**ECK CDDO Functional Assessment Documentation Checklist**

**CIRCLE ONE**

YES NO NA Psychiatric Diagnosis (current mental health provider – 24 months)

YES NO NA Medical Records (currently treated conditions) from licensed medical professional

YES NO NA Prescription Medication List

YES NO NA Specialized diet (nutritionist, dietician, nurse, or physician) – needs to indicate what medical condition is being treated by physician

YES NO NA Seizure tracking logs, if applicable

YES NO NA Behavior tracking documentation for frequency on section 12 behaviors

YES NO NA Behavior tracking documentation for frequency/objective severity – **if behavior intervention plan, otherwise this is not applicable for person**

YES NO NA Person-Centered Support Plan (needs to be current, needs to be signed and dated by person/responsible party/guardian)

YES NO NA Behavior Intervention Plan – if applicable. Needs to be current, signed, dated by person/responsible party/guardian. \*\* **If BMC approval needed, what is anticipated approval date: \_\_\_\_\_\_\_\_\_\_\_\_**

YES NO All parties agree to the assessor’s answers on this current functional assessment, BASIS. \*If no, then the dispute form MUST be completed.

YES NO We, the undersigned, give permission to the CDDO to data enter BASIS prior to the 48 hours – as we, the undersigned, have submitted all documentation.

Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TCM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_