INTERDISCIPLINARY TEAM
COMPREHENSIVE LIFE REVIEW

NAME: ___________________________ DOB: _______ SEX: __ DATE: __________

SERVICE PROVIDER(s): ______________________________________________________

The purpose of the Comprehensive Life Review is to assist the Interdisciplinary Team (IDT) in identifying any patterns or significant circumstances which may be contributing to concerns in the person’s day to day life. The Service Provider, with members of the IDT, should complete each section of the Comprehensive Life Review. When all members have had the chance for input, the Service Provider Organization should organize the information into a comprehensive report. The report may then be utilized to develop the Functional Analysis, if necessary.

As a result of the Comprehensive Life Review and Functional Analysis, the Service Provider will prepare an Individual Behavioral Service and Support Plan (IBSSP) and an addendum to the IP if necessary.

We, the undersigned, have participated in the completion of this Comprehensive Review:

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REVIEW INFORMATION

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<th>Date CLR reviewed:</th>
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<th>Is information still relevant? (If no, attach addendum or complete new review)</th>
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INTERDISCIPLINARY TEAM
COMPREHENSIVE LIFE REVIEW

A: DAILY ROUTINES

1. Describe a typical day for this person. Include activities in the home, day program setting, work and community in which the person participates. Is this schedule consistent? If no, please explain why. Does the schedule change on the weekends? How?

2. What types of supports are needed to participate in activities in daily life? What barriers are present to more independent access to the community?

B: AREAS OF CONCERN

1. What are the major areas of concern for this person?

2. How do staff/providers currently support the person with these concerns? Is this support different between programs (sls/residential/day) or with different people?
3. Are current supports and services working for this person? How well? Are positive approaches being used?

C. SOCIALIZATION/RELATIONSHIPS

1. Describe this person’s relationships with others included below. How frequently does this person see or contact them?

   A. Friends:

   B. Staff/providers:

   C. Community members:

   D. Groups:
E. Family Members:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

E1. Describe any known family history or interactions which may have an affect on the person's behavior (medical, mental health, changes in living situations).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. In your opinion, are the relationships described above healthy and meaningful?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What types of supports are needed to develop and maintain these relationships? What barriers are present which may interfere with these relationships?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please describe any changes in the person’s behavior that may be noticed when there is contact with people described above.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. Who are the most important people in this person's life? What are their relationships to this person? Please give examples if appropriate.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

6. In your opinion, how could any of the above relationships be changed to increase the person's level of comfort and satisfaction?

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

D: PERSONAL SATISFACTION/SERVICES

1. In your opinion, is the person satisfied with her/his current day program (school, job, community participation)? Briefly describe how you know this person is satisfied.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

2. Briefly describe your opinion of the person's satisfaction with her/his current living arrangements and environment. How do you know? Briefly describe the environment including size of home, yard, roommates, staff, privacy issues, personal possessions, etc.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
3. In your opinion, how do you feel the person’s current services and supports could be changed to increase the person’s satisfaction (include services, staff, environment, etc.)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


E: SELF-ADVOCACY/DIGNITY

1. Describe how this person is able to express choices and make decisions which affect her/his daily life.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Describe your opinion of the person's sense of personal safety and security.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Describe how privacy and security are provided in the home.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. In your opinion, how does this person express or show her/his sense of self-respect and self-worth?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
5. Do you feel that others may take advantage of this person or that they may put themselves at risk? Please describe in what ways this may occur.

F: **OTHER CONTRIBUTING FACTORS**

1. List the person's likes and dislikes.

2. What is this person's main method of communicating? Can most people understand this communication?

3. Describe how consistency of people, activities, daily schedule in the person's home and day program setting may influence this person's behavior.

4. Are there situations or circumstances that may cause this individual to be fearful?
INTERDISCIPLINARY TEAM
COMPREHENSIVE LIFE REVIEW

5. Please describe in your opinion, how changes in areas below may affect this person. Give examples of changes noticed in this person’s behavior.

A. Staff / providers

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
B. Activities / routines

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
C. Environment

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
D. Weather/season

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
E. Activity level

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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INTERDISCIPLINARY TEAM  
COMPREHENSIVE LIFE REVIEW

F. Other

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. Are there any other factors which may not be included above and which may affect the person's behavior?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

G: SUMMARY

1. In reviewing the sections above, do you feel there are any particular areas which may be having a significant affect on this person's life?

