

Intellectual Disability Services Assessment Sheet

Personal Information

Name

Date of Birth

Gender

Address

Phone Number

Primary Contact

Assessment Details

Date of Assessment

Assessor Name

Diagnosis

Relevant Medical History

Communication

Communication Abilities

Preferred Communication Method

Daily Living Skills

Skill	Level of Independence	Support Needed
Personal Hygiene	<input type="text"/>	<input type="text"/>
Feeding	<input type="text"/>	<input type="text"/>
Dressing	<input type="text"/>	<input type="text"/>
Mobility	<input type="text"/>	<input type="text"/>
Toileting	<input type="text"/>	<input type="text"/>

Behavioural Assessment

Behaviour Observed

Behaviour Supports Needed

Social & Community Participation

Interests/Hobbies

Community Activities Involved

Support Required for Participation

Recommendations

Client/Guardian Signature

Name

Date