

Assessment and Setting Goals

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Developmental Disabilities
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Assessment and Setting Goals

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This product is available in alternative format upon request.

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Chapter 1: Purpose of Assessment

Objectives:

- Explain the purpose of assessment.
- Describe how to engage the person supported in the assessment process.
- Explain how assessments lead to goals.
- Give examples of general areas for goals.

Accreditation

In North Dakota, agencies are licensed by the ND Department of Health and Human Services, DD Section to offer services to people with developmental disabilities. Getting a license requires agencies to go through a formal accreditation process. To earn accreditation, agencies must use Person-Centered Planning which is designed to help people improve their lives and plan for their future. In this approach, the person works with their team to set goals and decide what steps and supports will work best to help them achieve their goals. Assessments provide information and direction to the person and their team as part of the Person-Centered Planning process.

For more information on the Person-Centered Plan and Planning Process, refer to the *Person-Centered Planning* module within the Community Staff Training Program (CSTP) curriculum.

What is Assessment?

Assessment, also known as evaluation, is a process that involves collecting information for the purpose of making decisions (2025, National Association of Special Education Teachers). Information is gathered to learn about the person's strengths, dreams, fears, and needs to build a quality life. Agencies use assessment tools to get this information when a person begins receiving services and prior to each person's annual Person-Centered Planning team meeting. During assessment, information is collected and analyzed to plan individualized support. This module explains how assessments are used to assist the person and their team to set goals and identify learning and support objectives.



Engagement

The person is the central focus of Person-Centered Planning and the assessment process. Each person should be supported to engage in assessment activities, according to their individual needs, and in a way that is meaningful to them. For example, some people may need help understanding the assessment process and how it will help them set or reach a goal. Others may need someone to explain what the team is trying to learn through the assessment process. For those that need help exploring options, staff may need to show videos or photos of various possibilities to see how the person reacts. Alternatively, they might need to support the person to try several new activities to find out which ones they enjoy.

Engagement carries over to daily activities through active support, This focuses on getting people engaged, even partially, in every aspect of their day and on building meaningful lives regardless of the level of the person's support needs. When people use their abilities to meaningfully engage in every area of their own lives, they can develop a greater sense of dignity and self-worth. Several modules within the Community Staff Training Program (CSTP) have more information on active support, including *Supporting People with Disabilities in the Community* and *Person-Centered Planning*.

How Assessments Lead to Goals

Goals are statements of specific things a person wants to have, achieve or experience in life and are a required part of all Person-Centered Plans. Agencies may use different terms to describe goals, such as personal outcomes, dreams, long term goals, or global goals. In this module the term goal will be used to describe what a person wants to achieve. Goals should be broad, long range, and set the direction for learning and support. Teams may use assessments to determine what goal(s) the person would want to set for him or herself, or to learn which supports are needed to help the person meet a goal they have identified. A goal might be set in one of these general areas:

- **Something to have or to own.** For example, getting a driver's license, owning a car, buying a bowling ball, buying a piano, or owning a dog. These examples may be long range and require planning due to needing to learn new skills, earn and save money, create space, etc.
- **A trip to a specific place or to visit specific people.** For example, attending a Taylor Swift concert, traveling to Washington DC to visit the Vietnam Veterans Memorial wall and find a family name, or taking the train or plane to visit relatives in another state.
- **Something to learn about or explore.** For example, learning specific Spanish words or phrases to communicate with a neighbor or to use during a vacation to Mexico, taking an art class to learn how to create stained glass, learning to play pickleball, or exploring national parks.
- **Developing a new social role.** For example, becoming a member of a local church and volunteering to be an usher on Sunday mornings, helping to stock shelves at a local food pantry, walking dogs at the animal shelter, or joining an intramural sports league.
- **A milestone to achieve.** For example, learning to drive a car, going on a date, getting a certification for a specific skill, graduating from high school, getting married, or retiring from the workforce.
- **Contribute or give back to the community.** For example, raising money for a local cancer charity, volunteering to serve



food or clean tables after events at church, working a shift at a second-hand store that needs volunteers, or delivering meals or books to elderly people in the community.

Goals should not be limited to what the team *thinks* can be accomplished based on current situations. When the team only considers available resources, options will be limited, and the person may never achieve the life they want. For example, if Eric's team only focuses on his current skills, support, and situation, then these are the comments you might hear about Eric's goal to own his own home:

- "The bank won't loan Eric the money without a large down payment."
- "Eric doesn't earn enough to make a mortgage payment."
- "Eric doesn't know how to take care of a yard or maintain a home."
- "We have never done that before."
- "The state will never approve the level of support Eric needs to live on his own."
- "If Eric buys his own home, we have an open bed in the group home."

When plans are developed from a value base that puts the goals of the person first, the plan will focus on how to modify the support to meet the needs of the person. If the team were to focus on Eric's goal, you might hear comments like these:

- "What kind of a home do you want, Eric?"
- "Would you like to look at some homes that are for sale?"
- "I'll help you make a list of the things you like and want in a home."
- "Let's figure out how much money you will need for the down payment and mortgage."
- "We need to determine how much money you will need monthly to live in the home."
- "Do you want to have a roommate who could share in the costs of owning a home?"
- "Would you like to work more hours at your current job to save for a house?"
- "Would you like to look for a job that pays more so you can save for a down payment?"
- "Who should be invited to be on the planning team to help make Eric's goal a reality?"
- "Are there ways assistive technology or remote monitoring could reduce the level of on-site staff support that Eric might need?"
- "What are some funding sources that could make it possible for Eric to fulfill his dream to buy a house?"
- "What are the pros and cons of home ownership for Eric? How can we help him understand what this will mean?" "How can we ensure he is making an informed decision?"



People with significant intellectual disabilities may not be able to express a specific goal. They may not even be aware of what a goal is. Even so, every person can live, work, and play in the community and participate in the mainstream of community life. For people who do not use words, we need to pay close attention to what a person is showing us through behavior. We need to know how the person is being supported to experience the same outcomes and quality

of life that other people their age may enjoy. We also need to consult with people who know the person best to help determine what is important to the person and what will enhance their quality of life.

As previously stated, assessments are used to determine what support is needed in order to achieve the goals a person has. While many assessments are done prior to a person-centered planning meeting and help set the direction toward a goal, some assessments may need to be done after the goals are determined. The team may realize after setting goals at the Person-Centered Planning meeting that more information is needed to determine exactly what support is appropriate to help the person achieve the goal.



For more information about helping people to identify goals, see the *Writing Behavioral Objectives and Measuring Behavior* and the *Achieving Personal Outcomes* modules that are part of the Community Staff Training Program (CSTP) module curriculum.

Feedback Exercise 1

1. True or False: Person-Centered Planning focuses on the goals of the team rather than the person supported.
2. True or False: When plans are developed from a value base that puts the goals of the person first, the plan will focus on how to modify the support to meet the needs of the person.
3. What is the primary purpose of assessment in the Person-Centered Planning process?
 - a. To collect information for making decisions
 - b. To increase the agency's budget
 - c. To recruit new team members
 - d. To plan community events
4. Which of the following should NOT be the focus of a goal?
 - a. Something to have or to own
 - b. A trip to a specific place
 - c. Developing a new social role
 - d. Limiting the person's activities
5. What are some ways the team can support a person to be engaged in the assessment process?
6. What are three general areas in which a goal might be set? Give an example for each.

