## Name of Individual: Click here to enter name.

# Life Enrichment- Pandemic

#### If the individual uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, individual indicated with non-verbal cues, etc.) Click here to enter text.

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

1. What do you like about this program? **Click here to enter text.**
2. What do you not like about this program? **Click here to enter text.**
3. What do you do:
4. In case of a tornado? **Click here to enter text.**
5. In case of a fire? **Click here to enter text.**
6. In case the electricity goes out? **Click here to enter text.**
7. If someone hurts/mistreats/is mean to you? **Click here to enter text.**
8. Is your staff nice to you? [ ] YES [ ] NO

 If no, explain: **Click here to enter text.**

1. Does anyone ever take or keep things from you? [ ] YES [ ] NO

 If yes, explain: **Click here to enter text.**

1. Do you feel safe coming here? [ ] YES [ ] NO

 If no, explain: **Click here to enter text.**

1. Tell me what goals you are working on. **Click here to enter text.**

 How does staff help you with that? **Click here to enter text.**

1. Do you have any questions or is there anything else that you would like to tell me? **Click here to enter text.**

**Questions to ask staff**

Staff Name: **Click here to enter name.**

How long has staff been working with this individual? **Click here to enter text.**

How long has staff been working for this agency? **Click here to enter text.**

1. How did you learn how to support this individual? **Click here to enter text.**
2. Does this individual have special diet needs? (calories, food allergies, low sodium, etc.)

[ ] YES [ ] NO

 If yes, what? **Click here to enter text.**

Require special food preparation/eating supports? (pureed, food cutting, etc.)[ ] YES [ ] NO

 If Yes, what? **Click here to enter text.**

 Is he or she OK with this diet? [ ] YES [ ] NO

 What do you do if the individual refuses to follow the diet? **Click here to enter text.**

1. The plan describes that the individual uses (assistive equipment/ technology **Click here to enter description.**)

What support do they need for these items? **Click here to enter text.**

1. What are the individuals’ medical needs? **Click here to enter text.**

How do you support these needs? **Click here to enter text.**

 If health services are needed, whom do you contact? **Click here to enter text.**

Do you receive follow up as to the outcome? [ ] YES [ ] NO

1. Does this individual have any rights or restrictive procedures? [ ] YES [ ] NO

If yes, what? **Click here to enter text.**

 Is this addressed in the individuals plan? [ ] YES [ ] NO

1. What behavior does this individual display? **Click here to enter text.**

 How do you support this need? **Click here to enter text.**

1. Does this individual take psychotropic medications? [ ] YES [ ] NO

If so, what are the potential side effects or where do you go to find them? **Click here to enter text.**

1. Where do you keep the support plan? **Click here to enter text.**
2. According to the plan, what are the individual’s Day Program goals? **Click here to enter text.**
3. What do you do:
4. In case of a tornado? **Click here to enter text.**
5. In case of a fire? **Click here to enter text.**
6. In case of a power outage? **Click here to enter text.**
7. What are this agency’s reporting procedures if you suspect abuse, neglect, or exploitation? **Click here to enter text.**
8. Do you know how to make an ANE report directly to APS? (skip if mention above)

[ ] YES [ ] NO

1. Do you have any questions or is there anything else that you would like to tell me? **Click here to enter text.**?

**Questions the reviewer answers based on their observation/interview:**

Interactions were positive between the individual and others in services?

 [ ] YES [ ] NO [ ] N/A

Interactions were positive between staff and the individual?

 [ ] YES [ ] NO [ ] N/A

The individual expressed their own opinions? [ ] YES [ ] NO [ ] N/A

**Kudos** (positive observations that the reviewer has noted about the staff, the individual receiving services, the site, etc.): **Click here to enter text.**

**Comments/Concerns**: **Click here to enter text.**

Name and role of QAC member(s) completing interview: **Click here to enter name(s).**

How did the interview take place? (Ex: Zoom, WebEx, Phone, Etc.) **Click here to enter text.**