

Circle of Life, LLC

Form 645.B.1

Screening

| | | |
|---|------------|--------|
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date: |
| First Name: | Last Name: | D.O.B: |
| Present Address: | | |
| Telephone: () - | | |
| Support Coordinator Name: | Locality: | |
| Telephone: () - | Email: | |

Reason for request of services

Skills Checklist & Assessment of needs. Check all boxes that apply.

Communication

- Searches for sound with eyes
- Turns head toward sound
- Follows moving objects with eyes
- Listens to music
- Responds to "No"
- Nods head or smiles to express happiness
- Indicates wants by pointing or vocal noises
- Chuckles or laughs when happy
- Expresses anger by vocal noise
- Responds to directions, e.g. "please come here"
- Communicates with gestures
- Communicates with sounds
- Speaks single words
- Speaks in phrases
- Speaks in sentences
- Answers simple questions
- Asks questions
- Expresses feelings and desires
- Relates experiences
- Uses complex sentences
- Understands directions requiring a decision
- Understands directions referring to the order in which things must be done
- Understands directions containing prepositions, e.g. on, in, above, etc.
- Speech is very difficult to understand

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Speech is somewhat difficult to understand

Speech is easily understood

Socialization

Has information about others, e.g., job, address, relation to self

Shows affection to others

Is careful not to hurt self

Is careful not to hurt others

Is careful not to disturb other's belongings or damage property

Has preference for some persons over others

Does not respond to others in a socially acceptable manner

Does not participate in group activities

Interacts with others imitatively with little interaction

Interacts with others for a short period of time

Participates in group activities if encouraged

Participates in groups spontaneously and eagerly

Plays simple games with others

Cooperates and shares with others

Willingly obeys simple commands

Asks if there is something for him/her to do, e.g., chores or leisure activities

Will not engage in assigned activities

Initiates most of own activities

Mobility

Lifts head

Rolls over

Sits with support

Crawls

Pulls to stand

Stands without support

Unable to walk

Walks only with assistance

Limp or walks unsteadily

Walks with no difficulty - ambulates independently

Stands on one foot for two seconds if asked

Stands on "tip toe" for ten seconds if asked

Walks up and down stairs alone

Runs without falling

Hops, skips or jumps

Sense of Direction

Gets lost whenever he/she leave on his/her own living area

Goes around home alone

Goes around a few blocks from home without getting lost

Goes several blocks from home without getting lost

Attention

Will pay attention to purposeful activities for at least five minutes

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- Will pay attention to purposeful activities for at least 15 minutes
- Will pay attention to purposeful activities for more than 15 minutes, e.g. playing games, reading, cleaning up

- Will not engage in assisted activities
- Initiates most of own activities
- Maintains control of self even when angry
- Seeks attention in an appropriate manner

Food Preparation

- Does not prepare food at all
- Prepares simple foods requiring no mixing or cooking, e.g., sandwiches, cold cereal, etc.
- Mixes and cooks simple food, e.g. fries eggs, makes pancakes, cooks TV dinners, etc.
- Prepares an adequate complete meal (may use canned or frozen foods)

Eating

- Takes soft food from a spoon
- Takes liquid from a cup
- Feeds self with fingers
- Feeds self with spoon with assistance
- Drinks from a cup with minimal assistance
- Feeds self with spoon neatly
- Feeds self with spoon and fork with considerable spilling
- Feeds self with spoon and fork neatly
- Uses table knife for cutting or spreading
- Uses knife and fork correctly and neatly
- Uses napkin
- Drinks from a straw with minimal assistance
- Does not order at public restaurants
- Orders simple meals like hamburgers or pizza
- Orders complete meals

Table Clearing

- Does not clear table at all
- Clears table of unbreakable dishes and silverware
- Clears table of breakable dishes and glassware

Restroom

- Is diapered
- Uses toilet if placed there at frequent intervals
- Indicates need to use the toilet
- Frequently has toilet accidents during the day
- Occasionally has toilet accidents during the day
- Never has toilet accidents during the day
- Lowers pants at the toilet without assistance
- Sits on the seat without assistance
- Uses toilet tissue appropriately
- Flushes toilet after use
- Pulls up clothes without assistance

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- Washes hands correctly without assistance

Room Cleaning

- Does not clean room at all
- Cleans room but not thoroughly
- Cleans room well, e.g. sweeping, dusting, and tidying