Chapter 2: Legal and Ethical Considerations for Goals

Objectives:

- Describe the importance of Section 504 and the ADA.
- Explain when rights can be restricted according to the ND DHHS.
- Describe the difference between “important to” and “important for.”
- Explain ethical considerations when considering goals.
- Explain chronological age appropriateness and factors to consider.
- Understand how to address “unrealistic” goals.

Legal Rights

People you support have the same right as all people to set goals and live their lives in a way to achieve those goals. There are Federal laws that protect the rights of people with disabilities and promote inclusion, these include:

- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act (ADA) of 1990, which was followed by the ADA Amendments Act of 2008 in an attempt to restore the original intent of the legislation

Section 504 of the Rehabilitation Act of 1973 protects people from discrimination based on disability. This law applies to employers and organizations that receive financial assistance from federal departments or agencies. Section 504 protects the rights of people with disabilities to participate in, and have access to, program benefits and services.

The Americans with Disabilities Act (ADA) protects the civil rights of people with disabilities. This law has expanded opportunities for people with disabilities by:

- Reducing barriers.
- Changing perceptions.
- Increasing participation in community life.

ADA guarantees equal opportunity for individuals with disabilities in several areas:

- Employment
- Public accommodations, such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, museums, libraries, parks, private schools, and day care centers
- Transportation
- State and local government services
- Telecommunications such as telephones, televisions, and computers

(CDC, 2025)



The North Dakota Department of Health and Human Services (ND DHHS), Developmental Disabilities (DD) Section, has specific policies regarding rights restrictions to protect the rights of people with DD. Rights can only be restricted if due process has occurred, which includes:

- **Human Rights Committee (HRC):** All DD licensed providers must have a Human Rights Committee policy. This committee reviews and approves any rights restrictions to ensure they are necessary and appropriate, and least restrictive.
- **Behavior Support Committee (BSC):** Providers must also have a Behavior Support Committee policy. This committee oversees behavior support plans and ensures that any restrictive interventions are used only when necessary and in the least restrictive manner.
- **Person-Centered Practices:** The policies emphasize person-centered practices, ensuring that services and supports are tailored to the individual's needs and preferences.
- **Least Restrictive Setting:** Services must be provided in the least restrictive setting possible, promoting community inclusion and independence. (ND DHHS, n.d.)

For people supported in your agency, this means rights cannot be restricted as part of assessment or planning without due process. For more information on the rights of people with disabilities, refer to the *Legal Issues and Developmental Disabilities* and the *Supporting People with Disabilities in the Community* modules which are part of the Community Staff Training Program (CSTP) module curriculum.

The Difference Between “Important To” and “Important For”

People tell us what is important **TO** them with their words and their actions. A person’s words and behavior reflects what they like, and quality of life issues that are important to him or her.

Teams must also address what is important **FOR** a person to be successful. This may include assuring health or safety, complying with laws, meeting job expectations, or other important skills that help the person be engaged and live a meaningful life. The chart below shows examples that fall into each category.

Important TO the Person	Important FOR the Person
<ul style="list-style-type: none"> • Go to a Twins Game • Have friends • Redecorate his/her room • Enjoy music throughout the day • Volunteer 	<ul style="list-style-type: none"> • Communicate without hitting others • Stay on task • Follow instructions at work • Get enough sleep to be able to do your job • Cross the street safely

Ethical Considerations

When assessing and setting goals, the team needs to prioritize the preferences of the person while considering other factors that may impact the person's quality of life. To do this, the team must determine the *why* for each goal that is included. Here are some examples of reasons a goal might be selected :

Why Might a Goal be Selected?
<p>It is what the person wants.</p> <p>The plan should be built around what is important to the person as revealed through self-assessment.</p> <p>Legal guardians are authorized by the court to determine what is in the best interest of the person and give informed consent to the plans. Their decisions should be based on what the person would choose if that person had all of the information and the ability to make an informed decision.</p> <p>Information about different kinds of assessments, including self-assessment, is included in chapter three.</p>
<p>Current relationships will be enhanced, or opportunities for new relationships will increase.</p> <p>What support does the person need to nurture relationships that are forming and maintain long-standing connections with family and friends? The focus of planning should be to shift from agency services to a personal network of individualized supports.</p>
<p>Community participation will increase.</p> <p>Increasing the number of places a person goes each day, week and year will enhance the person's opportunities for growth and relationships. The goal is to increase opportunities to connect with people who do not have disabilities and to be engaged in meaningful activities. Increased social contacts are associated with improved mental and physical health. (NIH, 2022)</p>
<p>Self-determination skills will be increased.</p> <p>Self-determination has a positive effect on a person's overall quality of life (NIH, 2020). This includes the person's ability to make choices and decisions, be independent, to advocate for him or herself and to exercise self-determination.</p> <p>During the assessment process the team may assess which opportunities for choice the person currently exercises in his/her daily life, how the person indicates choice, or what saying 'no' looks like for this person.</p>

Health and well-being will be improved.

Good health is important to lead a full active life doing things that bring meaning such as being able to work or volunteer, participating in community events, and spending time with friends and family. Both physical and mental well-being should be considered during the planning process.

A person can learn to take responsibility for his or her own health by focusing on specific aspects such as exercising, making healthy choices, or eating right. It might mean participating in recreational activities to increase range of motion, assist with weight loss, or improve hand-eye coordination. Or, it may involve self-regulation or stress relief exercises that help the person manage his or her mental health.

The person will be safe; risk will be minimized.

For every person there is dignity in taking risks, but the potential harm needs to be managed. A risk assessment is required each year to identify ways to balance a person's right to take reasonable risks with the protection needed to keep that person safe. People with disabilities may be more vulnerable and have difficulty making informed decisions about risky behaviors and their possible consequences.

Status will be enhanced.

The more competence a person has, the more likely he or she is to be valued and accepted by the community. It is beneficial for Person-Centered Plans to have goals that balance increasing competence with learning functional life skills.

Learning a new skill or becoming more independent is good, but simply doing something by yourself or doing it well is not always viewed as competent by others. For example, brushing your teeth is a functional life skill that almost everyone can do, it is not a competence. Singing, wood carving, and photography are specialized skills that may be viewed as competencies. Not everyone can do the skills well and many people wish they had that ability. People gain status when their skills and competencies are recognized and valued by others.

Chronological Age Appropriateness

Chronological age appropriateness means dressing, acting, talking, and doing activities that are similar to other people of a similar age. Social expectations change as people grow older or move into different phases of life. For example, young children like to spend time with dolls and toy cars. As teenagers they spend more time with books, bikes, skateboards, and video games. As adults they may choose to spend their free time playing cards, gardening, or meeting friends at a coffee shop.

