Southwest Developmental Services, Inc.

"Helping Kansans with developmental disabilities access quality community services"

Functional Assessment Document Checklist

Effective September 10, 2020

(Please checkoff what you will be providing and return with documentation)

	Primary Disability Diagnosis	Documentation supporting individual's Intellectual or Developmental Disability diagnosis. Must be signed by a licensed health care provider.
	Medical & Psychiatric Diagnoses	Documentation must be signed by a licensed health care provider. This documentation must be provided to SDSI every year at the time of the assessment.
	Seizure Diagnosis and tracking	Must be epileptic in nature. Written tracking can be submitted in any form as long as dates are included. History of seizure disorder cannot be marked if the person is not currently taking medication to treat a seizure disorder and has not experienced a seizure in 5 years. Documentation from the physician is required stating type of seizure.
	Prescribed Medication	Submit a current list of all daily medications including injections and/or prescribed topical creams.
	Special Diet	Submit a copy of the prescribed specialized diet signed by a dietician, nutritionist, or physician and dated within the last two years. This must be a diet the person is adhering to and requires individual staff support.
	Individualized Education Plan (IEP) *if applicable*	Submit a copy if the IEP is currently in use. Must include BIP if in place at school.
	Person Centered Support Plan (PCSP)	*Submit upon request*
	Behavior Intervention Plan (BIP)/Behavior Support Plan (BSP) *If applicable*	Submit a copy. In order to capture a BIP on the functional assessment, it must be written and include the 4 required conditions. It may be part of another plan – PCSP or Individual Education Plan (IEP) – but it must contain all 4 conditions. 1. Clear definition of the behavior(s). This statement should be very detailed and specific to the person and what behavior(s) is being exhibited. *Simply stating a category from the functional assessment does not meet this condition.* 2. Clear definition of staff support strategies. This statement should be a comprehensive list of interventions and include, but not be limited to, strategies to prevent the behavior, warning signs, specific supports to be provided when the behavior occurs, and responses to the behavior. 3. Collection of information as to the frequency and severity of behaviors. Behavior tracking methodology is outlined. Must be written and reported daily. 4. Supports are specific to the person. All elements of the plan are detailed and specific to the individual and beyond standard teaching and guidance that is part of quality service provision. *Simply stating prompting or redirection is not specific or beyond typical expectations of program staff.*
	Behavior Tracking *Required*	Submit behavior tracking from all providers. Last 12 months of tracking needs to be provided to SDSI. Tracking must include person's name, date and provider. If missing dates are due to extended circumstances please include dates and reasons for missing tracking. Extenuating circumstances include: Hospitalizations, extended vacations from day/residential providers, camps or time away from paid providers – not to include weekend visits with family or friends.
	Incident Report	Submit an incident report demonstrating a physical intervention during the last year (if it has occurred).

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