

**DDSD ASSESSMENT TRACKING SHEET**  
**FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES LIVING IN THE COMMUNITY**

<b>Name:</b>		<b>ISP Dates:</b>
<b>Healthcare Coordinator:</b>		<b>Term of LOC:</b>
<b>Phone:</b>		<b>Fax:</b>
<b>E-Chat Acuity:</b>	<b>Date of SIS:</b>	<b>DDW Group:</b>
<b>CLINICAL ASSESSMENT AREAS</b>		
<b>Assessments</b>	<b>Provider</b>	<b>Results/Implications for Planning</b>
Physical Exam: Date last done: Date due next:		
e-CHAT: Date last done: Date due next:		
Psychological Evaluation: Date last done: Date due next:		
Psychiatric Exam: Date last done: Date due next:		
Neurological: Date last done: Date next due:		
Dental: Date last done: Date next due:		
Vision: Date last done: Date next due:		
Auditory/Hearing: Date last done: Date next due:		
Positive Behavior Support Assessment: Date last done: Date next due:		
Communication/Speech Therapy: Date last done: Date next due:		
Augmentative/Assistive Technology: Date last done: Date next due:		
Aspiration Risk Screening Tool: Date last done: Date next due:		
CARMP: Date last done: Date next due:		
Mobility/Adaptive Equipment: Date last done: Date next due:		



Physical Therapy: Date last done: Date next due:		
Occupational Therapy: Date last done: Date next due:		
Nutritional Evaluation: Date last done: Date next due:		
Vocational Assessment: Date last done: Date next due:		
Other: Date last done: Date next due:		
Other: Date last done: Date next due:		
Other: Date last done: Date next due:		
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\*Other may be used assessments as ordered by PCP or other medical specialist