If people are not exposed to different things and activities as they get older, then their behavior or interests may not change. This can impact people with disabilities more negatively than their peers without disabilities. For example, Jane, a woman with Down Syndrome who plays with dolls is likely to be perceived by others as childlike or immature. Jane's behavior may reinforce the stereotype that adults with intellectual disabilities are more like children than adults. Viewing people with intellectual or development disabilities as "childlike" is a barrier to their participation in the community. When interactions do occur, this perception often results in others treating the person as if he/she is a child. Therefore, it's important that the goals selected are age appropriate. Factors to consider during assessment and goal setting include:

- **Space and settings** - If the goal involves a specific setting, is it age-appropriate? Are adults attending the adult education classes available to all community members or a segregated program in a school built and designed for children? Is the home decorated in a typical adult manner, or are there childlike cartoons, posters, furniture, etc.?
- **Scheduling** - If the goal is for the person to participate in a recreational activity, does it take place at an age-appropriate time? Adult bowling leagues are usually scheduled for evenings or on weekends.
- **Performance standard** – When setting the standards for learning a skill or changing a behavior, the team should set age-appropriate standards whenever possible. For example, if the person is learning how to get dressed, in addition to teaching the mechanics of getting dressed, it may be appropriate to help the person learn skills in selecting clothes for the weather and occasion, matching colors, etc. – skills which are expected to some degree, of all adults.
- **Learning about alternatives** – If a person has never had the opportunity to attend age-appropriate activities or have age-appropriate possessions, it is not surprising if they prefer familiar activities and possessions (even though they are age-inappropriate). If the person is slowly introduced to age-appropriate activities or possessions, they may be more receptive. Change requires time, a consistent approach, and creativity. It may be helpful to find out what function the item or activity has for the person. For example, if an adult is carrying around a teddy bear for security, maybe it could be replaced with a purse or backpack. If an adult likes to color using crayons and children's coloring books, maybe they would find using colored pencils and an adult coloring book enjoyable as well, or painting on a canvas.



Addressing Challenging Goals

People may express goals that seem unrealistic, such as, "I want to be a brain surgeon," or "I want to be a veterinarian." This may happen when a person does not have enough information or experience about what it takes to reach the goal. Assessment can help the person understand what they like most about the goal and to form a more realistic vision for the future. Perhaps they would like to work in a medical office, be an assistant to a veterinarian, or have their own dog. Gaining experience in settings that seem appealing can help the person learn what the job or activity is actually like and, as a result, their preferences may change. For example, after their first flying lesson, many people change their minds about becoming a pilot. An organization that offers real choice is continuously supporting people to identify and express their preferences.

It can be tempting to try to talk the person out of their desired future by showing or telling them why it's not possible. Remember barriers are sometimes just challenges waiting to be overcome. When we bring the right people together to eliminate the barriers and find solutions, we are much more likely to succeed than if we try to address the problem on our own. Positive thinking and sincere efforts (even if they are unsuccessful) are more respectful than dismissing ideas as unimportant or unachievable.

Feedback Exercise 2

1. True or False: Section 504 of the Rehabilitation Act of 1973 protects people from discrimination based on disability.
2. True or False: Rights can be restricted without due process.
3. True or False: Chronological age appropriateness means dressing, acting, talking, and doing activities that are similar to other people of a similar age.
4. True or False: Viewing people with intellectual or developmental disabilities as “childlike” can be a barrier to their participation in the community.
5. True or False: Goals selected for people supported should always be based on what is familiar to them, regardless of age appropriateness.
6. True or False: Brushing teeth is a competency.
7. True or False: A person's words and behavior reflect what is important TO them.
8. Which of the following is an example of what is important TO a person?
 - a. Communicate without hitting others
 - b. Stay on task
 - c. Go to a Twins Game
 - d. Follow instructions at work
9. Which of the following is NOT a reason why a goal might be selected?
 - a. It is what the person wants
 - b. It enhances current relationships
 - c. It increases community participation
 - d. It limits the person's activities
10. What of the following should Person-Centered Planning be focused on?
 - a. Agency services
 - b. Personal network of individualized supports
 - c. Increasing funding
 - d. Expanding facilities
11. What should be considered when setting goals?
 - a. Only the person's current preferences
 - b. Age-appropriate standards
 - c. The availability of resources
 - d. The team's convenience
12. Explain the concept of chronological age-appropriateness and why it is important when providing support and services.

13. What would be a good reason for selecting a goal?
14. Describe how community participation can enhance a person's quality of life.

Chapter 3: Assessment Tools and Techniques

Objectives:

- Identify annual agency assessment requirements, and those done based on individual, agency, or specific program requirements.
- Explain why and how some assessments may overlap.
- Understand the difference between screening and assessment.
- Understand the difference between formal and informal assessment.
- Explain how to identify personal goals for a person who has limited verbal communication.
- Explain validity and reliability of assessments.
- Give examples of how technology can increase independence, autonomy, and self-determination for people with cognitive and physical disabilities.
- Identify standard assessment questions teams should ask when considering assistive technology.

All ND DD providers must meet basic requirements in the areas of health, safety, and human security as a part of the services and support they provide. There are many different types of assessments: **formal, informal, annual required assessments, and other assessments based on individual need.** Each accrediting agency may have different assessment requirements. Some assessments are based on individual, agency, or specific program requirements (i.e., ICF regulations). For example, John has an annual assessment by the Speech Language Pathologist because he receives speech therapy services, and Jennifer wants to learn to cook so the QDDP requested a cooking skills assessment be completed to determine what cooking skills Jennifer has and what she may want to work on. In most agencies, the QDDP will initiate and assign responsibility for the completion of assessments.

Formal assessments are conducted by professionals who have received special training in giving specific tests and interpreting the results. These tests give limited information about the person's current skill level in a given area. They do not provide information about which support would be appropriate and beneficial. For example, standardized reading assessments tell how a person compares to other people of age in their ability to comprehend information, vocabulary, sentence structure, etc. This information is used to rate the person's ability to complete a variety of reading skills. The test does not give specific information about individual strengths or barriers the person may be experiencing. To be considered reliable and valid, these tests need to be administered and interpreted in exactly the same way for each person.



Some assessments are given by professionals with specific training but may not measure a specific skill. These assessments give the person and their planning team health -related, or

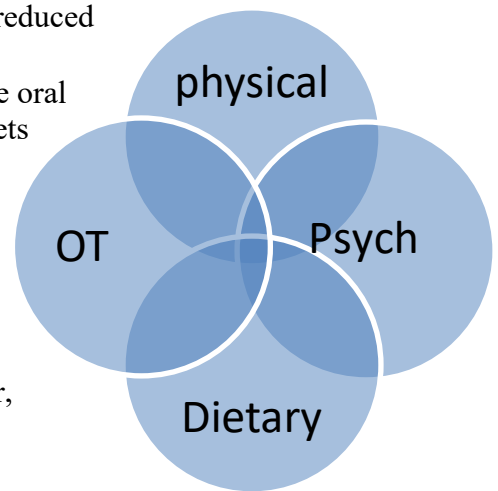
other information used for planning support and services. Examples of these assessments are included in the table below.

