Appendix D

Sample Evaluation Template

Evaluation Information

Referral source:
Referral concerns:

Activities: (e.g., clinical interview, behavioral observation, rating scales)

People Present

Patient:
Legal guardian(s):
Other:
Staff:

Background Information

Age:
Resides in:
Resides with:
Stressful experiences in past year: (e.g., death of a family member, moved to a new location)
Current diagnoses:

Diagnosis	Age or Date	Provider

Medical History and Intervention

Problems with health/ development during 1st year:
Met developmental milestones:
Health problems that interfere with normal development:

Current medications:

Medication	Dosage	Prescribing physician	Prescribed for	Date started

Previous medications:

Medication	Dosage	Prescribing physician	Prescribed for	Date started

Medical providers:

Specialty	Physician Name (location, number)	Purpose

Allergies:

History of seizures or losing consciousness:

History of abuse/neglect or trauma:

Other medical concerns included:

Sleep:

Appetite:

Toileting:

Developmental Presentation

Presents as:
Fine motor skills: (e.g., turning pages, screen manipulation, zipping, buttoning)
Gross motor skills: (e.g., running, jumping, walking up stairs)

School

Currently enrolled in school:
Academic status:
Grade:
Attendance:
Educational program is focused on: (e.g., academic skills, pre-academic skills, self-helps skills, behavior reduction)

School Concerns

Behavior: (e.g., aggression, self-injury, property destruction)
Learning: (e.g., noncompliance, lack of progress, lack of independent work)
Peers:
Suspended, Expelled, or Retained:
Current IEP or IFSP:
Educational Supports Received:

Associated Therapies

Current or past therapies:

Type	Provider	Frequency	Current or past

Repetitive and Ritualistic Behaviors

Restricted and repetitive activities, interests, and behaviors: (e.g., arranging and ordering, opening and closing doors)
Age onset:
If interrupted, patient: (e.g., becomes agitated, redirects easily, engages in problem behavior)

Preoccupations: (e.g., objects, sounds, topics, smells)
Age onset:
If interrupted, patient: (e.g., becomes agitated, redirects easily, engages in problem behavior)

Hyper- or hyposensitivity: (e.g., sounds, textures, sights, smells)
If exposed, patient: (e.g., becomes agitated, redirects easily, engages in problem behavior)

Activity level: (e.g., over active, under active, average)
Plays with toys: (e.g., functionally, non-functionally)

Stereotyped or repetitive motor movement:
Hand movements: (e.g., flapping, twisting, nail biting)
Whole body movements: (e.g., body rocking, toe walking, swaying)
If interrupted, patient: (e.g., becomes agitated, redirects easily, engages in problem behavior)

Other Behavioral Concerns

Noncompliance with: (e.g., caregiver instructions, requests in public, self-help skills, medical routines)
Social communication: (e.g., social withdrawal, communication deficits, lying)
Accident Prone: (e.g., falls, burns, poisons)
Miscellaneous: (e.g., tics, phobias, vindictive, stealing)

Destructive Behavior Severity Scale

Injury Risk Behavior

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Topographies: (e.g., climbing on objects where falling is probable, running into a street without watching for cars, pulling down objects onto oneself, touching electrical wires, stoves or other

dangerous items, drinking or eating dangerous fluids or items (e.g., cleaners, medicines, fertilizer), getting ropes or cords tangled around one's neck.

Severity Range (check all that apply)

☐ **Level 1**	=	*Injury risk behavior* resulting in no: (a) marks on body, (b) burns, (c) gagging, (d) vomiting, (e) choking; or (f) running away from caregivers, within sight and easily retrieved.
☐ **Level 2**	=	*Injury risk behavior* resulting in: (a) reddening of skin or mild swelling; (b) a 1st degree burn; (c) mild gagging; or (d) running away from caregivers, out of sight but easily retrieved.
☐ **Level 3**	=	*Injury risk behavior* resulting in: (a) light scratches, small or shallow breaks in skin, moderate to severe swelling; (b) a 2nd degree burn; (c) vomiting or significant choking; or (d) running away from caregivers, out of sight and difficult to retrieve.
☐ **Level 4**	=	*Injury risk behavior* resulting in: (a) scars, lasting tissue damage, disfigurement; (b) a 3rd degree burn; (c) poisoning; (d) loss of consciousness; or (e) running away from caregivers warranting involvement of law enforcement.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Aggression

