

Date:

Name of Person(s) Interviewed:

Relationship of person(s) assisting:

Reviewer's Name:

Name of person(s) assisting:

Phone number of person(s) assisting:

Will the Participant consent to be interviewed? (check one) Yes No Person unable to respond Reviewer unable to comprehend response.

Person's Interview

Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Please try to have enough of an exchange (including all possible verbal and non-verbal elements) with the class member to determine issues of choice, satisfaction with his/her daily life, participation in service planning, awareness of guardian, case manager, other staff and friends.

If the Participant chooses not to participate in the interview, please document reason(s) and omit pages 3 through 9. If the person being interviewed wishes to have someone with him/her during the interview the Reviewer should respect the person's wishes. However, the purpose of the interview is to gather information from the person. The Reviewer must determine and address the degree to which someone assists the person to express his/her responses or responds "for" the person. Arrangements are to have been made for any necessary interpreters.

Thank the person for his/her time and cooperation.

- Reviewer
- Observe any adaptive equipment and/or assistive technology that is available and being used. Ask the person about the equipment. If they have help using it, who helps them, etc. List what you observe/learn. If the person is unable to respond in a way that you understand, ask staff and ask them to demonstrate the use of the equipment.
 - Please note if the Participant has signs of involuntary movement.
 - Describe your interactions or attempts at interactions with the person.

CJ Remarks

Person's Interview

A. Hi. My name is _____. What is your name?

Person's Answer Assistant's Answer

B. Do you like where you live now? Yes No CND
What do you like about it?

What do you not like about it?

Person's Answer Assistant's Answer Observation

CJ Remarks

C. Did you choose the place where you live? Yes No CND

Person's Answer Assistant's Answer Observation

D. Did you choose the people you live with? Yes No CND

Person's Answer Assistant's Answer Observation

E. Do you get along with your housemates? Yes No CND

Person's Answer Assistant's Answer Observation

F. **(If answer to D and/or E is no, ask this question.)**

Do you want to live with (check one) another person or live alone?

Have you told your team? Yes, I've told the team, No, I haven't told the team. CND

How are they helping you?

Person's Answer Assistant's Answer Observation

CJ Remarks

G. Do you feel safe and comfortable here? Yes No CND

If "No", Can you tell me why you don't feel safe and comfortable? Have you told your team? Anyone else? Who?

How are they helping you?

Person's Answer Assistant's Answer Observation

CJ Remarks

H. Can you be by yourself as much as you want to? Yes No CND

Person's Answer Assistant's Answer Observation

I. Do you take any medicine? Yes No CND

What do you take? How does the medicine make you feel?

Person's Answer Assistant's Answer Observation

J. a. Can you see your friends and family when you want to see them? Yes No CND

b. What are some of your friends names?

c. Are they paid staff?

Person's Answer Assistant's Answer Observation

CJ Remarks

K. When you have friends and family here, can you be alone with them? Yes No CND

Person's Answer Assistant's Answer Observation

L. Does anyone come into your bedroom without asking? Yes No CND

Person's Answer Assistant's Answer Observation

M. Can you use the phone when you want to? Yes No CND

Person's Answer Assistant's Answer Observation

N. Does someone help you around the house? Yes No CND

Person's Answer Assistant's Answer Observation

O. Did you choose the staff who help you at home? Yes No CND

Person's Answer Assistant's Answer Observation

P. Do you like the staff who help you here? Yes No CND

Person's Answer Assistant's Answer

Q. Does someone help you with your money? Yes No CND

Person's Answer Assistant's Answer Observation

R. Do you have your own money to spend when you go out? Yes No CND

Person's Answer Assistant's Answer Observation

S. Can you spend your money the way you want to? Yes No CND

Person's Answer Assistant's Answer Observation

T. Do you get your favorite foods and drinks in your home? Yes No CND Look to see if they are in the home.

Person's Answer Assistant's Answer Observation

U. If you do not like the food that you are served, what do you do? CND

Person's Answer Assistant's Answer Observation

CJ Remarks

V. What happens if you are not hungry when a meal is served? CND

Person's Answer Assistant's Answer Observation

CJ Remarks

W. Are you learning to make your own food? Yes No CND

Who helps you?

Person's Answer Assistant's Answer Observation

X. Do you ever go out to eat? Yes No CND

How often? (look for evidence) Where? Who takes you?

Person's Answer Assistant's Answer Observation

Y. Where is your favorite place to go? Do you get a chance to go there often? How do you get there? Where else do you go for fun?

a. Are you a member of any group, club or team? Yes No CND If yes, list names of group(s):

Person's Answer Assistant's Answer Observation

Z. Do you participate in cultural activities? Yes No CND

If Yes, what are they?

a. Do you get to participate as often as you'd like? Yes No. CND

Person's Answer Assistant's Answer Observation

AA. What do you do during the day? Do you like it? Yes No CND
How do you get there?

a. What other things would you like to do during the day?