Physical Health	This is performed by a licensed physician, a physician's assistant, or a nurse practitioner who is supervised by a physician. It includes medical history, physical examination of all body systems, and laboratory findings. This could also include a review of all medication the person is taking.
Dental Health	A licensed dentist must perform the examination. It should include an evaluation of the person's oral hygiene practices, dental health, and recommendations for treatment.
Nutritional	This assessment will address nutrition, diet, weight range; recommend foods and textures, the effects of medication on diet habits, the effects of certain foods on medications and methods to enhance chewing and swallowing. Individual food preferences and preferred dining times can be included. A licensed dietician would complete this assessment.
Speech and Language	This evaluation of a person's communication skills would be completed by a Speech Language Pathologist. It is done to understand a person's communication skills and needs. It includes evaluation of expressive language (how a person uses language to communicate) and receptive language (how a person understands language).
Audiological (Hearing)	This is completed by an audiologist and addresses issues regarding the person's hearing and possible need for amplification (hearing aids) and other modifications to the environment.
Vision	A vision evaluation, completed by an optometrist, will provide information on the person's ability to see and how it affects daily activities. Visual acuity measures the person's ability to see details at a specific distance. A functional vision evaluation measures level of visual functioning and its impact on everyday tasks.
Occupational Therapy (OT) and Physical Therapy (PT)	These evaluations, completed by an OT or PT, give information regarding the person's ability to move around in everyday settings, gross and fine motor movements, strength, coordination, and independence. This would include but not be limited to walking, sitting, standing, negotiating stairs and curbs, opening doors, entering and exiting vehicles, opening/closing containers, manipulating objects, and oral motor skills such as swallowing. It describes gross and fine motor movements, strength, eye-hand coordination, and strategies for independence, the need for adaptive or special equipment, and eye-hand coordination.
Social	A social and developmental history includes a description of the type and frequency of social interactions, and make-up of the person's social support network, including family members, friends, co-workers, and neighbors. This may be completed by a social worker or other professional within the agency such as a QDDP.
Psychological	An evaluation by a qualified examiner, generally a psychologist, includes the person's emotional and intellectual status. Information can be gained

	from direct observation, non-standardized screening measures, as well as standardized evaluation tools. Challenging behaviors may be addressed. For people taking antipsychotic medication, a nurse may complete an Abnormal Involuntary Movement Scale (AIMS) periodically to check for effects from the medications.
Functional Behavior Analysis	An analysis of challenging behavior that includes the function of the behavior, environmental influences, and recommendations for intervention. This is generally completed by or under the direction of a person with training in applied behavior analysis.
Functional or Independent Living Skills	Functional skills that the person does use, will use, or will have to use in his or her daily life are assessed. The level of support needed to complete these activities is noted (i.e., reminder, gesture, physical assistance). This assessment can be completed by a support staff, therapist, or other professional.

Some areas of assessment may overlap. Different specialists and staff may be involved in the same assessment area. For example, a nutritional assessment may include:

- A physical exam to evaluate the need for special diets (reduced calorie, low fat, low sodium, etc.)
- An occupational therapist or speech pathologist evaluate oral motor development and the possible need for special diets (related to the texture or consistency of the food) or feeding techniques.
- A dietitian recommends what types of food should be included in the diet prescribed by the doctor.
- A psychologist and direct support professionals, working together, determine functional behavior such as the rate of eating, lack of appetite, mealtime behavior, etc.



Screening is part of the assessment process that is brief and limited in scope and intensity. It is intended to determine whether or not a more in-depth assessment is needed. Examples of areas in which a screening is commonly used includes nutritional, vision, auditory (hearing), and speech/language. Screening may be done as part of a routine clinic visit and may indicate an issue in a specific area, but it is not a diagnostic tool.

An **informal assessment** gives us more specific information about the person’s personality, dreams, and preferences. These assessments may be ongoing, are more flexible, and lead to a more comprehensive, person-centered approach. Agency staff that do not have specialized assessment training, such as a DSP, job coach, or a program coordinator may be asked to participate in or complete informal assessments and will be instructed on how to conduct the assessment. There are two informal **annual assessments** required for everyone. These are self-assessment and risk assessments which, along with examples of other informal assessments, are explained in the table:

Self-assessment – This is the starting point of each person’s assessment plan. Personal preferences and desired outcomes are identified. The person’s options and choices in where they live and work, how much choice and control they have in daily life decisions, freedom of movement, and involvement in their own planning process are part of this assessment. The goal is to help the person tell what is important to him/her in day-to-day life and the future he/she desires. This information helps teams to create opportunities for people to learn, grow, and realize personal outcomes. In addition, it can identify ways that people can be actively engaged in meaningful activities throughout the day.

Risk Assessment – This assessment identifies risks to the person’s health and safety. The Risk Management Assessment and Plan (RMAP) is the tool used for this assessment. When risks are identified, the summary should include strategies to mitigate the risks. The mitigation strategies are included in the person-centered plan.

Environmental Analysis – This is an assessment of the environments in which the person spends time, including home, work, recreation, etc. It can help to determine the resources, services, and support needed to be present for that person to be actively and meaningfully engaged.

Interviews are flexible and adaptable to many situations. The interview has been described as a "conversation with a purpose". The interview is not one-sided. Both parties receive information and provide responses. When interviewing:

- Use paraphrasing, a restatement of what the person said.
- Use perception-checking, a description of the other person's feelings as perceived (or understood) by the interviewer.
- Ask open-ended questions. Avoid questions that can be answered with a "yes" or "no" response.
- Ask for clarification when general statements are made, such as "pretty good", "without difficulty," or "terrible".

Questionnaires - Questionnaires are structured to limited topics. These are simple, effective ways of getting information and providing a permanent record. Be aware that the results can be misinterpreted, and some questionnaires have fixed or limited response options.

Observations - Observations can give a lot of information about the person's choices and responses to daily life. There are a variety of ways to organize an observation and to record the information obtained. An observation checklist, a running narrative or ABC (antecedent, behavior, consequence) record can be used.

- An *observation checklist* is a record of behaviors that have been observed. It can be used to answer specific questions such as, "What method does the person use to communicate?" or "Can the person feed herself?" If the person is not independent in an item on the checklist, the level of support needed can be recorded. General questions might include "What does the person do in their free time?" or "What teaching strategies are most effective with this person?"

- A *running narrative* (anecdotal record) describes what a person is doing minute-to-minute during the observation period. This can be done in written form or video or audio tape and transcribed later. It has detailed information about the setting, the actions of the person and the actions of other people. It should include only objective, observable information.
- An *ABC chart* is an observation tool that helps to understand the causes of behavior that may be challenging by recording what happened before, during, and after the behavior. There are three parts of an ABC recording: Antecedent, Behavior, and Consequence.

Antecedent: An action or event that occurred before the targeted behavior. Antecedents may include factors within the setting such as noise level or temperature of the room, or variables such as people present, activities, or statements made. Staff recording an ABC chart should document under what circumstances the behavior occurs. This may include recording people present, what the person was doing just prior to the behavior occurring, and any verbal or nonverbal communication preceding the behavior.

Behavior: A written description of the behavior itself, which includes specific actions, words, etc., for how long, and how intense.

Consequence: What happened immediately following the behavior. It can influence future behavior and determine whether the observed behavior will be repeated.

Ecological Assessment - An ecological assessment evaluates how a person functions in different settings. The assessment can determine how the behavior of the person can be affected by factors such as expectations, interaction with others, and the environment. Information can be collected through observations and interviews with others present in the setting. (Hopkins & Long-Crowell, 2023)

Recreation and Leisure - This could include the person's desire to explore new options at home or in the community. Recommendations for needed environmental considerations, adaptations and support should be included.

If a person has limited verbal communication, it may be difficult to determine what the person wants. Ways to help identify personal goals can include one or more of these strategies:

- Interview the person and others who know the person well. People with good communication skills and a range of experience can tell you about their personal goals. Family members and those who know the person well often have insight into the person's goals, as well. During the planning process, it is important to encourage people to share what they know. For those with limited communication skills an interview may need to include pictures or other ways to exchange information.
- Discovery. Sometimes the person may not have enough information to make informed, realistic choices. It may be helpful for the person to actually do some activities to get the information needed to make choices.
- Observe the person. If a person is not able to express their preferences with words, much can be learned by observing facial expressions, vocalizations, and body language. Preference checklists can help identify preferences for people who do not communicate verbally.
- Observe or sample with inference. When a person has difficulty communicating, indicating preferences, or trying new things, the team may need to infer (or guess) the person's preferences based on observation. This information is used to match similar characteristics in other settings and activities. For example, a person may show preferences for active, large motor, outdoor leisure activities. Some matches for work settings could be inferred and sample jobs that have the same characteristics (yard work, zoo attendant, farm hand) could be explored. Observation or sampling with inference can also be used to provide ideas for living and recreational/leisure options.
- Match to a person of the same age with no disability. People at different stages of life tend to have changing wants and needs. Young adults, for example, may choose to live near friends, have easy access to recreational sites, public transportation, etc. Although age-appropriate activities are usually best, it is important not to unnecessarily limit the person's options or restrict the person's right to choose.