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_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. What would you recommend to help with these issues?

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_____________________________________________________________________
_____________________________________________________________________
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**FUNCTIONAL ANALYSIS**

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**SERVICE PROVIDER:**

The intent of the functional analysis is to determine patterns that may be noted in a person’s behaviors. These patterns, in conjunction with other significant factors in the person’s life, should be considered when determining the purpose of behaviors and in developing an Individual Behavioral Service and Support Plan. The plan is intended to provide consistent methodologies for supporting the person or for developing teaching strategies.

This section is to be completed by the service provider(s) after reviewing information provided by the IDT in the Comprehensive Life Review.

**BEHAVIOR**

If more than one behavior is being reviewed, please make sure your responses to the questions that follow are numbered to correspond with the number of the behavior described.

Describe the behavior(s) being reviewed.
1. 
2. 
3. 

How frequently does the behavior occur?
1. 
2. 
3. 

How long does the behavior typically last?
1. 
2. 
3. 

What is the intensity of the behavior (mild, moderate, severe)?
1. 
2. 
3. 

What times of the day is this behavior most likely to occur?
1. 
2. 
3. 

What times of the day is this behavior least likely to occur?
1. 
2. 
3.
FUNCTIONAL ANALYSIS

What place is this behavior most likely to occur?
1. 
2. 
3. 

What place is this behavior least likely to occur?
1. 
2. 
3. 

With whom is this behavior most likely to occur?
1. 
2. 
3. 

With whom is this behavior least likely to occur?
1. 
2. 
3. 

During what activity is this behavior most likely to occur?
1. 
2. 
3. 

During what activity is this behavior least likely to occur?
1. 
2. 
3. 

What other situations or events may contribute to a behavior?
1. 
2. 
3. 

How long has this behavior been a concern?
1. 
2. 
3. 

Does the current behavior put this person or others in danger?
1. 
2. 
3. 

In your opinion, what does this person gain as a result of the behavior(s)?
1. 
2. 
3. 
FUNCTIONAL ANALYSIS

In your opinion, what does this person lose as a result of the behavior(s)?
1. 
2. 
3. 

In your opinion, what do you think this behavior is communicating?
1. 
2. 
3. 

FUNCTIONAL ANALYSIS

**MEDICAL**
Describe any medical issues, (i.e. chronic illnesses or pain, allergies, vision/hearing impairments, acute illnesses, side effects of current medications, changes associated with age, etc.) which may influence this person’s current behavior.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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Describe how this person’s sleeping patterns may influence current behavior.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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Describe, in your opinion, how this person’s eating routines and diet may influence current behavior.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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________________________________________________________________________________________________________

Describe, in your opinion, how this person’s current medications may influence current behavior.

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________________________________________________________________________________________________________

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________________________________________________________________________________________________________

Have there been any recent changes in this person’s health? If yes, please describe.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
Please review all the sections in the Comprehensive Life Review which relate to relationships to answer the questions below.

**SOCIAL**
Describe any contributing social situations which may influence this person’s current behavior.

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________________________________________________________________________
________________________________________________________________________

**ENVIRONMENTAL**
Describe any environmental factors which may influence this person’s current behavior. Include home, day services and community environments.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**PERSONAL FACTORS**
Describe any personal issues that are specific to this person that may influence their current behavior.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**COMMUNICATION**
Describe how this person communicates with others. Has there been a change noted in the person’s ability to communicate?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
FUNCTIONAL ANALYSIS

How would this person communicate or indicate the following:

Discomfort/pain
Happiness/sadness
Fear
Anger
Ask for help
Choice of activities
Desire to do something
Desire to obtain something

In your opinion, describe how this person’s ability to communicate may contribute to current behavior.

HISTORICAL FACTORS WHICH MAY CONTRIBUTE TO THE UNDERSTANDING OF THE CURRENT BEHAVIOR

Describe significant life issues which may contribute to the person’s behavior (i.e. relationship difficulties, life crises, loss of friendship, death in family). Include how these issues may affect the person.

Describe any major stressful events which may have occurred during the past year which may have effected the person's behavior.

Summary

Summarize the findings from the Functional Analysis which should be considered in developing the Individual Behavioral Service and Support Plan for this person.