**Program Review Tool**

**Individual:** ­­­­Client First Name Last Name **Service Coordinator:** SC First Name Last Name **Vendor Agency:** Name of Provider Agency

**Date of Visit:** month/day/year **Time of Visit:** Hour: Minute  **Location of Visit**:­ Examples- home, community location, etc.

**Staff/ Provider Present for Visit:** Name of staff/ provider(s) with individual

*(Any exceptions/ restrictions to the sections below must be included in a behavior plan, and/ or ISA.)*

**Environment:** *(Intent- to ensure that the setting seems safe, appropriate and accessible to the individual) Check either the box under “Satisfactory” or “Of Concern” for each area described in the left-hand column. If individual not present or visit did not occur in the home, N/A can be written in the comments section, otherwise comments should be written in each section.*

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|  | **Satisfactory** | **Of Concern** | **Comments** |
| General condition of home (walk through all common areas) |  |  | Objective view of what you see in home. (e.g. accessible, in good repair, free of hazards, odor free, etc.) |
| Individual’s bedroom (safe, healthy, private, reflects choice) |  |  | Objective view of what you see in their bedroom (e.g. accessible, safe, in good repair, private, reflects choice, odor free, etc.) |
| Food (free access, adequate supply, reflects personal choice) |  |  | Have a discussion with individual & provider/ staff, and make general observations during visit. Matches doctor’s order and/ or behavior plan, if applicable. |

**Service Agreement:** *(Intent-to ensure that the services and goals in the ISA are being implemented)*

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|  | **Satisfactory** | **Of Concern** | **Comments** |
| ISA being followed (services, goals) |  |  | Have a discussion with individual & provider/ staff, and make general observations during visit to ensure ISA is being followed. |
| Behavior Plan being followed, if applicable |  |  | N/A Have a discussion with individual & provider/ staff, and make general observations during visit to ensure behavior plan is being followed. Understand behavior plan restrictions, if applicable. |
| Staff report being adequately trained and supported by vendor |  |  | Have a discussion with provider/ staff regarding trainings and vendor support they receive, and if they feel prepared to support individual with their needs. |

**Observation & Communication:***(Intent-to ensure individual is happy, healthy, etc. Talk with and/ or observe person)*

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|  | **Satisfactory** | **Of Concern** | **Comments** |
| Supervision level of individual (as described in ISA) |  |  | Observe current level of supervision (e.g. staffing ratio) to ensure it matches ISA. Have a discussion with individual to see if they are satisfied with current level of supervision (e.g. alone time). |
| Happy with staff, services, health, schedule, home, etc. |  |  | Have a discussion with individual to see if they are satisfied with their staff, provider, manager, daily activities, where they live, etc. |
| Activities, participation & interactions in community/ home of value to individual |  |  | Have a discussion with individual to see if they are satisfied with how often they go out into community, where they go, what they do in the community and home, etc. |

**Client Rights:** *(Intent-to ensure that the individual has the same rights as everyone else in NH)*

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|  | **Satisfactory** | **Of Concern** | **Comments** |
| No restrictions in place that are not part of behavior plan or ISA |  |  | Have a discussion with individual & provider/ staff, and make general observations during visit. Ensure no restrictive access (e.g. to food or other items), cameras or alarms, bedrails, house rules (e.g. required bedtime, limited visitors, etc.) unless part of approved behavior plan. |
| Good health, hygiene, safety & quality of life |  |  | Have a discussion with individual & provider/ staff, and make general observations of the individual during visit (e.g. good hygiene and grooming, receiving appropriate medical and dental attention, clothing in good condition and fit well, etc.). |
| Individual rights are being respected |  |  | Have a discussion with individual about their legal rights to ensure they understand what they mean, and make general observations of the individual during visit. |

**Additional Notes:**

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| Include any other pertinent information not included in the above sections. |
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**Follow-Up Needed (Include when and by whom):**

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| Explain how any areas of concern noted above will be addressed, including who will be responsible for the follow-up. Make sure communication to the person(s) responsible occurs, as well. |
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**Person Completing this Tool:** Signature of Person Completing this tool (make legible) **Date:** Month/ Day/ Year

*\*Check with supervisor for procedure/ expectations of this tool- varies by agency*