Validity and Reliability

Some assessments, formal assessments in particular, need to be given in exactly the same way and interpreted consistently to be considered reliable and valid. There are widely accepted principles regarding the validity and reliability of assessments which are described below (CSAI, 2018).

Validity refers to the extent the assessment measures what it is intended to measure. Validity looks at the content of an assessment tool. This is important to prevent making decisions based on irrelevant information. For example, if we ask a person with a learning disability to respond to verbal questions about choice of recreation activities and don't provide the time

required to process our questions, the results are not valid. This would not be an assessment of the choice of recreation activity, but instead, a test of language processing. It also would not be a valid assessment if we did not provide a broad range of activity choices. In other words, does the assessment tool/strategy answer the question that we are asking, or does it tell us something else?

Reliability refers to the extent to which the assessment tool or strategy is consistent in what it is measuring. Would we obtain basically the same result if the assessment was repeated at a different time or with a different evaluator? In other words, regardless of who is presenting and interpreting the assessment, the findings should be the same.

One factor that contributes to the validity and reliability of any assessment is the conduct of the person doing the assessment. If assessments are going to be valid and reliable the person conducting the assessment must:

- Follow the directions - conduct the assessment according to the directions provided.
- Be objective - record what is observed, not what is believed to be true.
- Be accurate - evaluators must record the results of observations correctly.

Valid & Reliable

Validity: assessment measures what it is supposed to

Reliability: repeat the assessment and get the same results

Using Technology to Reach Goals

There are many tools that help us organize and store information and complete tasks every day. Our cell phones allow us to call our friends and family with just the push of a button, receive alerts, get reminders, take pictures, keep a grocery list, and provide surveillance in our homes. Many life activities are assisted by devices which give the user the ability to do tasks more efficiently, such as a robot vacuum that cleans the floors or text to speech software that can enable people who cannot read text to follow a recipe.

Technology can have the same benefits for people with disabilities. Tools can increase independence,



autonomy, and self-determination for people with cognitive and physical disabilities. Devices can help people depend less on memory or reduce the need for complex organizational skills. For example:

As Shauna waits for the city bus, her iPhone tracks the location of the bus. As the bus approaches, Shauna can get ready to board. As the bus arrives, she hears the prompt, “Get on the bus,”. When Shauna approaches her destination, she is prompted to pull the stop cord now. Shauna’s DSP also has Shauna’s permission to monitor Shauna’s progress and detect if Shauna gets on the wrong bus or misses the bus. The DSP can send Shauna a text to “pull the stop cord now” or “get off at the next stop” if needed.

Kyle uses Alexa, a virtual personal assistant, to remind him to take his evening medication on time.

James uses an iPad to clock in and out of work each day.

Brad uses noise cancelling headphones to help him concentrate on his homework.

Smart home technology refers to gadgets, devices, and home appliances that can be controlled remotely using a smartphone or tablet. For people with complex physical needs, devices can allow the person to complete tasks with less physical effort. For example, a device can be programmed to turn off the light or play music so that the person does not need to move throughout their home to do these tasks. A person can adjust the thermostat and lock the doors of their home through their cell phone.



Some devices can be programmed with a panic button. If the individual needs assistance, he or she just pushes the button. With real-time monitoring, DSPs can see and hear the person and provide the appropriate level of support. It might be the person only needs verbal assistance or information about what to do next. When on-site staff support is needed, the staff make arrangements to get someone to the person’s location.

Examples of assistive technology can be anything from a low-tech device, such as magnifying glass, to a high-tech device such as a special computer that talks and helps someone communicate. Other examples are wheelchairs, walkers, and scooters, which are mobility aids that can be used by people with physical disabilities.

Traditional support involves staff being physically present to prompt and give assistance as needed. The presence of staff may interfere with the person’s decision-making and problem-

solving especially if staff intervenes before the person has a chance to figure out what to do. Although staff may see people as capable of completing day-to-day tasks, they may offer reminders or prompts out of habit. For these reasons, it may be good to consider remote monitoring.

Technology that can help people with disabilities reach goals will vary between people and over time. It can be challenging to know where ability ends, and technology can or should begin. Cognitive abilities vary widely, and each person has a unique set of strengths/abilities. Technology must be well suited to the person and support his or her skills.

Considering how technology can increase quality of life, promote independence, and provide safeguards can be included in the assessment process. Questions for teams to ask when considering assistive technology may include:

• What is the desired result?
• What can technology do for the person that he or she is not able to do now?
• What environment would technology be used in?
• What technology is available to help overcome challenges?
• What criteria will be used to determine if the technology is successful?
• What are the person's preferences?
• Would technology support participation in activities that might otherwise be unavailable to the person?
• Would technology increase ability on tasks that are otherwise too physically difficult?
• Would it allow the person to concentrate on learning or employment rather than routine tasks?
• Would technology provide greater access to information?
• Would technology support more social interactions?
• Does it support participation in the least restrictive environment?
• Does it reduce the need for complex organizational skills?
• Is software using a format that is understandable (language and reading level)?
• For remote monitoring, is it being used for safety reasons?

Fifield (2007) recommended that teams consider four application levels of technology support during the assessment and goal setting processes:

Level 1: Individual Controls – Devices that give the person greater control of personal living or work environments. Examples: Remote control devices to turn lights on and off, to control air conditioning, and to operate appliances that are difficult to reach. Many assistive technological tools fit into this category.

Level 2: Monitoring Systems – Technology to reduce the physical presence of support staff. Examples: Passive camera systems, movement sensors, video recording systems, door/window sensors that signal when they are opened or closed.

Level 3: Daily Schedule Supports – Technology that can be used to provide cues to assist a person to follow a daily or weekly schedule or to complete a task. For example, prompting systems such as recorded prompts or a reminder on an iPhone or iPad about what has to happen next (e.g., get out of bed, get showered, get dressed, have breakfast, make lunch, go to work, etc.), or power controls turn off lights and television during certain times.

Level 4: Behavior Supports – Technology to help a person learn and maintain new skills or routines. For example, use of devices to prompt a person regarding the next behavior in a chain and input switches to indicate progress; use of movement sensors to indicate and record movement around an apartment or work site.

While technology can be beneficial, there are also challenges to consider during assessment and planning. The high cost of some technology can limit access for people with low incomes. Users must be able to keep their data and personal information private. Assessing technology is important to ensure that the tools and devices designed to benefit people are effective, accessible, and truly beneficial.

