



INDIVIDUAL'S NAME:	
DOC NUMBER:	DATE OF BIRTH:

INTELLECTUAL DISABILITY REVIEW

DATE	FACILITY
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- 1. How many serious infractions does the individual have?** Include circumstances surrounding the infractions in your answer.
- 2. How often has the individual moved?** Include any background information and reasons for movement in your answer.
- 3. Does the individual have difficulty understanding or answering questions?** Include any situations that appear to be more difficult in your answer.
- 4. Is the individual easily distracted?** Include any situations that contribute to the distractions or actions that can alleviate distractions in your answer.
- 5. Does the individual have difficulty remembering instructions/tasks?** Include any situations that make remembering more difficult or easier in your answer.
- 6. Does the individual use immature coping methods such as withdrawal or tantrums?** Include circumstances surrounding these instances in your answer.
- 7. Does the individual try hard to please others?** Include a description of applicable behavior in your answer.
- 8. Is the individual easily influenced by others?** Include any applicable situations in your answer.
- 9. Does the individual need guidance to complete tasks such as cell cleaning, laundry, etc.?** Include any applicable situations and types of guidance needed in your answer.
- 10. Is the individual able to advocate for themselves?** Include any applicable situations and responses given in your answer.
- 11. Does the individual need help in reading, writing, and preparing documents?** Include type of help needed in your answer.
- 12. Can the individual tell time?** Include any attempts or types of errors at time-telling in your answer.
- 13. Does this individual have a history of substance abuse?** Include history and substances in your answer.
- 14. What programs does the individual attend?** Include a brief description of the program and any challenges encountered in your answer.



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15. Has the individual participated in educational programming? Include a brief description of programs, participation, and outcomes in your answer.

16. Does the individual have a job? Include a brief description of the job and any challenges encountered in your answer.

Completed by: _____
CLASSIFICATION COUNSELOR PRINTED NAME and SIGNATURE

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the individual to whom it pertains, or as otherwise permitted by law.