is he/she able to serve him/herself?
- **Brushing Teeth:**
 - Can he/she apply toothpaste?
 - Will he/she independently brush teeth regularly?
- **Dressing:**
 - Are supports needed to help fasten clothing? (e.g., buttons, zippers)
 - Are supports needed to dress in clean, weather-appropriate clothing?
- **Other Areas of Hygiene:**
 - Is he/she able to shave, care for his/her nails, or comb his/her hair on his/her own?

Independent Living:

- **Transportation:**
 - Can he/she use public transportation?
 - Does he/she drive?
- **Laundry:**
 - Can he/she follow the steps of doing laundry? (e.g., measuring soap, using machines, folding and putting away)

- **Housekeeping:**
 - Can he/she make a bed, vacuum, dust, sweep, mop a floor, take out trash, or do dishes?
- **Cooking:**
 - Can he/she follow a recipe or measure ingredients?
 - Can he/she use an oven or stove top or microwave?
 - Can he/she make a shopping list and purchase items needed?
 - Can he/she use a fire extinguisher?
- **Shopping:**
 - Can he/she determine needs above wants?
 - Can he/she make appropriate choices and pick the right size?
 - Can he/she stay within a budget and pay?
- **Banking:**
 - Can he/she cash a check?
 - Can he/she make a deposit or withdrawal?
 - Can he/she balance a checkbook and develop a budget and live by it?

Work:

- Can he/she find a job on his/her own?
- Can he/she work on his/her own?
- What do supports on the job look like?

Respite:

- How often are breaks needed, and what do those breaks look like? (e.g, out of the home, in the home, days at a time or hours at a time)
- Are there any changes of need while at respite?

Parenting:

- What are the needs to maintain the home?
- What are the health and safety needs?
- What are the medical needs?
- Is he/she able to budget?
- What is his/her ability to supervise the child/children?
- Is there a risk of neglect?
- Does he/she need an advocate for his/her child at school?
- Is DCF involved?

Health Care/Medical/Mobility:

- What are his/her medical diagnoses?
- Does he/she know when an appointment is due, can he/she use the phone to make an appointment, and does he/she have his/her own transportation to his/her appointment?
- Is he/she able to self-medicate?
- Can he/she express feelings of pain or any form of discomfort?

Sleeping:

- What is his/her bed time and what time does he/she get up in the morning?
- Is he/she up at night? If so, for how long, and does he/she need supports?
- Are there any night terrors?
- Is there wandering in or out of the house?
- Does his/her sleep pattern affect the caregiver's ability to perform his/her tasks?

Behavioral/Mental Health:

- What are his/her mental health diagnoses?
- Is there aggression? If so, is it verbal or physical, what does it look like and what is the frequency of it?
- Is there property destruction or SIB's?
- How often is crisis or emergency personal utilized?
- What interventions are in place?
- Are bodily fluids used to exhibit behaviors? (e.g., fecal smearing, urination)
- Are there challenging behaviors that inhibit his/her ability to perform daily tasks?
- What are other behaviors? (e.g., fire setting, sexualized behaviors, taking things apart)

Clinical:

- What is the length of time he/she has been involved with clinical supports?
- Is there a Medicaid provider?
- What frequency of support is needed? (e.g., weekly, bi-weekly, half-hour sessions, hourly sessions)
- What are specific goals around clinical supports?