Feedback Exercise 3

1. True or False: All ND DD providers must meet basic requirements in the areas of health, safety, and human security.
2. True or False: Self-assessment and risk assessment are required annually for everyone.
3. True or False: If an assessment is valid, that means the assessment measures what it is supposed to measure.
4. True or False: Smart home technology can help people with complex physical needs complete tasks with less physical effort.
5. True or False: Traditional support involves remote monitoring to prompt and give assistance as needed.
6. True or False: Assistive technology can only be high-tech devices like special computers.
7. True or False: Screening is a diagnostic tool used to identify specific issues.
8. True or False: Formal assessments are conducted by professionals with special training.
9. True or False: An ABC chart is used to understand the causes of behavior by recording what happened before, during, and after the behavior.
10. True or False: Interviews with significant others can help identify personal goals for people with limited verbal communication.
11. True or False: Validity refers to the consistency of an assessment tool or strategy in what it is measuring.
12. True or False: Observations can help identify preferences for people who do not use language to communicate.
13. Who is in charge of initiating and assigning completion of annual assessments in most agencies?
 - a. Speech Language Pathologist
 - b. Parents of people receiving services
 - c. QDDP
 - d. Licensed physician
14. Which of the following is an example of an informal assessment?
 - a. Tests of intellectual ability
 - b. Achievement tests
 - c. Self-assessment
 - d. Social adjustment or behavior rating scales/checklists

15. What is the primary purpose of screening in the assessment process?
 - a. To diagnose specific issues
 - b. To determine whether a more in-depth assessment is needed
 - c. To provide a comprehensive evaluation
 - d. To rate the person's abilities

16. Which of the following is an example of assistive technology?
 - a. Robot vacuum
 - b. Noise cancelling headphones
 - c. Wheelchairs
 - d. All of the above

17. Which of the following is NOT a strategy to help identify personal goals for individuals with limited verbal communication?
 - a. Interview the person and significant others
 - b. Discovery
 - c. Observe the person
 - d. Ignore the person's preferences

18. What does reliability refer to in the context of assessments?
 - a. The extent the assessment measures what it is intended to measure
 - b. The consistency of the assessment tool or strategy in what it is measuring
 - c. The ability to diagnose specific issues
 - d. The range of choices provided in the assessment

19. Which strategy involves doing activities to get information needed to make choices.
 - a. Discovery
 - b. Observe the person
 - c. Interview the person and significant others
 - d. Match to a person of the same age with no disability

20. This type of assessment evaluates how a person functions in different settings.
 - a. Environmental Analysis
 - b. Interviews
 - c. Observations
 - d. Ecological Assessment -

21. Explain how assistive technology can increase independence for people with disabilities.

22. What factors should be considered when assessing the suitability of technology for a person with disabilities?

23. Explain the purpose of self-assessment in the annual assessment requirements for ND DD providers.

24. What is a Risk Management Assessment and Plan?
25. Describe the purpose of an ABC chart in the assessment process.

Chapter 4: Developing an Assessment Summary

Objectives:

- Explain plain language.
- Explain what should be included in an assessment summary.
- Give examples of environmental factors that can impact a person.
- Describe the interconnectedness of the planning process.
- Describe the difference between function and form and give examples of each.

To assist the Person-Centered Planning team to understand assessment information, each evaluator develops a summary of their completed assessment. The results should be sent to team members two weeks prior to the annual meeting. The terminology in all assessment summaries should be easy to understand and written in plain language. This helps the reader understand the information quickly and easily. The summary should avoid medical terms, technical terms, jargon and abbreviations, unless they are clearly defined (Plain Language Action and Information Network, n.d.). Material is in “plain language” when the reader can:

- Find what they need
- Understand what they find the first time they read or hear it
- Use what they find to meet their needs

Terms used should be specific, observable, and measurable. Describing a person by saying, “she/he has good grooming skills” or “she hates her job” won't be useful to the team. It would be more helpful to the team to identify specific competencies, preferences, and support needs (i.e., fixes dinner without assistance; needs reminders to wait for change at the grocery store; complains of back pain after work; initiates interactions with coworkers during breaks).

The summary should prioritize strengths and support needs which will have the greatest impact on the person's progress towards his/her goals. Each summary should include recommendations that are functional and relevant to the person's life situation and desired future. Summaries should suggest ways for the person to build strengths and expressed interests resulting in a plan that focuses on the growth of the person. For example: How could we build on the person's ability to grasp objects and preference to spend much of the day walking around? Could he or she push a delivery cart, walk dogs, vacuum, play croquet, or water flowers?

The summary should also include a discussion of environmental factors that impact the person such as lighting, noise, room temperature, time of day, and number of people present. Indicate ways the setting can be modified to help ensure the person will be successful.

Assessment Summary

- Use plain language
- Include recommendations
- Focus on strengths and preferences
- Include environmental factors
- Meet the deadline

What physical adaptations lead to greater independence? What types of prompts, support and staff approaches are effective? Include likes and dislikes that will aid in positive daily interaction. What issues regarding reinforcement are important for the team to know?

The report should be an accurate reflection of skills and support needs, it should have a positive tone, reflect plans for the future, and opportunities for growth that are age appropriate, and value based.

Before the team meets, each person who completed an assessment should meet with the person supported and share what was learned during the assessment process, explaining the assessment results in a manner that he or she understands.

Pictures or graphics can be used to help clarify the information. Words that match the person's level of understanding should be used. Help the person to identify how

they want the information shared. If there is information the person does not want to share during the meeting, share information privately with the team members that need to know. It is important that the meeting to review assessments takes place a week or two before the team meeting in case there is a need to re-evaluate the findings or follow up with additional assessments.



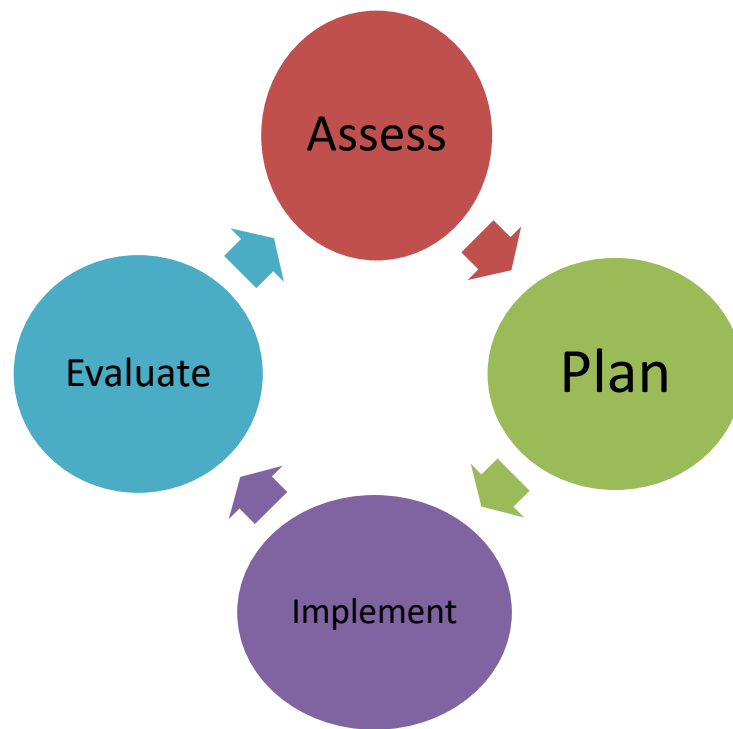
Person-Centered Planning team members are responsible to complete assessments by the deadlines assigned by the QDDP or another plan coordinator within the agency. In some agencies, team members share summaries with each other prior to the meeting. Sending the summaries two weeks prior to the meeting allows each team member to think about the person from his or her area of expertise and also carefully consider information from the other team members as well.

