

Hours Recommendation Checklist (Optional Form)

Clinical questions to support hours per week recommendations	Level 0	Level 1 Low	Level 2 Moderate	Level 3 High
At the time of this assessment, what level of skill acquisition programming does the child need to address activities of daily living?	Not applicable	<input type="checkbox"/> Minimal skill deficits in 1 or more adaptive areas in 1 or more environments	<input type="checkbox"/> Skill deficits in 2 or more adaptive skill areas across 2 or more environments	<input type="checkbox"/> Skill deficits in 4 or more adaptive skill areas across 2 or more environments
Does the individual have a social and/or communication deficit?	<input type="checkbox"/> No limitations observed/identified	<input type="checkbox"/> Difficulty initiating social interactions and/or decreased interest in social interactions. Some difficulty making wants/needs known.	<input type="checkbox"/> Limited initiation and social interaction; child speaks simple sentences; reduced or abnormal responses to social approaches from others.	<input type="checkbox"/> Severe deficits in verbal and nonverbal social/communication causing severe impairments in functioning; typically communicates only to meet needs; communication is often via interfering behavior
If interfering behaviors are observed, how intense are the behaviors observed?	<input type="checkbox"/> None observed/identified	<input type="checkbox"/> Some interference with activities of daily living but does not pose a danger/harm to self or others	<input type="checkbox"/> Significant interference with activities of daily living across 2 or more environments but does not pose a danger/harm to self or others	<input type="checkbox"/> Extreme interference with activities of daily living and/or poses threat or harm to self or to others safety/ health
How long-standing are the child's interfering behaviors?	<input type="checkbox"/> None observed/identified	<input type="checkbox"/> Behavior began within the last month	<input type="checkbox"/> Behaviors appear sporadically or have recently surfaced	<input type="checkbox"/> A chronic behavior problem

v. 8/2/19

Participant Name: _____

Person Completing Form: _____

Date Completed: _____

Hours Recommendation Checklist (Optional Form)

During the assessment process was it identified that the individual's behavior poses danger/harm to themselves or others?	<input type="checkbox"/> None observed/identified	<input type="checkbox"/> Minimal or very low frequency behaviors that pose danger/harm to self or others (e.g., less than 4 times per month; harm to self/others w/o mark, tissue damage; etc)	<input type="checkbox"/> Occasional or high frequency behaviors that pose danger/harm to self or others (e.g., one to four times weekly; self harm or aggression w/o lasting damage; etc)	<input type="checkbox"/> Poses serious threat or harm to self or others safety/health or high frequency (e.g., several times daily; self harm or aggression leaves mark/damage; etc)
Did the assessment include more than two types of direct Assessments tools? (VB-MAPP, ABLLS, HELP, etc)	Not applicable	<input type="checkbox"/> Check this box if only one was completed	<input type="checkbox"/> Check this box if only two were completed	<input type="checkbox"/> Check this box if more than two were completed
TOTAL from Above:	_____	_____	_____	_____
	Level 0 = 0 pts per section	Level 1 = 1 pt per section	Level 2 = 2 pts per section	Level 3 = 3 pts per section
Age of child (choose 1):	Not applicable	<input type="checkbox"/> 11-21 (1 point)	<input type="checkbox"/> 7-10 (5 points)	<input type="checkbox"/> 0-6 (10 points)
Severity indicator (choose 1 if applicable):	Not applicable	<input type="checkbox"/> Not applicable (addressed on page 1)	<input type="checkbox"/> Any age with extreme behavior interference OR adaptive skills 2 SD below mean in 4 of 7 areas (5 points)	<input type="checkbox"/> Any age with adaptive skills 2 SD below mean in all 7 areas (7 points)
	Sum of age of Child Points & Total for Age/Severity = TOTAL: _____			
Hours guide/recommendations:	0-10 points → 1-6 hours per week 11-19 points → 7-15 hours per week 20-28 points → 15+ hours per week			

Deficit and interfering (maladaptive) definition see 16.03.09.572.03

v. 8/2/19

Participant Name: _____

Person Completing Form: _____

Date Completed: _____

Hours Recommendation Checklist (Optional Form)

Additional information from family/caregiver to consider when determining actual hours per week within range identified above:	
How many hours per week can the child/family participate in intervention?	<p>For example, 12 points were identified using the hour guide, resulting in a recommendation of 7-15 hours per week. The family would like help 3 days per week in the afternoons and is available from 4-7 p.m. Thus, requested hours/week would be 9 hours/week.</p> <p>Family's response: _____</p>
How many hours per week of intervention does the family want?	<p>For example, 25 points were identified using the hour guide, resulting in a recommendation of 15+ hours per week. The family would like services for 3.5 hours per day Monday-Friday. Thus, requested hours/week would be 17.5 hours/week.</p> <p>Family's response: _____</p>
Are there extenuating circumstances?	<p>For example, 10 points were identified using the hour guide, resulting in a recommendation of 1-6 hours per week. The family would like help 4 days per week (Monday, Wednesday, Friday, Saturday) for 2 hours during the week and 3 hours on Saturday; this is very important to set up routine and consistency. Thus, requested hours/week would be 9 hours/week.</p> <p>For example, 15 points were identified using the hour guide, resulting in a recommendation of 7-15 hours per week. However, the child has just had a major life change (e.g., new school, moved, divorce, etc) and the family is requesting increased hours to minimize regression and increase structure and consistency. The family has identified needing help in the morning before school daily, one hour each morning; and every day after school, three hours each day. Thus, requested hours/week would be 20 hours per week.</p> <p>Extenuating circumstance: _____</p>

v. 8/2/19

Participant Name: _____

Person Completing Form: _____

Date Completed: _____