

Quarterly Report for Risk Services

Year: _____ Quarter 1st (Jan, Feb, Mar) Due May 1st
 2nd (Apr, May, June) Due Aug 1st
 3rd (July, Aug, Sept) Due Nov 1st
 4th (Oct, Nov, Dec) Due Feb 1st

INSTRUCTIONS:

- *DD Risk Services Provider should initially complete:*
 - *General Information*
 - *Risk Indicators/ Precursors*
 - *High Risk Behavior*
 - *Listing of ALL Benchmarks*
- *These areas should not change quarter to quarter without narrative in other sections explaining the reason for change.*
- *At the end of the quarter, Residential and Vocational Reporters should complete their portions then sign and date on the last page.*
- *This form should then be routed to the Supervising Practitioner for review and completion of their sections, which are highlighted in yellow.*
- *Once the Supervising Practitioner has signed and dated, the DD Risk Services Provider is responsible for sending the form to DDCO Technical Assistance. Due dates for each quarter are listed above.*

Residential Reporter: _____

Vocational Reporter: _____

General Information

Name:	Date of birth:
Primary Guardian, relationship:	Service Coordinator / Community Support Specialist:
Therapist:	Supervising Practitioner:
Annual IPP date:	
History & rationale for level of service:	

TO BE COMPLETED BY SUPERVISING PRACTITIONER

Current Rationale for Level of Service:

Risk indicators/precursors*	Specific description of indicators and/or precursors

*Please attach additional page if needed

High risk behavior*	Specific description of high risk behavior

*Please attach additional page if needed

List ALL Benchmarks – please attach additional page if needed

#	Measurement criteria	Funding tied to benchmark	Date benchmark began	Date benchmark passed

Current Benchmark being tracked

#	Criteria	Month 1	Month 2	Month 3
		<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed benchmark	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed benchmark	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed benchmark
Barriers to meeting criteria of current benchmark:				
<p style="background-color: yellow;">TO BE COMPLETED BY SUPERVISING PRACTITIONER</p> Comments regarding current benchmark, including progress and rationale for any change:				

Positive Behavior Support Plan - Residential

Criteria/description	Month 1	Month 2	Month 3
	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective
Barriers to meeting criteria of BSP:			
<p style="background-color: yellow;">TO BE COMPLETED BY SUPERVISING PRACTITIONER</p> What progress has been made on the BSP? How are current interventions effective? What changes are needed to make the BSP more effective? Other comments regarding BSP:			

Positive Behavior Support Plan - Vocational

Criteria/description	Month 1	Month 2	Month 3
	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective	<input type="checkbox"/> Met criteria for month <input type="checkbox"/> Passed objective
Barriers to meeting criteria of BSP:			
<p>TO BE COMPLETED BY SUPERVISING PRACTITIONER</p> What progress has been made on the BSP? How are current interventions effective? What changes are needed to make the BSP more effective? Other comments regarding BSP:			

Safety Plan

Description	Month 1	Month 2	Month 3
	# Times utilized: # Resulting GERs:	# Times utilized: # Resulting GERs:	# Times utilized: # Resulting GERs:
Barriers to decreasing use of Safety Plan:			
<p>TO BE COMPLETED BY SUPERVISING PRACTITIONER</p> How are current interventions effective? What changes are needed to make the Safety Plan more effective? Other comments regarding Safety Plan:			

GERs – please attach additional page if needed, or attach report from Therap

Date	Description

Assessments completed this quarter (i.e. FBA, psychological) – please attach additional page if needed

Date	Type of assessment and who person completed	Key points/findings

Medical appointments this quarter, including counseling & therapy – please attach additional page if needed

Date	Type, Provider	Check if urgent or emergency service	Notes
		<input type="checkbox"/>	

Current Psychotropic Medications – please attach additional page if needed

Name of medication	Dosage	Check if new or increase	Reason prescribed	Prescribing doctor	Notes
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

TO BE COMPLETED BY SUPERVISING PRACTITIONER
 How are current medications effective?

 Is there a plan to change medications? If yes, describe.

 Other comments regarding psychotropic medications:

TO BE COMPLETED BY SUPERVISING PRACTITIONER
 Summary from therapy/counseling:

TO BE COMPLETED BY SUPERVISING PRACTITIONER
 Successes experienced by individual:

TO BE COMPLETED BY SUPERVISING PRACTITIONER
 Summary from Supervising Practitioner (include change of diagnosis or any new target behaviors):

TO BE COMPLETED BY SUPERVISING PRACTITIONER
 Recommended changes during next quarter (include supervision requirements):

Signatures of those completing Quarterly Report:

Residential Reporter: _____ Date: _____

Vocational Reporter: _____ Date: _____

Supervising Practitioner: _____ Date: _____