

**Department of Labor
DIVISION OF VOCATIONAL REHABILITATION
APPLIED BEHAVIORAL SUPPORT SERVICES
ASSESSMENT**

(Must Accompany DVR - 7 Authorization in Order to Receive Payment)

Name of Consumer: _____ DOB: _____

Evaluator: _____ DVR Counselor: _____

Dates: _____

Times: _____

Total Hours Spent With Consumer: _____

REASON FOR REFERRAL:

The Specific questions to be addressed are:

1.

2.

3.

PROCEDURES USED:

GENERAL BEHAVIORS OF CONCERN:

In general, the consumer exhibits problems with:

1.

2.

3.

OPERATIONAL DESCRIPTION OF PROBLEM BEHAVIORS: (Consider emotional difficulties, motivation, impulsivity, distractibility, obsessive compulsive behaviors, anxiety, and social interactions)

1.

2.

3.

HYPOTHESIS OF FUNCTIONS OF PROBLEM BEHAVIORS:

1.

2.

3.

SETTINGS, SITUATIONS IN WHICH PROBLEM BEHAVIOR IS MOST LIKELY TO OCCUR:

FUNCTIONAL INFORMATION ABOUT SENSORY REGULATION:

GENERAL PREVENTION STRATEGIES:

ENVIRONMENTAL STRUCTURE AND SUPPORTS NEEDED:

BEHAVIORAL SUPPORTS CONSUMER WILL NEED TO FUNCTION EFFECTIVELY AT WORK:

RESPONSE TO PROBLEMATIC BEHAVIORS:

SKILLS THAT NEED TO BE TAUGHT AND SOME STRATEGIES FOR DOING SO:

CONCLUSIONS:

Conclusions are summarized through answers to the Vocational Counselor's questions below:

1.

2.

3.

OTHER RECOMMENDATIONS:

Submitted By: _____ **Date:** _____