



**STATE OF NEW JERSEY
DEVELOPMENTAL DISABILITIES
PSYCHOLOGY ASSESSMENT FORM (PAF)**

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Prepared for State of New Jersey
Division of Developmental Disabilities

Consumer Name/
MIS Number

DD Center Name/
Cottage Name

Respondent Name/
Respondent ID Number

Date Completed

___ ___/___ ___/___ ___

PURPOSE

THIS ASSESSMENT COLLECTS FACTUAL INFORMATION ABOUT THE CONSUMER.

**YOU CAN HELP BY ANSWERING SPECIFIC QUESTIONS ABOUT THIS INDIVIDUAL
BECAUSE OF YOUR SPECIALIZED EXPERTISE AND TRAINING.**

**PLEASE COMPLETE THIS FORM ON THE BASIS OF YOUR OBSERVATION OF THE CONSUMER'S RECENT ACTUAL
FUNCTIONING OR SITUATION, NOT ON WHAT YOU THINK MIGHT BE POSSIBLE IN THE FUTURE.**

THANK YOU FOR YOUR ASSISTANCE.

1. Please indicate whether the consumer has been **DIAGNOSED** with any of these conditions.

	<u>NO</u>	<u>YES</u>
a. Autism	0	1
b. Psychiatric/Mental Health Problem with Diagnosis (This does not include Mental Retardation, Pervasive Developmental Disorder, or Autism)	0	1
If yes, indicate specific diagnosis _____		
c. Prader-Willi Syndrome	0	1

2. Which **best** indicates the frequency, on average, of these behaviors during the **last 6 months**?

A. Inappropriate or Rule-Violating Behaviors

(Circle for each behavior.)

	<u>Not in Last 6 Months</u>	<u>Less than Once/Month</u>	<u>Once/ Month</u>	<u>Once/ Week</u>	<u>Several Times/ Week</u>	<u>Once/ Day or More</u>
a. Has Tantrums or Outbursts	0	1	2	3	4	5
b. Displays Sexual Predatory Behavior(s)	0	1	2	3	4	5
c. Masturbates in Public	0	1	2	3	4	5
d. Sexually Touches Others Without Their Consent	0	1	2	3	4	5
e. Displays Self-Stimulating Behavior (such as Body Rocking or Hand Flashing)	0	1	2	3	4	5
f. Takes Off Clothes in Public	0	1	2	3	4	5
g. Smears Feces	0	1	2	3	4	5
h. Makes Noises, Curses, or Other Inappropriate Vocalizations	0	1	2	3	4	5
i. Disrupts Activities of Others	0	1	2	3	4	5

Which **best** indicates the frequency, on average, of these behaviors during the **last 6 months**?

A. Inappropriate or Rule-Violating Behaviors (cont.)

(Circle for each behavior.)

	<u>Not in Last 6 Months</u>	<u>Less than Once/Month</u>	<u>Once/Month</u>	<u>Once/Week</u>	<u>Several Times/Week</u>	<u>Once/Day or More</u>
j. Does Not Obey Known Directions (Non-Compliant)	0	1	2	3	4	5
k. Other _____	0	1	2	3	4	5

B. Behaviors Dangerous to Self

(Circle for each behavior.)

	<u>Not in Last 6 Months</u>	<u>Less than Once/Month</u>	<u>Once/Month</u>	<u>Once/Week</u>	<u>Several Times/Week</u>	<u>Once/Day or More</u>
a. Runs Away/Wanders	0	1	2	3	4	5
b. Repeatedly Gets Out of Bed at Night	0	1	2	3	4	5
c. Eats or Mouths Inedible Objects	0	1	2	3	4	5
d. Scratches Own Body	0	1	2	3	4	5
e. Hits Own Body	0	1	2	3	4	5
f. Hits Own Face or Head	0	1	2	3	4	5
g. Bangs Head	0	1	2	3	4	5
h. Bites Self	0	1	2	3	4	5
i. Other _____	0	1	2	3	4	5

C. Behaviors Dangerous to Others

(Circle for each behavior.)

