

Risk Assessment Evaluation & Planning Worksheet

Individuals Name: Stephen Anderson		Date of Discussion: January 22, 2003		Date of Note: January 23, 2003	
Participants:	1. Brenda Smith, SC	2. Mary Anderson, Mother	3. Rhonda Johnson, XYZ	4. Frances Mathers, Administrator	5. Steve Anderson
Significant Risk Factors in the Person's Life - List	Are risks present?		Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk	
	YES	NO			
1. Qualifying Developmental Disability					
Seizure Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Average of six seizures per year for the last four years; takes medication. Four of the last six occurred at night.	Plan developed by team; see IPP and quarterly notes. Interventions are: supervision, medication monitoring, special diet, consumer education and bed rails, Medic-Alert ID bracelet. IPP has been modified to include plans. See quarterly notes for details.	
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
2. Other Disabilities / Health Conditions					
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
3. Special Conditions / Behaviors					
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
4. Skill Development					
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
5. Other					

	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Instructions for completing the risk assessment worksheet: Under each specific area, list the Significant Risks identified; Indicate “yes” or “no” as to whether a significant risk has been identified in the listed category; Indicate “yes” or “no” whether training/service plans are present for the specific risk; If training/service plans have been developed, indicate the training/area; Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.