

LIFE EXPERIENCE APPRAISAL

DESK REVIEW

| | |
|-------------------------|----------------------------------|
| NAME | Click or tap here to enter text. |
| MCI # | Click or tap here to enter text. |
| DOB / AGE | Click or tap here to enter text. |
| SIS LEVEL | Click or tap here to enter text. |
| SIS GROUP | Click or tap here to enter text. |
| SIS DATE | Click or tap to enter a date. |
| ISP MEETING DATE | Click or tap here to enter text. |
| REVIEWER | Click or tap here to enter text. |
| DATE OF REVIEW | Click or tap to enter a date. |

I. PREFERENCES

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| SHORT NARRATIVE (describing the individual, include things that are important to and for) |
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| PERSONAL RELATIONSHIPS (family, significant others, etc.) |
| Click or tap here to enter text. |

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| SIGNIFICANT LIFE EVENTS (i.e.: resided in State Center, foster care, medical issues, JRS, etc.) |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |

II. SERVICES AND SUPPORTS

| | |
|--|----------------------------------|
| SUPPORT SETTINGS (describe supports required in each setting) | |
| Home | Click or tap here to enter text. |
| Day / Work | Click or tap here to enter text. |
| Community | Click or tap here to enter text. |
| Natural Supports | Click or tap here to enter text. |

| | |
|----------------------------|----------------------------------|
| MEDICAL HEALTH | |
| Diagnosis | Click or tap here to enter text. |
| Medications | Click or tap here to enter text. |
| Medical Specialists | Click or tap here to enter text. |
| Adapted Needs | Click or tap here to enter text. |

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| BEHAVIORAL (MENTAL) HEALTH | |
| Diagnosis | Click or tap here to enter text. |
| Medications | Click or tap here to enter text. |

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| OBH Supports | Psychiatrist | Choose an item. | Therapist | Choose an item. | Behav Spec | Choose an item. |
|--------------------|----------------------------------|-----------------|-----------|-----------------|------------|-----------------|
| SEEPlan | Click or tap here to enter text. | | | | | |
| Behav Support Plan | Click or tap here to enter text. | | | | | |
| Restrictive Plan | Click or tap here to enter text. | | | | | |

| Support | Yes / No | Recommendations |
|---------|-----------------|----------------------------------|
| HCQU | Choose an item. | Click or tap here to enter text. |
| DDTT | Choose an item. | Click or tap here to enter text. |

| LEGAL INVOLVEMENT | |
|-------------------------------|----------------------------------|
| Date | Describe Situation |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |

| SC MONITORING | | |
|-------------------------------|----------------------------------|----------------------------------|
| Unaddressed Needs or Concerns | | |
| Click or tap to enter a date. | Click or tap here to enter text. | |
| Click or tap to enter a date. | Click or tap here to enter text. | |
| Date | Print Issue | Resolution |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

| Service Name | Provider Name | Total Annual Units | Service Start Date | Service End Date |
|----------------------------------|----------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
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| COMMENT | Click here to enter text. |
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III. INCIDENTS

| INCIDENTS | | | |
|----------------------------------|----------------------------------|----------------------------------|------------------------------------|
| Type – Primary | Type - Secondary | # of | Summary of Corrective Action Plans |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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GRAPHS OF EXCESSIVE INCIDENTS

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| Click or tap here to enter text. |
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| INVESTIGATIONS | | |
|-------------------------------|----------------------------------|----------------------------------|
| Date | Primary Investigatory Question | Findings |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |