

SEDGWICK COUNTY  
DEVELOPMENTAL DISABILITY ORGANIZATION

**Work Services & Supported Employment**

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)  
\_\_\_\_\_

**Questions to ask the person receiving services:**

1. I understand that you like to work with \_\_\_\_\_  
\_\_\_\_\_

(List work activities from PCSP)

Do you get to work on these as often as you like?	YES	NO
---	-----	----

2. How do you change it if you want to work on something else? \_\_\_\_\_  
\_\_\_\_\_

3. Do you have enough work?	YES	NO
If no, explain: _____		
If you do not have work, what do you do during this time? _____		

Do you like doing that?	YES	NO
If no, explain. What would you rather be doing? _____		

4. Does your staff help you learn your job if you need help?	YES	NO
If no, explain: _____		

5. Is your staff nice to you?	YES	NO
If no, explain: _____		

6. What do you do:

- a. In case of a tornado? \_\_\_\_\_
- b. In case of a fire? \_\_\_\_\_
- c. In case the electricity goes out? \_\_\_\_\_
- d. If someone hurts/mistreats/is mean to you? \_\_\_\_\_

7. Does anyone ever take or keep things from you?	YES	NO
If yes, what/who? _____		

8. Do you feel safe working here?	YES	NO
If no, why? _____		

9. Tell me what work goals you are working on \_\_\_\_\_

Do you have any questions or is there anything else that you would like to tell me? \_\_\_\_\_

Questions to ask staff

Staff Name: \_\_\_\_\_

How long has staff been working with this individual? \_\_\_\_\_

How long has staff been working for this agency? \_\_\_\_\_

1. Does this person:
  - a. Have special diet needs? YES      NO  
 If yes, what? \_\_\_\_\_  
 Is this per doctor's order? YES      NO  
 If no, where did you learn about the diet needs? \_\_\_\_\_  
 Is he or she OK with this diet? YES      NO  
 What do you do if the person refuses to follow the diet? \_\_\_\_\_
  - b. Have health issues? YES      NO  
 If yes, what? \_\_\_\_\_  
 How do you accommodate them? \_\_\_\_\_  
 How did you learn how to do this? \_\_\_\_\_
  - c. Have a notable impairment which requires additional assistance? YES      NO  
 If yes, what? (allergy, loss of hearing or vision, etc.) \_\_\_\_\_  
 How do you accommodate them? \_\_\_\_\_  
 \_\_\_\_\_  
 How did you learn about this? \_\_\_\_\_
  - c. If health services are needed, whom do you contact? \_\_\_\_\_  
 Do you receive follow up as to the outcome? YES      NO
  - d. Have any restrictions? YES      NO  
 If yes, what? \_\_\_\_\_  
 Is this addressed in the person's plan? YES      NO  
 Is it approved by the Behavior Management Committee? YES      NO
  - e. Have behavior issues? YES      NO  
 If yes, what? \_\_\_\_\_  
 How do you handle them? \_\_\_\_\_  
 How did you learn how to do this? \_\_\_\_\_
  - f. Have a Behavior Plan? YES      NO  
 If yes, have you received training on  
 how to implement the plan? YES      NO
  - g. Take psychotropic medications? YES      NO  
 If so, what are the potential side effects or where do you go to find them?

2. Where do you keep the PCSP? \_\_\_\_\_
  3. What are the individual's work strategies? \_\_\_\_\_  
Do you feel the listed strategies are appropriate and serve a purpose? \_\_\_\_\_
  4. What do you do:
    - a. In case of a tornado? \_\_\_\_\_
    - b. In case of a fire? \_\_\_\_\_
    - c. In case of a power outage? \_\_\_\_\_
  5. What are this agency's reporting procedures if you suspect abuse, neglect, or exploitation?  
\_\_\_\_\_
- Do you know how to make an ANE report directly to APS? \_\_\_\_\_
- Do you have any questions or is there anything else that you would like to tell me?  
\_\_\_\_\_

**Questions the reviewer answers based on his/her observation:**

As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the person and other consumers?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The property is reasonably clean and well maintained?	YES	NO	N/A	_____
d. The property is safe and secure?	YES	NO	N/A	_____
e. There is adequate lighting inside and out?	YES	NO	N/A	_____
f. There is adequate space?	YES	NO	N/A	_____
g. The site is accessible to meet the person's needs?	YES	NO	N/A	_____
h. Services are consistent with the PCSP?	YES	NO		_____
If no, what needs to change? _____				
i. The individual was free of apparent rights restrictions?	YES	NO		_____
If no, were restrictions addressed in the individual's plan?				
	YES	NO		_____

**Kudos** (positive observations that the reviewer has noted about the staff, the person receiving services, the site, etc.): \_\_\_\_\_

\_\_\_\_\_

**Comments/Concerns:** \_\_\_\_\_

\_\_\_\_\_