

APPENDIX B  
LIFE EXPERIENCE APPRAISAL

**DESK REVIEW**

<b>NAME</b>	
<b>MCI #</b>	
<b>DOB / AGE</b>	
<b>SIS LEVEL</b>	
<b>SIS GROUP</b>	
<b>SIS DATE</b>	
<b>ISP MEETING DATE</b>	
<b>REVIEWER</b>	
<b>DATE OF REVIEW</b>	

**I. PREFERENCES**

<b>SHORT NARRATIVE (describing the individual, include things that are important to and for)</b>

<b>PERSONAL RELATIONSHIPS (family, significant others, etc.)</b>

<b>SIGNIFICANT LIFE EVENTS (i.e.: resided in State Center, foster care, medical issues, JRS, etc.)</b>

**II. SERVICES AND SUPPORTS**

<b>SUPPORT SETTINGS (describe supports required in each setting)</b>	
<b>Home</b>	
<b>Day / Work</b>	
<b>Community</b>	
<b>Natural Supports</b>	
<b>Assistive Technology Supports</b>	

## APPENDIX B LIFE EXPERIENCE APPRAISAL

PHYSICAL AND MENTAL HEALTH						
<b>Diagnoses</b>						
<b>Medications</b>						
<b>Specialists</b>						
<b>Adapted Needs</b>						
<b>Allergies</b>						
<b>Mental Health Supports</b>	<b>Psychiatrist</b>		<b>Therapist</b>		<b>Behav Spec</b>	
<b>SEEPan</b>						
<b>Behav Support Plan</b>						
<b>Restrictive Plan</b>						

	Yes / No	Recommendations
<b>Support HCQU</b>		
<b>Mobile Team</b>		

LEGAL INVOLVEMENT	
Date	Describe Situation

INDIVIDUAL MONITORING	
Date	Unaddressed Needs or Concerns or Issues

## APPENDIX B LIFE EXPERIENCE APPRAISAL

SERVICE NOTES	
Date	Unaddressed Needs or Concerns or Issues

AUTHORIZED SERVICES				
Service Name	Provider Name	Total Annual Units	Service Start Date	Service End Date
<b>COMMENTS</b>				

### III. INCIDENTS

INCIDENTS			
Primary	Secondary	# of	Summary of Corrective Action Plans Summary of Investigations

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