	<u>Not in Last 6 Months</u>	<u>Less than Once/Month</u>	<u>Once/Month</u>	<u>Once/Week</u>	<u>Several Times/Week</u>	<u>Once/Day or More</u>
a. Verbally Threatens Others	0	1	2	3	4	5
b. Physically Threatens Others	0	1	2	3	4	5
c. Hits Others	0	1	2	3	4	5
d. Kicks Others	0	1	2	3	4	5
e. Uses Objects to Harm Others	0	1	2	3	4	5
f. Bites Others	0	1	2	3	4	5
g. Grabs or Scratches Others	0	1	2	3	4	5
h. Head-Butts Others	0	1	2	3	4	5
i. Pulls Hair of Others	0	1	2	3	4	5
j. Chokes or Attempts to Choke Others	0	1	2	3	4	5
k. Other _____	0	1	2	3	4	5

D. Other

	<u>Not in Last 6 Months</u>	<u>Less than Once/Month</u>	<u>Once/ Month</u>	<u>Once/ Week</u>	<u>Several Times/ Week</u>	<u>Once/ Day or More</u>
a. Consumer is Target or Victim of Inappropriate Behavior by Others	0	1	2	3	4	5

3. As a result of **any** behavior problem(s), please indicate whether any of the following have occurred **in last 6 months**.

	<u>NO</u>	<u>YES</u>
a. Have any behavioral problems prevented this consumer from moving to a less supervised or less restrictive building, section of a building, or cottage?	0	1
b. Have any specific behavioral modification/support procedures actually been used?	0	1
c. Has the consumer's environment been carefully structured due to behavior?	0	1
d. Has the staff sometime intervened physically - by physical or mechanical restraint - or to guide consumer out of a room?	0	1
e. Was a supervised time-out needed to an area within or outside the room?	0	1
f. Did the consumer require one-on-one supervision due to behavioral issues?	0	1
g. Were any medications increased or used as needed (prn) to reduce/control behaviors?	0	1

4. Please indicate whether the consumer has been seen by any of the following professionals in the **last 6 months** in any setting for routine or non-routine care.

	<u>NO</u>	<u>YES</u>
a. Seen a psychiatrist?	0	1
b. Seen a behavior specialist (such as a behavioral analyst)?	0	1
c. Seen a psychologist for counseling or behavior management?	0	1

5. Regardless of where the consumer lives, what services might be necessary, if any, from these specialists?

	<u>None Needed</u>	<u>Needed On An Occasional Basis</u>	<u>Needed On a Frequent Basis</u>
a. Behavior Specialist	1	2	3
b. Psychiatrist	1	2	3
c. Psychotherapy or Counseling	1	2	3

6. Regardless of where the consumer lives, what level of **behavioral monitoring and support** will be necessary to reduce risk of harm to self or others? This behavioral monitoring and support may be due to **either** inappropriate behaviors that the consumer would exhibit or behaviors that would result due to his/her lack of awareness of danger.

	<u>None</u>	<u>Periodic Visual Checks</u>	<u>Within Constant Eyesight</u>	<u>Within Constant Eyesight AND Physically Near</u>
1. Inside the Cottage/Home	0	1	2	3
2. When Using the Bathroom	0	1	2	3
3. By Himself/Herself	0	1	2	3
4. Sitting Outside Cottage/Home	0	1	2	3
5. Crossing a Street with Traffic	0	1	2	3
6. Inside a Store or Restaurant	0	1	2	3
7. Around Other People's Possessions	0	1	2	3
8. With Strangers	0	1	2	3
9. With Small Children	0	1	2	3
10. With People of the <u>Opposite</u> Sex	0	1	2	3
11. With People of the <u>Same</u> Sex	0	1	2	3
12. When Sleeping	0	1	2	3
13. In Group Leisure Activities	0	1	2	3
14. Other _____	0	1	2	3

Thank you for your assistance!