Washington State
Department of Social
& Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Comprehensive Functional Assessment of
Adult Training Programs

RESIDENT'S NAME	RESIDENCE
DATE OF BIRTH	DSHS NUMBER
DATE	LAST ASSESSMENT DATE

ASSESSMENT BY:	ATP ROOM NO.	TITLE

This individual has been scheduled for an annual review, or requires a full assessment. Information provided refers to changes and/or updates that have occurred since their last assessment.

Work / Activity Habits

ATP session: ☐ AM ☐ PM
Days of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Leaves area: ☐ Yes ☐ No Comments:
Independent toileting: ☐ Yes ☐ No Comments:
Dominant hand: ☐ Left ☐ Right Comments:

Will work productively for: ☐ Less than one minute ☐ 1 – 10 minutes ☐ 10 – 20 minutes
☐ 20 – 40 minutes ☐ 40 – 60 minutes ☐ More than 60 minutes

Level of Assistance Required

Using the legend below, unless otherwise specified, complete the section below. If you have questions or need clarification, contact your Supervisor or HPA / CMRN / PCC.

1..... Physical .... Individual does 0% - 24% of task by themselves. Hand over hand and verbal assistance provided to complete the task.

2..... Gestural .... Individual performs task approximately 25% - 49% by themselves. Hand over and/or verbal assist is provided. Staff assists to initiate or carry out skill.

3..... Verbal .... Individual performs approximately 50% - 74% of task by themselves. Physical prompt and/or verbal assist is provided.

4..... Independent........................ Individual performs approximately 75% - 99% of task by themselves. Only verbal assist, no physical assist is provided.

5..... Self-reliant .... Individual performs 100% of task by themselves. Does not require prompting and manages all steps in the skill.

6..... Not Applicable or N/A .... Does not apply to the individuals function in daily life or the individual has not had the opportunity to use the skill in their daily environment.

- Will get own materials........... **Choose one.**; comments:

- Will start task .... **Choose one.**; comments:

- Will work on task................... **Choose one.**; comments:

- Will finish task....................... **Choose one.**; comments:

- Will correct won errors.......... **Choose one.**; comments:

- Will start second task............ **Choose one.**; comments:

- Cleans up work area............. **Choose one.**; comments:

Classroom Summary (please see guide on last page)

From checklist and online assessments: Choice, Level of Support, and Money Management. Keep checklists in individual's Red Book.

Past Work History (please see guide on last page)

Include past classrooms, jobs, activities, etc.

Maladaptive Behaviors Displayed in Adult Training Program (please see guide on last page)

Include potential cause if possible.

Individual Interests (please see guide on last page)

List what this person would like to do (vocational or activity).

Individual Dislikes (please see guide on last page)

List what this person does not like to do (vocational or activity).

Individual Strengths (please see guide on last page)

List specific skills or assets this person possesses.

Individual Needs (please see guide on last page)

List the specific skills this person doesn't demonstrate which limits independence?

Needs Statement / Justification (please see guide on last page)

Why are they coming to AP? What is AP trying to accomplish?

Recommendations for Habilitation (please see guide on last page)

List what skills this person wants to learn or needs to learn to improve independence. From checklist and online assessments: Choice, Level of Support, and Money Management. Keep checklists in individual's Red Book.

Current Programs

Future Programs

Community Employment

SIGNATURE OF PERSON COMPLETING EVALUATION	DATE

Classroom Summary

From checklist and online assessments: Choice, Level of Support, and Money Management. Keep checklists in individual's Red Book. This is a summary of the checklist for your room, the online assessments, and how the person has been doing in your room. What tasks is the individual doing well or needs work on? At what level is the Individual doing things? Give examples. This is where you paint the picture of the individual. Assume the person reading this summary knows nothing about your Individual. Any functionally academic abilities (able to read, write, recognize numbers, letters, etc.)?

Past Work History

Include past classrooms, jobs, activities, etc. Check past assessments and give examples of work skills that the Individual has from other rooms. Example: worked in print shop punching paper and collating. Have they worked in the community? Doing what?

Maladaptive Behaviors Displayed in Adult Training Program

Include potential cause if possible. What behaviors does the individual display at work that interfere with independence? What behaviors does the individual display at work that will enhance independence that they may not show elsewhere? Do not just restate the PBSP. Are there peers they don't get along with? Please be appropriate in your wording. Example: has difficulty cooperating with peer. Instead of: starts whining and complaining every time she works with peer. Are there things we need to know, like clogs toilets / steals from peers at break, etc.)?

Individual Interests

List what this person would like to do (vocational or activity). What activities does the Individual like at work or what job in your room do they seem to like more? What things make them happy? What would they like to learn next year (ask them)?

Individual Dislikes

List what this person does not like to do (vocational or activity). What activities does the Individual not like to do at work or what job in your room do they seem to dislike? What things seem to make them more upset? Example: don't like to get hands dirty. What do they not want to learn next year (ask them)?

Individual Strengths

List specific skills or assets this person possesses. What skills do they have? A lot of this you will learn by observation. These are the skills that are helping them be as independent as possible. They can be real simple. Example: can walk long distances, can pick things up off the floor.

Individual Needs

List the specific skills this person doesn't demonstrate which limits independence? What do they need to develop to improve independence?

Needs Statement / Justification

Why are they coming to AP? What is AP trying to accomplish? Look at the big picture. Figure out how this is going to improve independence, especially around vocation. If the need is written appropriately, it will be your justification. Give a needs statement that ties vocational needs into primary need. Example: needs to learn to _____ so he / she can_____.

Recommendations for Habilitation

List what skills this person wants to learn or needs to learn to improve independence. From checklist and online assessments: Choice, Level of Support, and Money Management. Keep checklists in individual's Red Book.

Current Programs: What is the current program? Are you keeping it or starting something else?

Future Programs: List all of the things you think you might want to write a training program on for the coming year. These recommendations can come from the Checklist, On-line assessments, personal observation or Individual request. If your program is not on your recommendation list or a recommendation from another discipline (direct care, speech, psych, etc.), you can't write it without an amendment to the assessment which is more paperwork. So list several recommendations so you have more flexibility.

Community Employment: Any recommendations for community employment? What skills are necessary to further the individual's ability to gain community employment?