

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Certification Evaluation
Staff Interview

PROVIDER / CONTRACTOR NAME		EVALUATOR NAME	
EVALUATION DATES			INTERVIEW DATE
CLIENT NAME		STAFF NAME	
<p>The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer. Some questions may not be applicable, depending on the type of program the client is in.</p>			
Overall Satisfaction		Comments	
<p>Tell me about the instruction and supports that you provide to (client). Does the client have any goals? How do you support the client in working on those goals?</p>			
<p>How did you learn about (client's) needs and how to provide instruction and supports to them?</p>			
<p>Tell me about (client's) health care needs:</p> <ul style="list-style-type: none"> • What kind of medication assistance does (client) need? • Is there nurse delegation for any task? • Where can you find information on the side effects? • What is the process if a client chooses to not take their medication? 			
<p>What assistance does the client need to pay bills and buy food?</p> <ul style="list-style-type: none"> • Where is the Electronic Benefits Transfer card kept? • Who can use it? • Who does the food shopping and how often? • How is the food purchased, stored and prepared? • Is food shared? • Who does the cooking? • Do you know what a healthy diet is? • How do you assist the client with a healthy diet? 			
<p>What would you do if you suspected a client was being abused, neglected, or financially exploited?</p>			
<p>If the client has a Positive Behavior Support Plan, how do you access it? How do you respond to behaviors noted?</p>			