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Topographies: (e.g., forceful pushing or striking others with body parts (e.g., pushing, hitting, kicking, head-butting), hitting others with objects, scratching, pinching or biting others)

Severity Range (check all that apply)

☐ **Level 1**	=	*Aggression* resulting in (a) no marks on body and (b) no blows close to or contacting the eyes.
☐ **Level 2**	=	*Aggression* resulting in (a) reddening of skin, and/or (b) mild swelling
☐ **Level 3**	=	*Aggression* resulting in (a) light scratches, (b) small or shallow breaks in skin, and/or (c) moderate to severe swelling.
☐ **Level 4**	=	*Aggression* involving blows close to or contacting the eyes or resulting in (a) scratches that leave scars, (b) breaks in skin that leave scars, and/or (c) trauma resulting in broken bones or lasting tissue damage or disfigurement.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Property Destruction

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Topographies: (e.g., banging, kicking, throwing, overturning, tearing, cutting, defacing, burning or stomping on objects not made for that purpose)

Severity Range:

☐ **Level 1**	=	*Property Destruction* resulting in disruption of property but no permanent damage to paper items, toys, teaching materials, furniture, vehicles or buildings.
☐ **Level 2**	=	*Property Destruction* resulting in damage to paper items or other light objects.
☐ **Level 3**	=	*Property Destruction* resulting in (a) breakage of pencils, plastic toys, glassware, or other breakable items, and/or (b) scratches or permanent marks on furniture, walls, cars, etc.
☐ **Level 4**	=	*Property Destruction* resulting in structural damage to furniture, cars, walls, etc.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Self-Injurious Behavior

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Topographies: (e.g., hitting, kicking, pinching, scratching or biting self, eye-poking, banging body parts against objects).

Severity Range:

☐ **Level 1**	=	*SIB* resulting in (a) no visible marks on body and (b) no blows close to or contacting the eyes.
☐ **Level 2**	=	*SIB* resulting in (a) reddening of skin, and/or (b) mild swelling.
☐ **Level 3**	=	*SIB* resulting in (a) light scratches, (b) small or shallow breaks in skin, and/or (c) moderate to severe swelling.
☐ **Level 4**	=	*SIB* involving blows close to or contacting the eyes or resulting in (a) scratches that leave scars, (b) breaks in skin that leave scars, and/or (c) trauma involving broken bones or lasting tissue damage or disfigurement.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Pica

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Items Commonly Ingested:

Severity Range:

☐ **Level 1**	=	*Pica* not involving any of the following: (a) solid items larger than 1/2 inch in diameter (e.g., coins, large buttons), (b) sharp items (e.g., pins, staples), (c) contaminated items (e.g., items from garbage can or ash tray, paint chips), or (d) toxic or poisonous items (e.g., medicines, glue).
☐ **Level 2**	=	*Pica* involving (a) solid items larger than 1/2 inch in diameter (e.g., coins, large buttons), but not sharp, contaminated, or toxic or poisonous items.
☐ **Level 3**	=	*Pica* involving sharp, contaminated, or toxic or poisonous items, but not requiring emergency medical attention (e.g., called physician for advice).
☐ **Level 4**	=	*Pica* involving sharp, contaminated, or toxic or poisonous items and requiring emergency medical attention.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Disruptive Behavior

Frequency of Problem Behavior: (Once per month, several times per month, once per week, several times per week, once daily, several times daily, hourly, over 5 per hour, over 10 per hour)
Age of Onset:
Topographies: (e.g., screaming, crying, whining, cursing, flopping)

Severity Range (check all that apply)

☐ **Level 1**	=	*Disruptions* do not interfere with daily activities and the individual can participate fully. Disruptive behaviors occur across less than 25% of waking hours. Minor environmental manipulations are required to avoid disruptions and redirection of these behaviors is easy.
☐ **Level 2**	=	*Disruptions* interfere with daily activities such that the individual's participation is limited some of the time (i.e., trips are avoided or are not possible due to high levels of behaviors). Disruptive behaviors occur across more than 25-50% of waking hours. Environmental manipulations are required to avoid disruptions and redirection of these behaviors is manageable.
☐ **Level 3**	=	*Disruptions* interfere with daily activities such that the individual's participation is limited most of the time (i.e., trips are avoided or are not possible due to high levels of behaviors). Disruptive behaviors occur across more than 50-75% of waking hours. Moderate environmental manipulations are required to avoid disruptions and redirection of these behaviors is difficult, but possible.
☐ **Level 4**	=	*Disruptions* interfere with daily activities such that the individual cannot participate fully (i.e., trips are avoided or are not possible due to high levels of behaviors). Disruptive behaviors occur across more than 75% of waking hours. Significant environmental manipulations are required to avoid disruptions and redirection of these behaviors is difficult.