Grooming

- Makes no attempt to wash or dry self
- Resists when being washed or dried by others
- Cooperates when being washed and dried by others
- Attempts to use soap and wash self
- Dries hands and face
- Washes face and hands with soap when needed
- Washes and dries self reasonably well with prompting
- Washes and dries self completely without prompts or assistance
- Prepares and completes bathing unaided
- Recognizes the need to bathe frequently
- Uses deodorant when prompted
- Uses deodorant when needed without prompting
- Brushes teeth with prompting
- Brushes teeth independently without reminders
- Combs or brushes hair with prompting
- Combs or brushes hair independently
- Shampoos hair
- Shaves
- Trims nails with assistance
- Trims nails independently
- Must be assisted with feminine hygiene during menstrual period
- Attends to own needs during menstrual period
- Blows nose when needed

Dressing

- Must be dressed completely
- Resists when being dressed
- Cooperates passively when being dressed
- Cooperates when being dressed by extending arms and legs
- Removes simple articles of clothing
- Puts on simple articles of clothing
- Dresses self with help in pulling or putting on most clothes and fastening them
- Dresses self by pulling or putting on all clothes with verbal prompting and by fastening zippers, buttoning, snapping
- Removes shoes without assistance
- Unties shoe laces without assistance
- Ties shoe laces without assistance
- Puts on shoes correctly without assistance
- Chooses own clothing
- Chooses suitable clothing for weather and cleanliness
- Wipes and polishes shoes when needed

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- Puts clothes in drawer or chest neatly
- Hangs clothes on hanger, neatly
- Puts dirty clothes in laundry without being reminded

Personal Belongings

- Does not take care of personal belongings
- Seldom takes care of personal belongings
- Usually takes care of personal belongings
- Takes care of personal belongings

Writing

- Cannot write or print any words
- Writes or prints own name
- Writes or prints ten words
- Writes or prints forty words
- Writes short notes and memos
- Writes understandable letters

Time

- Has no understanding of time
- Associates time on clock with various actions and events
- Understands time equivalents, e.g. 12:15 is the same as quarter past twelve
- Understands time intervals, e.g. between 3:30 and 4:30
- Tells time by clock or watch correctly to the minute

Numbers

- Has no understanding of numbers
- Discriminates between “one” and “many” or “lot”
- Counts two objects by saying, “one, two”
- Mechanically counts to ten
- Counts ten or more objects
- Does simple addition and subtraction

Money Handling

- Does not use money
- Uses money, but does not make change
- Adds coins of various denominations up to one dollar
- Makes change correctly, but does not using banking facilities
- Uses banking facilities independently

Purchasing

- Does not shop
- Does shopping with close supervision
- Does shopping with slight supervision
- Makes minor purchases without help (candy, soft drinks, etc.)
- Buys own clothing accessories
- Buys all own clothing

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Job Complexity

- Performs no work at all
- Performs simple work, e.g. simple gardening, mopping floors, emptying trash, etc.

Idiosyncrasies

For each item checked, please indicate the frequency of the occurrence.

- Threatens or does physical violence to others

- Damages own or other's property

- Disrupts other's activities

- Uses profane or hostile language

- Is rebellious, e.g., ignores regulations; resists following instructions

- Runs away or attempts to run away

- Is untrustworthy, e.g., takes others' property, lies or cheats

- Displays stereotyped behaviors, e.g., rocks body back and forth, has hands in motion

- Removes or tears off own clothing

- Does physical violence to self

- Is hyperactive, e.g., will not sit still for any length of time

- Displays heterosexual behavior that is socially unacceptable

- Displays homosexual behavior that is socially unacceptable

- Displays other unacceptable sexual behavior, e.g., masturbates, exposes self in public

- Requires seclusion (give reason)

- Requires restraint (give reason and type)

Other identifying idiosyncrasies (antecedents/behavioral supports previously used and/or presently in use)

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|---|
| Individual completing Prescreening Print Name and Sign |
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Staff only write below this line

Does applicant meet the minimum services eligibility requirements? Yes No

(If no, individual cannot be considered for program services – complete referral and return to referring source).

| Disposition |
|--|
| <input type="checkbox"/> The individual screened meets the criteria for services as outlined for the reason requesting services. |
| <input type="checkbox"/> The individual screened meets the criteria for services as outlined for the reason for requesting services. However, is placed on Circle of Life, LLC waiting list. |
| <input type="checkbox"/> The individual was referred to other services for further assessments. A disposition will follow upon receiving and reviewing the assessment results. |
| <input type="checkbox"/> The individual screened does not meet the criteria for services as outlined for the reason for requesting services. Referral to meet the needs of the individual was given or the individual was referred to support coordinator for further referrals. |
| <input type="checkbox"/> Individual is on the waitlist and will be contacted when there is an opening. |
| Disposition Summary: |

| Referral to other services †Referral Supported by Case Manager or Support Coordinator |
|--|
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| | | |
|------------------------------|--------------------|----------------|
| _____ Screener Print Name | _____ Signature | _____ Title |
|------------------------------|--------------------|----------------|