

Individual Descriptive Information

1. DATE OF BIRTH

____ - ____ - ____
Month Day Year

2. AGE

3. GENDER

____ 1 Male
____ 2 Female

4. PRIMARY ETHNICITY

____ 1 Indian/Alaskan
____ 2 Asian/Pacific
____ 3 White, Caucasian
____ 4 Black, African-American
____ 5 Hispanic, Latino
____ 6 Other
____ 7 Unknown

5. For Children 0-5 Years, Developmental Delay:

____ 0 No developmental delay
____ 1 One delay
____ 2 More than one delay
____ 9 Not applicable

6. For ages 6 and up: LEVEL OF MENTAL RETARDATION LABEL (IF ANY)

____ 0 None, not labeled with mental retardation
____ 1 Mild
____ 2 Moderate
____ 3 Severe
____ 4 Profound
____ 9 Unknown

7. OTHER DISABILITIES

0 = No disability

1 = Some disability

2 = Major disability

- _____ 7A. Ambulation (Walking)
- _____ 7B. Autism
- _____ 7C. Behavior: Aggressive or Destructive
- _____ 7D. Behavior: Self Abusive
- _____ 7E. Brain Injury
- _____ 7F. Cerebral Palsy
- _____ 7G. Communication
- _____ 7H. Dementia (Including Alzheimer's Disease)
- _____ 7I. Health Problems _____
- _____ 7J. Hearing
- _____ 7K. Mental Illness _____
- _____ 7L. Physical Disability Other Than Ambulation: _____
- _____ 7M. Seizures
- _____ 7N. Substance Abuse: _____
- _____ 7O. Vision
- _____ 7P. Other (s) _____

8. LEGAL STATUS

- _____ 1 Parent or other relative is full guardian
- _____ 2 Parent or other relative is limited guardian
- _____ 3 Unrelated person is full guardian
- _____ 4 Unrelated person is limited guardian
- _____ 5 Person has no guardian or is own guardian, not adjudicated incompetent

9. SELF-DETERMINATION: Is this person participating in a Self-Determination Project?

- _____ 0 No (Skip next question)
- _____ 1 Yes

10. FOR HOW LONG? For about how many months so far? You may write "0" for those who are not yet involved. (We recognize that a "beginning date" may be very hard to define, so please write in your best estimate after discussion.)

_____ months

11. WHAT CRITERION WAS USED TO ANSWER QUESTION # 10? Please choose one.

- _____ 1. Person Centered Planning Began
- _____ 2. Person Centered Plan was Agreed To/Signed
- _____ 3. Began Designing Individual Budget
- _____ 4. Gained Control of an Individual Budget
- _____ 5. Other Criterion (Please Describe _____)