Common antecedents: (e.g., removal of tangible items, removal of adult attention, presentation of demands, social interaction)

Behavioral strategies currently used: (e.g., token boards, positive attention, reprimands, time-out, physical restraint, provide preferred item, removal of demands)

Mental Health Status Exam and Social-Emotional Assessment

Height and weight	☐ Average	☐ Other	
Appropriately dressed and neatly groomed	☐ No	☐ Yes	
Age-appropriate language/communication	☐ No	☐ Yes	☐ Deferred
Eye contact	☐ Appropriate	☐ Limited/Poor	☐ Avoided
Oriented	☐ x3 (person/place/time)	☐Not oriented	☐ Other
Affect	☐ Broad/appropriate	☐ Animated	☐ Flat
Activity level	☐ Appropriate	☐ High	☐ Low
Impulsivity / Distractibility	☐ Appropriate	☐ High	☐ Low
Compliance	☐ High	☐ Moderate	☐ Low
Sibling relationships	☐ Good ☐ N/A	☐ Fair ☐ Deferred	☐ Poor
Peer relationships	☐ Good ☐ N/A	☐ Fair ☐ Deferred	☐ Poor
Family stressors	☐ No	☐ Yes	☐ Deferred
Change in mood / interest in activities	☐ No	☐ Yes	☐ Deferred
Fears, unwanted thoughts	☐ No	☐ Yes	☐ Deferred
Unusual habits / repetitive behavior	☐ No	☐ Yes	☐ Deferred
Change in sleep / appetite	☐ No	☐ Yes	☐ Deferred
Suicidal / homicidal ideation	☐ No	☐ Yes	☐ Deferred
Alcohol use	☐ No	☐ Yes	☐ Deferred
Drug use	☐ No	☐ Yes	☐ Deferred
Sexual contact	☐ No	☐ Yes	☐ Deferred

Psycho-Social Impact of the Behaviors

Caregivers reported the following stress on the family: (e.g., unable to run errands, unable to eat in public, changed work schedules, unable to attend church)

Modifications to the home: (e.g., special locks on doors, video cameras, plexiglass, removal of breakable items)

Functional Analysis Interview

Preferred Tangible Items:
What are two or three of your child's highest preferred toys, activities (e.g., watching TV), or items?
If you took one of these toys away, would it trigger problem behavior?

Preferred Attention:
What types of attention does your child like most (e.g., hugs, tickles, piggyback rides, etc.)?

If you stop giving attention to your child and start doing some other activity (e.g., talking on the phone), would it trigger problem behavior?

Works Tasks:
What types of work tasks does your child dislike doing the most (e.g., schoolwork, chores, etc.)? If you ask them to complete one of those non-preferred tasks, would it trigger problem behavior?

Most Problematic Trigger:
Is your child more likely to display problem behavior when you take away one of these toys versus when you ask them to do non-preferred tasks or when he/she wants your attention and can't have it?

Low/Moderate Preferred Item:
What is an item that your child will interact with but will not necessarily have problem behavior when it is taken away from them?

Behavioral Observations and Other Information:

Destructive behavior(s) observed:
Caregivers able to transport to and from appointments:
Caregivers available to regularly participate in appointments:
Cultural, vocational, spiritual, or educational considerations or concerns:

Other Assessment Results

Recommendations:

Appropriate for Severe Behavior Program:
If yes:
It is recommended that the patient be placed on the waitlist which would include clinic visits for hours per day, five days per week, for approximately 8-16 weeks. In this program, the patient will experience the assessment and treatment of his or her severe behavior problems and therapists will provide training to his or her caregivers, teachers, and any other interested individuals that care for him or her.

The exact length of the wait list fluctuates week to week; however, a member of the Severe Behavior Program team will reach out to you once your child's name nears the top of the waitlist. If you have question, please call our administrative department at (xxx)-xxx-xxxx.

If no, other recommended services: .

The evaluation team also provided the family with handouts for .

If there are any further questions regarding this evaluation or recommendations, please do not hesitate to contact Dr. xxx at (xxx) xxx-xxxx.