**Program Review Tool**

**Individual:** ­­­­­ **Service Coordinator:** **Vendor Agency:**

**Date of Visit:** **Time of Visit:**  **Location of Visit**:­

**Staff/ Provider Present for Visit:**

**Environment:** *(Intent- to ensure that the setting seems safe, appropriate and accessible to the individual)*

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| --- | --- | --- | --- |
|  | **Satisfactory** | **Of Concern** | **Comments** |
| General condition of home (walk through all common areas) |  |  |  |
| Individual’s bedroom (safe, healthy, private, reflects choice) |  |  |  |
| Food (free access, adequate supply, reflects personal choice) |  |  |  |

**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) |  |  |  |
| Behavior Plan being followed, if applicable |  |  | N/A |
| Staff report being adequately trained and supported by vendor |  |  |  |

**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) |  |  |  |
| Happy with staff, services, health, schedule, home, etc. |  |  |  |
| Activities, participation & interactions in community/ home of value to individual |  |  |  |

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

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| --- | --- | --- | --- |
|  | **Satisfactory** | **Of Concern** | **Comments** |
| No restrictions in place that are not part of bx plan or ISA |  |  |  |
| Good health, hygiene, safety & quality of life |  |  |  |
| Individual rights are being respected |  |  |  |

**Additional Notes:**

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**Follow-Up Needed (Include when and by whom):**

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**Person Completing this Tool:** **Date:**

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