

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:

NAME	TITLE/AGENCY	DATE COPIES SENT

REVIEW INFORMATION

Date CLR reviewed:	Who completed review?	Is information still relevant? (If no, attach addendum or complete new review)

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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?

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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:

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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.

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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.

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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?

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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?

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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

E. Activity level

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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?

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

FUNCTIONAL ANALYSIS

NAME: _____ DOB: _____ SEX: _____ DATE: _____

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.

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

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

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

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

FUNCTIONAL ANALYSIS

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.

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.