Example: A vocational assessment may indicate that the person would be well suited for a janitorial job, while the residential assessment may indicate that the person refuses all cleaning tasks and prefers laundry chores. The occupational therapist may recommend that the person only stand for short periods of time. These conflicting recommendations will need to be reconciled before setting goals. When teams have information from other assessments prior to the meeting, they can start to think about recommendations and the reason for conflicting information.

Team members are responsible for interpreting their assessment findings and presenting recommendations during the Person-Centered Planning meeting. The team meeting provides an opportunity for communication and planning among the person, their family (if appropriate), and direct support and other professionals.

It is important to remember that the assessment process doesn't end when the reports are given at the meeting. The assessment process is ongoing. The diagram below illustrates the

interconnectedness of assessing, developing the Person-Centered Plan, implementing the plan, and evaluating the plan. Throughout the process, staff should continue to listen and learn.



Function and Form

When a task needs to be done, there are usually several different ways to accomplish it. For example, we can do things ourselves, we can ask others to help us do it, or we can hire someone to do it for us. The same is true for the people we support. They do not need to learn to do everything for themselves; they have options for getting things done. Part of the assessment summary can include *how* a task gets accomplished. To consider the options, we need to look at both the function and the form of a task.

The function of behavior refers to the purpose of the behavior (*what* needs to be done, the task). The form refers to the specific means to accomplish the function (*how* the task can be completed). The function states what needs to be accomplished, without specifying how or by whom. Form refers to the specific motor action. Often we focus only on assessing whether a person can do a task (the form), but sometimes it is whether the task gets done (the function) that matters.

Examples of functions and forms are in the table below.

Function (<i>What needs to be done?</i>)	Form (<i>How can it get done?</i>)
Sharon's laundry gets done	<ul style="list-style-type: none"> • Sharon does her own laundry • Using partial participation, staff wash the laundry, Sharon transfers it into the dryer, and then Sharon folds and puts away the laundry with the assistance of staff. • Laundry is dropped off at a laundry service. • Family does the laundry
Greg eats nutritious meals	<ul style="list-style-type: none"> • Greg learns how to prepare simple meals. • Staff cook & freeze meals weekly; Greg reheats meals as needed. • Purchase and make frozen foods in the microwave or oven. • Meals on wheels delivers food. • Call for delivery of meals from local restaurants. • Eat out at restaurants or bring home take-out. • Family members provide meals and/or assistance.
Rod gets to and from work	<ul style="list-style-type: none"> • Ride the bus • Staff provide transportation • Walk • Take a cab • Ride with co-worker • Drive his own car • Family or a friend provides transportation • Ride a bike

Goals should be accomplished in the most efficient way possible while still considering skills the person wants to learn. While other options might help the person reach the goal more quickly, sometimes it is worth the wait. Learning new skills as they work toward their goals can build confidence and self-esteem.

For more information regarding form and function, refer to the *Achieving Personal Outcomes* module within the Community Staff Training Program (CSTP) curriculum.

After the goals and objectives are written, and staff have been trained, DSPs implement the

training programs and collect data. DSPs are responsible for asking for help if they don't understand parts of the plan or have difficulty implementing the plan or recording the data. The data should be evaluated regularly by assigned team members (generally the QDDP or program coordinator) to determine if progress is being made. Lack of progress may occur for many reasons including: insufficient trials, weak reinforcement, inconsistent implementation, the task is too complex, the person is no longer interested in the activity, a medical problem, or a change in staff. If there is lack of progress, strategies may need to be revised, staff may need to be retrained, or the team may need to meet to reassess the challenges.

Feedback Exercise 4

1. True or False: Assessment summaries should be written in plain language to ensure they are easily understood.
2. True or False: It is useful to describe a person by saying, “she/he has good grooming skills” in assessment summaries.
3. True or False: Prior to attending the Person-Centered Planning meeting, team members should *only* review the assessment in their own area of expertise.
4. True or False: The function of behavior refers to the specific way to accomplish a task.
5. True or False: People we support must learn to do everything themselves without any help.
6. True or False: DSPs are responsible for asking for help if they don’t understand parts of the plan or have difficulty implementing the plan.
7. True or False: Reading ability is an environmental factor to consider in assessment summaries.
8. Which of the following should be avoided in assessment summaries?
 - a. Plain language
 - b. Medical and technical terms
 - c. Specific, observable, and measurable terms
 - d. Recommendations that are functional and relevant
9. What is the purpose of prioritizing strengths and support needs in assessment summaries?
 - a. To make the summary longer
 - b. To have the greatest impact on the person’s progress towards goals
 - c. To avoid discussing environmental factors
 - d. To focus on weaknesses
10. Which of the following is NOT a factor to consider when discussing environmental factors in assessment summaries?
 - a. Lighting
 - b. Noise
 - c. Room temperature
 - d. Personal preferences
11. Which of the following is an example of the function of behavior?
 - a. Sharon does her own laundry
 - b. Laundry is dropped off at a laundry service
 - c. Family does the laundry
 - d. Sharon’s laundry gets done

12. What should be considered when supporting people to meet their goals?
 - a. The skills the person wants to focus on learning
 - b. The preferences of the staff
 - c. The availability of resources
 - d. The time of day
13. Explain the difference between the function and form of behavior.
14. Explain why it is important to use plain language in assessment summaries.
15. Describe the role of the Person-Centered Planning team in the assessment process.
16. What should be included in the summary of an assessment to make it useful for the team?

Feedback Exercise Answer Key

Feedback Exercise 1

1. True or False: Person-Centered Planning focuses on the goals of the team rather than the person supported.
2. True or False: When plans are developed from a value base that puts the goals of the person first, the plan will focus on how to modify the support to meet the needs of the person.
3. What is the primary purpose of assessment in the Person-Centered Planning process?
 - a. To collect information for making decisions
 - b. To increase the agency's budget
 - c. To recruit new team members
 - d. To plan community events
4. Which of the following should NOT be the focus of a goal?
 - a. Something to have or to own
 - b. A trip to a specific place
 - c. Developing a new social role
 - d. Limiting the person's activities
5. What are some ways the team can support a person to be engaged in the assessment process?

The team can support engagement by making the assessment process meaningful to the person, helping them understand how it will help them set or reach goals, showing videos or photos of environments, assisting them in trying new activities, and recognizing the dignity of partial participation where the person is involved to the extent possible.
6. What are three general areas in which a goal might be set? Give an example for each.
 - Something to have or to own.
 - A trip to a specific place or to visit specific people.
 - Something to learn about or explore.
 - Developing a new social role.
 - A milestone to achieve.
 - Contribute or give back to the community.

Feedback Exercise 2

1. True or False: Section 504 of the Rehabilitation Act of 1973 protects people from discrimination based on disability.
2. True or False: Rights can be restricted without due process.
3. True or False: Chronological age appropriateness means dressing, acting, talking, and doing activities that are similar to other people of a similar age.
4. True or False: Viewing people with intellectual or developmental disabilities as “childlike” can be a barrier to their participation in the community.
5. True or False: Goals selected for people supported should always be based on what is familiar to them, regardless of age appropriateness.
6. True or False: Brushing teeth is a competency.
7. True or False: A person's words and behavior reflect what is important TO them.
8. Which of the following is an example of what is important TO a person?
 - a. Communicate without hitting others
 - b. Stay on task
 - c. Go to a Twins Game
 - d. Follow instructions at work
9. Which of the following is NOT a reason why a goal might be selected?
 - a. It is what the person wants
 - b. It enhances current relationships
 - c. It increases community participation
 - d. It limits the person's activities
10. What of the following should Person-Centered Planning be focused on?
 - a. Agency services
 - b. Personal network of individualized supports
 - c. Increasing funding
 - d. Expanding facilities
11. What should be considered when setting goals?
 - a. Only the person's current preferences
 - b. Age-appropriate standards
 - c. The availability of resources
 - d. The team's convenience
12. Explain the concept of chronological age-appropriateness and why it is important when providing support and services.

