

Developmental Disabilities Administration (DDA)  
**Specialized Evaluation and Consultation  
Quarterly Report**

Client's Name	Provider's Name	Date Report Completed
Case Resource Manager's Name	Date of Plan Period	
Dates Service Provided	Total Number of Service Hours Provided	
<b>Current Reductions</b>		
List each reduction in place and, if a multi-step plan, what step is currently in progress.		
<b>Completed Goals</b>		
List client goals that have been met.		
<b>Client's Goals from Last Quarter and Summary of Progress on Each Goal</b>		
Follow SMART goal format. SMART goals and objectives are: Specific Measurable Achievable Relevant Time-bound		
<b>Summary of Previous Quarter</b>		
Support focus and strategies for skill building:		
Other services individual is engaged in (DDA services and other external services):		
New incidents or disruptions to the plan that occurred in the previous quarter:		

Description of consultations outside of scheduled hours (include the reason for this need and the outcome):

Other relevant information from previous quarter:

**Client's Goals for Current Quarter**

Follow SMART goal format: Specific Measurable Achievable Relevant Time-bound

**Current Chaperones and Date of Review of Plan**

**Current Modifications / Restrictions**

List of current modifications / restrictions

How modifications / restrictions are associated CPP criteria

Less restrictive alternatives attempted that did not work

Progress toward removal of modifications / restrictions

Date Quarterly Report reviewed with client:

Client's Signature

Date

X \_\_\_\_\_

\_\_\_\_\_

Legal Representative's Signature

Date

X \_\_\_\_\_

\_\_\_\_\_

Provider's Signature

Date

X \_\_\_\_\_

\_\_\_\_\_

## Instructions for Specialized Evaluation and Consultation Quarterly Report

**Participant Name:** Add in the name of the client receiving Specialized Evaluation and Consultation.

**Provider's Name:** Add in Specialized Evaluation and Consultation Provider's name who is working with the client. If an agency, please include the name of the agency in addition to the specific individual providing the service.

**Case Manager's Name:** DDA case resource manager's name who will receive the report.

**Date of Plan Period:** Enter the three-month time span for the current quarter.

**Dates services provided:** Include the specific dates that the service was provided to the client during the last quarter.

**Total number of hours provided:** Include the total number of hours provided during the last quarter.

**Current reductions:** List current reductions in supervision or restrictive procedure. This may include past restrictions that were lifted and in progress reductions. State where the reduction is utilized if only for a specific location (e.g., home or work). If listing an in-progress reduction, include the current step the participant is on.

**Goals from last Quarter and summary of progress on each goal:** List of client's goals from last quarter. This may be short term goals such as access to an item or event or long-term goals such as reductions in 1:1 supervision. Goals follow SMART goal principles and be written in a format that is easily understandable for the participant. Summary of progress may include if a reduction is in progress, steps they are working towards to show readiness for a change in program, what information is used to determine progress or success of the goal, etc. Any references to specific events that effect the progress should have a date listed.

SMART goals are:

Specific - Concrete description of what is being worked towards,

Measurable - How will progress be determined,

Achievable - Is this something the person is ready to work for or are there other steps that should come first,

Relevant - Driven by the participant and relate directly to the reason they are in the Community Protection Program; and

Time-bound - Has a set time that progress will be completed or has check points that are pre-defined to reevaluate continuation or adjustment of goal.

**Summary of previous quarter:** Include information about what has occurred in the last quarter. This may consist of incident reports that are relevant to the participants reason for being in program, outside influences that have affected their progress either positively or negatively or a person's engagement in program. Summary of skills focused on during quarter, if participant attended all sessions regularly, other services that the person has been receiving either through DDA or community resources such as their Managed Care Organization, description of any needed staffing outside of client sessions and other topics of focus during the previous quarter.

**Goals for current Quarter:** List of client's goals for next quarter. This may be short-term goals such as access to an item or event or long-term goals such as reductions in 1:1 supervision. List if this goal is specific to a certain environment or location (i.e., while at employment location, grocery store, etc.). Goals follow SMART goal principles and be written in a format that is easily understandable for the participant.

SMART goals are: Specific, Measurable, Achievable, Relevant, Time-bound (see above for description).

**Current Chaperones and date of last review of plan:** Names of individuals approved by the treatment team to provide 1:1 supervision as needed outside of paid staff. Next to each name, list the date the plan was last reviewed with the chaperone. If they attended the quarterly treatment team meeting that date may be used here.

The below should be numbered as you work through the boxes to ensure the information is filled out for each restriction.

**List of current modifications / restrictions:** List of each restriction that is in place for this participant. This may include restrictions from items, locations or levels of supervision needed. Each restriction should be individualized for the participant and their reason for being in the program.

**How modification / restriction is associated CPP criteria:** State how the restriction is tied to their program criteria. If referring to a specific incident or behavior, include when the incident last occurred, or the behavior was last observed.

**Less restrictive alternatives attempted that did not work:** State what was attempted prior to implementing the restrictive procedure. This may include non-restrictive procedures, teaching, training, or less intrusive restrictive procedures.

**Progress toward removal of modification / restriction:** State how the participant will achieve removal of the specified restriction. Information should be detailed and easy to understand.