Person's Answer Assistant's Answer Observation

b. Do you have a job? Yes No

c. If yes, do you like your job? Yes No

c.1. What do you like/not about your job?

c.2. If yes, would you like to work more hours?

d. Have you had the chance to try different jobs? Yes No

d.1. If yes, what jobs have you tried? What did you like/not about those jobs?

e. If you don't have a job, would you like to work? Yes No

f. What kind of work would you like to do?

g. Have you told your team what you want to do? Yes No

CJ Remarks

BB. Did you choose the staff who helps you during the day? Yes No CND
Do you like the staff who help you? Yes No.

Person's Answer Assistant's Answer Observation

CC. Are you learning new things? Yes No CND

What new things are you learning?

Person's Answer Assistant's Answer Observation

CJ Remarks

DD. Do you know who (Reviewer, insert the Participant's Case Manager's name) is?

Do you like _____? Yes No CND If no, why?
Do you think that _____ helps you? Yes No
How often do you see _____?

Person's Answer Assistant's Answer Observation

EE. Do you have a guardian? Yes No CND
Who is your guardian?
Does your guardian help you? Yes No CND

Person's Answer Assistant's Answer

FF. Do you go to meetings to talk about what you want, what you need, and about your future? Yes No CND
Do people listen to what you have to say? Yes No CND
Does your team help you get what you want and need? Yes No CND
 Person's Answer Assistant's Answer Observation

GG. What do you wish for? CND

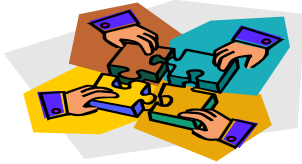
Person's Answer Assistant's Answer Observation

CJ Remarks

HH. Is there anything else you would like to tell me?

Person's Answer Assistant's Answer Observation

CJ Remarks



2013 COMMUNITY PRACTICE REVIEW

PROTOCOL #5: GUARDIAN INTERVIEW Jackson v. Ft. Stanton

Date:

Name of Guardian Interviewed:

Is this person a corporate guardian? Yes No

Phone number of the person interviewed:

Reviewer's Name:

If not Guardian, relationship to the Person:

If yes, name of agency:

Guardian Interview

If the Reviewer is not able to complete the full interview, the Reviewer should ensure that at least the following topics are discussed:

- satisfaction with the person's total program;
- involvement of guardian in the planning process;
- knowledge and use of grievance and appeal processes;
- level of satisfaction with case manager;
- frequency and adequacy of communication with the team; and,
- perception of the adequacy of the implementation of services.

The reviewer is expected to phrase or rephrase questions as necessary to promote communication addressing the intent of the question.

- A. Tell me about (person). The interviewee may ask, "What do you want to know?" The reviewer can respond by saying: "I've never met (name of the person) or I don't know (the person) well —so please tell me about her/him".

CJ Remarks

- B. From your knowledge of this person, what are his/her strengths?

CJ Remarks

- C. How long have you been this person's legal guardian?
- D. How much contact do you have with the person? (List how many times per week or month or year the guardian is in contact and type of contact, e.g., face-to-face, telephone, letter, etc.)

CJ Remarks

- E. Do you know who the person's case manager is? List name.

CJ Remarks

- F. How much contact do you have with the case manager?

CJ Remarks

- G. Is the case manager helpful to you?

CJ Remarks

- H. a. How much contact do you have with the person's work/day service provider?

b. How much contact do you have with the person's residential provider?

CJ Remarks

- I. Do they work with you to ensure the person's program is adequate/appropriate?

CJ Remarks

- J. Have the providers explained how you would appeal a planning decision or situations that you don't agree with?

CJ Remarks

- K. Do you consider yourself part of the person's Team?
Note: If the guardian indicates s/he is not a part of the IDT, ask the guardian if s/he attends meetings about the person. Try to determine if the guardian had any input in the ISP.

CJ Remarks

- L. Do you receive a copy of the person's ISP?

CJ Remarks

- M. Is the person given choices based on his/her cultural preferences? Please give examples.

CJ Remarks

- N. Are the person's culture and values (beliefs) honored in service planning and service delivery?
If Yes, please give examples.

CJ Remarks

O. What is your long-term vision for this person? What would you like to see them doing in three years?

CJ Remarks

P. What are this person's most significant needs?

CJ Remarks

Q. Were you offered choices in deciding services for this person?

CJ Remarks

R. Are the services provided now addressing the person's needs?

CJ Remarks

S. Are you satisfied with the person's residential situation? If No, explain.

CJ Remarks

T. Are you satisfied with the person's current work/day situation? If No, explain.

Is the person working (any type of employment)? Yes/No

If no, do you support his/her obtaining employment? Please explain.

If yes, do you support an increase in the weekly hours he/she is working? Please explain.

CJ Remarks

- U. Does the person appear satisfied with the residential/day/other services?
Please explain.

CJ Remarks

- V. Does the person participate in community activities?

How often?

CJ Remarks

- W. Does this person need adaptive equipment, environmental modifications or assistive technology? Please explain.

CJ Remarks

- X. Do you feel comfortable using these devices with the person? Please explain.

CJ Remarks

Y. In your opinion, does this person receive the other services he/she needs (medical, transportation)?

CJ Remarks

Z. Is there anything else you would like to tell me about this person?

CJ Remarks