Chronological age appropriateness means dressing, acting, talking, and doing activities that are similar to other people of a similar age. It is important for individuals with disabilities because it helps them be perceived as mature and capable, reducing stereotypes and barriers to community participation.

13. What would be a good reason for selecting a goal?
- It is what the person wants.
 - Current relationships will be enhanced, or opportunities for new relationships will increase.
 - Community participation will increase.
 - Self-determination skills will be increased.
 - Health and well-being will be improved.
 - The person will be safe; risk will be minimized.
 - Status will be enhanced.
14. Describe how community participation can enhance a person's quality of life.
Community participation increases the number of different places a person goes and the opportunities to connect with people who do not have disabilities. This engagement in meaningful activities can enhance mental and physical health, promote inclusion, and improve the overall quality of life.

Feedback Exercise 3

1. True or False: All ND DD providers must meet basic requirements in the areas of health, safety, and human security.
2. True or False: Self-assessment and risk assessment are required annually for everyone.
3. True or False: If an assessment is valid, that means the assessment measures what it is supposed to measure.
4. True or False: Smart home technology can help people with complex physical needs complete tasks with less physical effort.
5. True or False: Traditional support involves remote monitoring to prompt and give assistance as needed.
6. True or False: Assistive technology can only be high-tech devices like special computers.
7. True or False: Screening is a diagnostic tool used to identify specific issues.
8. True or False: Formal assessments are conducted by professionals with special training.
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 - b. Achievement tests
 - c. Self-assessment
 - d. Social adjustment or behavior rating scales/checklists
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 - a. To diagnose specific issues
 - b. To determine whether a more in-depth assessment is needed
 - c. To provide a comprehensive evaluation
 - d. To rate the person's abilities
16. Which of the following is an example of assistive technology?
 - a. Robot vacuum
 - b. Noise cancelling headphones
 - c. Wheelchairs
 - d. All of the above
17. Which of the following is NOT a strategy to help identify personal goals for individuals with limited verbal communication?
 - a. Interview the person and significant others
 - b. Discovery
 - c. Observe the person
 - d. Ignore the person's preferences
18. What does reliability refer to in the context of assessments?
 - a. The extent the assessment measures what it is intended to measure
 - b. The consistency of the assessment tool or strategy in what it is measuring
 - c. The ability to diagnose specific issues
 - d. The range of choices provided in the assessment

19. Which strategy involves doing activities to get information needed to make choices.
 - a. Discovery
 - b. Observe the person
 - c. Interview the person and significant others
 - d. Match to a person of the same age with no disability

20. This type of assessment evaluates how a person functions in different settings.
 - a. Environmental Analysis
 - b. Interviews
 - c. Observations
 - d. Ecological Assessment -

21. Explain how assistive technology can increase independence for people with disabilities.
Assistive technology can increase independence by enabling people to complete tasks more efficiently, reducing reliance on memory, and providing tools that support autonomy and self-determination. Devices like smart home technology, virtual assistants, and mobility aids help individuals manage daily activities with less physical effort and greater control.

22. What factors should be considered when assessing the suitability of technology for a person with disabilities?
Factors to consider include the desired result, the person's preferences, the environment where technology will be used, available technology to overcome challenges, criteria for success, support for participation in activities, physical difficulty of tasks, access to information, social interactions, and the least restrictive environment. Additionally, ensuring technology is understandable and used for safety reasons is important.

23. Explain the purpose of self-assessment in the annual assessment requirements for ND DD providers.
Self-assessment summarizes personal preferences and desired outcomes, including options and choices in living and working, control and access to money, privacy, dignity and respect, choice and control in daily life decisions, freedom of movement, and involvement in the planning process.

24. What is a Risk Management Assessment and Plan?
The Risk Management Assessment and Plan (RMAP) summarizes all identified risks and strategies to mitigate them. Mitigation strategies are included in the person-centered plan to ensure the individual's safety and well-being.

25. Describe the purpose of an ABC chart in the assessment process.
An ABC chart helps to understand the causes of behavior by recording what happened before (Antecedent), during (Behavior), and after (Consequence) the behavior. This information can be used to identify patterns and develop strategies to address challenging behaviors.

Feedback Exercise 4

1. True or False: Assessment summaries should be written in plain language to ensure they are easily understood.
2. True or False: It is useful to describe a person by saying, “she/he has good grooming skills” in assessment summaries.
3. True or False: Prior to attending the Person-Centered Planning meeting, team members should *only* review the assessment in their own area of expertise.
4. True or False: The function of behavior refers to the specific way to accomplish a task.
5. True or False: People we support must learn to do everything themselves without any help.
6. True or False: DSPs are responsible for asking for help if they don’t understand parts of the plan or have difficulty implementing the plan.
7. True or False: Reading ability is an environmental factor to consider in assessment summaries.
8. Which of the following should be avoided in assessment summaries?
 - a. Plain language
 - b. Medical and technical terms
 - c. Specific, observable, and measurable terms
 - d. Recommendations that are functional and relevant
9. What is the purpose of prioritizing strengths and support needs in assessment summaries?
 - a. To make the summary longer
 - b. To have the greatest impact on the person’s progress towards goals
 - c. To avoid discussing environmental factors
 - d. To focus on weaknesses
10. Which of the following is NOT a factor to consider when discussing environmental factors in assessment summaries?
 - a. Lighting
 - b. Noise
 - c. Room temperature
 - d. Personal preferences
11. Which of the following is an example of the function of behavior?
 - a. Sharon does her own laundry
 - b. Laundry is dropped off at a laundry service
 - c. Family does the laundry
 - d. Sharon’s laundry gets done

12. What should be considered when supporting people to meet their goals?
 - a. The skills the person wants to focus on learning
 - b. The preferences of the staff
 - c. The availability of resources
 - d. The time of day

13. Explain the difference between the function and form of behavior.

The function of behavior refers to the purpose of the behavior or what needs to be accomplished, while the form refers to the specific means or motor actions used to complete the task. Function focuses on the outcome, whereas form focuses on the method.

14. Explain why it is important to use plain language in assessment summaries.

Using plain language in assessment summaries is important because it ensures that the information is easily understood by all team members, including the person supported. This helps everyone find, understand, and use the information effectively to meet their needs.

15. Describe the role of the Person-Centered Planning team in the assessment process.

The Person-Centered Planning team is responsible for completing assessments by assigned deadlines, sharing summaries with each other prior to the meeting, interpreting assessment findings, and presenting recommendations during the meeting. They work together to develop, implement, and evaluate the Person-Centered Plan, ensuring ongoing assessment and listening to the person supported.

16. What should be included in the summary of an assessment to make it useful for the team?

The summary should include specific, observable, and measurable terms, prioritize strengths and support needs, provide recommendations that are functional and relevant, discuss environmental factors, and reflect a positive tone with plans for the future and opportunities for growth. It should be written in plain language and avoid jargon and abbreviations.

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