

Completed By:

Client Related Questions	Range of scores	Score
PART A: CLIENT BEHAVIOURS/ACTIONS		
1) Does the client have self injurious behaviour that puts themselves at risk?	<input type="checkbox"/> No risk (0) <input type="checkbox"/> low risk (2) <input type="checkbox"/> Medium risk (4) <input type="checkbox"/> high risk (6)	
2) Does the client display any of the following behaviours? Please tick <input type="checkbox"/> Verbal assault (Aggressive behaviour) <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage	Score each behaviour separately. Has the client displayed the behaviour: <input type="checkbox"/> Client has not displayed behaviour in last 12 months (0) <input type="checkbox"/> Within the last 3 months (2) <input type="checkbox"/> Within the last month (4) <input type="checkbox"/> Within the last week (6)	
3) Does the client display socially inappropriate behaviours and/or hyper activity behaviour?	<input type="checkbox"/> 2 points for each behaviour	
4) Does the client intentionally seek any of the following unsafe actions? Please tick <input type="checkbox"/> Stranger Danger <input type="checkbox"/> Wondering/abscond <input type="checkbox"/> Chemicals	Score each category separately: <input type="checkbox"/> No (0) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Very likely (6)	
4) Is the client prone to falling, bumping or tripping?	<input type="checkbox"/> No (0) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Very likely (6)	
5) Does the client display accidental movement that may have a significant impact on others? Please tick <input type="checkbox"/> Startle reflex <input type="checkbox"/> Panic behaviour <input type="checkbox"/> Grabbing/holding/leaning	Score each category separately: <input type="checkbox"/> No (0) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Very likely (6)	
6) Client's non compliance may put themselves at risk	<input type="checkbox"/> No risk (0) <input type="checkbox"/> low risk (2) <input type="checkbox"/> Medium risk (4) <input type="checkbox"/> high risk (6)	
PART B: CLIENT SUPPORT NEEDS		
7) Does the client's lifting/transferring cause the family physical strain?	<input type="checkbox"/> No (0) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Very likely (6)	
8) Client has one of the following medical conditions: <input type="checkbox"/> Dietary <input type="checkbox"/> Dysphagia <input type="checkbox"/> Gastro feed <input type="checkbox"/> Incontinence <input type="checkbox"/> Epilepsy <input type="checkbox"/> Skin condition <input type="checkbox"/> Respiratory condition <input type="checkbox"/> High Medical support needs	<input type="checkbox"/> Score 5 points each	
9) Is there difficulty with taking clients out due to physical/immobility and/or visual impairment?	<input type="checkbox"/> Score 5 points each	
9) Does the client need assistance with: <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Menstrual management	Score each factor separately: Supervision/prompting = 1 point Partial assistance = 2 points Full physical assistance = 4 points	
9) Does the client require assistance during the night?	<input type="checkbox"/> Score 5 points	
10) What period of time can the client be left alone?	<input type="checkbox"/> Not safe at home for 1 hour or more (2) <input type="checkbox"/> Over half an hour (4) <input type="checkbox"/> Cannot be left unsupervised during waking hour (6)	
PART C: CLIENT VOCATIONAL INFORMATION		
11) Client has no day placement	<input type="checkbox"/> No day placement (9) <input type="checkbox"/> Access 1 day per week (6) <input type="checkbox"/> Access 2-3 days/week (4) <input type="checkbox"/> Access 4 days (2) <input type="checkbox"/> Accesses school 5 days per week (0)	
12) Client has no access to other respite/vocational care	<input type="checkbox"/> 3 points	
PART D: FAMILY SITUATION		
13) Does the client cause the family emotional stress?	<input type="checkbox"/> No (0) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Very likely (6)	
14) Does the client need time away from their parents?	<input type="checkbox"/> 2 points	
15) Does the client only have 1 sole carer?	<input type="checkbox"/> 8 points	
16) Does client's primary carer receive minimal support?	<input type="checkbox"/> 6 points	
17) Is the client's carer aged 50+?	<input type="checkbox"/> Carers aged over 50 (4 points) <input type="checkbox"/> Carers aged over 65 (8 points) <input type="checkbox"/> Carers aged over 70 (10 points)	
18) Has there been a serious illness or death within the family in the last 12 months?	<input type="checkbox"/> 9 points	
19) Is there member within the immediate family who has ongoing health problems or requires ongoing hospital treatment? **Medical certificate required	<input type="checkbox"/> 20 points ***Please state details	
20) Are there other children in the family?	<input type="checkbox"/> 5 years or younger (6 points) <input type="checkbox"/> 5 - 10 years or younger (4 points) <input type="checkbox"/> 10 - 17 years younger (2 points)	
21) Are there other relatives requiring support from the carer?	<input type="checkbox"/> 3 points, Please state details	
22) Are there other people with a disability living within the family home?	<input type="checkbox"/> 10 points	
23) Client lives with family from Monday to Friday	<input type="checkbox"/> 5 points	
24) Family has a immediate need for permanent accommodation for son/daughter	<input type="checkbox"/> 10 points	
25) There is a likely breakdown of client's family situation within 12	<input type="checkbox"/> 9 points	