

A Preliminary Evaluation of a  
TRANSITIONAL HOUSE for SEVERELY  
HANDICAPPED CHILDREN

Appendices

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## APPENDICES

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## APPENDIX 1

### CRITERIA FOR ADMISSION TO HARTMAN HOUSE

When a place comes available at Hartman House, a child will be selected using the following criteria:

1. The child must be an in-patient at Sunny Hill Hospital.
2. The child must be considered (by Nursing and the physician) to be medically stable.
3. The child must be considered suitable for the existing group at the home (sex, age and disability may be considered here) in order to maintain a balance in the home.
4. Parental consents must be given.
5. The financial decision will be made on a TEAM basis with input from the following areas:
  - a) Nursing (R.N.'s and L.P.N.'s)
  - b) Hospital physician
  - c) Occupational and physiotherapy
  - d) Speech therapy
  - e) Music therapy
  - f) The school staff
  - g) Child Life
  - h) Social Work
  - i) Hartman House Program Co-ordinator

Candidates will be discussed in terms of their length of stay at the Hospital the benefits they would get from the group home program, and long term goals for each individual.

## APPENDIX 2

APPENDIX

Hartman House Resident Profile

Resident	Age	Documented Disability	Communication	Ambulation	Comments
A.	19	Cerebral Palsy, Epilepsy Moderate M.R.	Verbal	Electric Wheelchair	Has partial use of left hand and is able to eat independently. Program aimed at life skills (telephone, money, survival skills)
B.	20	Myoclonic Epilepsy	Verbal	Manual wheelchair--self propelled	Has full use of upper limbs and is independent for eating, dressing, showering Programs focus on banking skills, decision making leisure skills
C.	17	Dystonia Musculorum deformans; visual impairment; behavior problems	Non-verbal, bliss (approx. 180 words)	Electric wheelchair on order, manual chair dependent	Dependent for eating, dressing, bathing Programs aim at decreasing negative behaviors and increasing independent skills
D.	14	Cerebral Palsy	Handi-voice (electronic voice)	Wheelchair dependent	Dependent for eating, dressing, bathing, etc. - programs aim at use of electronic equipment to increase independence
E.	18	Cerebral Palsy, Visual impairment Mental retardation	Verbal	Wheelchair dependent	Dependent for dressing, bathing Program for eating independently Stress increase development at verbal skills
F.	12	Mental retardation Cerebral palsy	Non-verbal, pre-bliss "yes" "no" response	Wheelchair dependent	Dependent for dressing, bathing, feeding Previous severe health problems - now stable Stress development of communication skills
G.	6	Mental retardation "Autistic" behaviors	Non-verbal	Wheelchair dependent, starting to push chair independ.	Requires assistance in dressing, bathing Hand over hand feeding Stress-crawling, attending skills, decrease self-stimulation
H.	10	Severe brain stem injury from motor vehicle accident seizures	Non-verbal	Wheelchair dependent	Dependent for bathing, dressing, hand over hand feeding. Stress development of skills like dressing thru hand role of hand over hand, attending skills
I.	15	Cerebral Palsy, Visual impaired Behavior problems	Some speech	Wheelchair dependent	Dependent for bathing, dressing, eats semi-independently. Behavior a communication programs
J.	12	Cerebral Palsy, Mild mental retardation	Bliss	Wheelchair dependent	Dependent for dressing, bathing, etc; eats independently - electric wheelchair training Some control of upper limbs - electronic devices to increase independence.

### APPENDIX 3

## A TYPICAL DAY

Up at 6:30 A.M.

Breakfast and to school by 9:00 A.M. (School is located on Hospital grounds.)

Return at 3:00 P.M.

Relaxation/exercises/activity programs

5:00 - 5:30 P.M. - dinner (This will often take much longer)

7:00 - 8:30 P.M.

Relaxation/activity programs/ personal care

8:30 - 9:00 P.M. - bed time (Later on weekends)

## APPENDIX 4

## CASE STUDY

Client A

Age: 18

Documented Disabilities: Cerebral Palsy, Epilepsy, Non-Ambulatory, Mental Retardation

Length of Hospitalization prior to Hartman House placement - 11 years

This resident operates an electric wheelchair and has well developed speech. Most of her programs emphasize developing increasing independence (using the telephone, money skills, decision making, etc).

A sample of programs and their success are listed below:

- 1.1 Program: Weight reduction (through diet: exercise)  
Control of diet by resident was emphasized

Goal was to reduce to 46 kilos

Results: Nov. 25/80 - 54 kilos  
April 1/80 - 48 kilos  
August/81 - 45 kilos  
February 81 - 45 kilos

Weight reduction was both important for her health and important for one person transfers to be successful.

- 1.2 Program: Developing appropriate eating skills by using a spoon appropriately at meal times.

Goal: 3 or less errors per meal

Means score per month for 6 months

(1) 21 errors; (2) 13.36 errors; (3) 11.5 errors; (4) 3.8 errors  
(5) 3 errors; (6) 3 errors

Future placement: Group Home for young adults with emphasis on continued skill development and eventual semi-independent placement in community. (eg. False Creek Residence).

## CASE STUDY

Client B

Age: 17

Documented Disabilities: Cerebral Dysfunction Dystonia, Muscular Derformans

Length of Hospitalization prior to Hartman House placement - 8 years

This resident has a degenerative disease that has affected his muscles and has left him very severely physically disabled. The progression of this disease was over a number of years since early childhood. He has developed emotional and behavioral problems that manifested itself in temper tantrums, characterized by self abuse. Staff at the Hospital found him increasingly difficult to deal with. Programs at the Group Home have been geared to reducing anti-social behaviors and increasing communication and independence. Over the last year he has been taught to operate an electric wheelchair. He has learned to use a communication system called "Bliss Symbolics". In September of 1980 when he arrived at the Group Home, he knew and used 18 Bliss symbols. At this point in time he has a total of 159 symbols to communicate his needs. A behavior modification was used to reduce the frequency of temper tantrums. These have reduced from 40 tantrums in October 1981 to 8 in February of 1982.

Future Placement: Adult residence for physically disabled.

## CASE STUDY

Client C

Age: 20

Documented Disabilities: Myoclonic Epilepsy

Length of Hospitalization prior to Group Home placement - 7 years

This resident is being prepared for a move to a semi-independent adult program - False Creek Residence for the physically handicapped. A number of skills are required in order for this move to take place - learning to book transportation independently, banking and handling money independently, and organizing leisure activities.

### Program Progress Summaries:

Client C has to book the Handi Dart independently through the process of repetition and gradual decrease in support and supervision.

Client C has her own bank account and is making weekly withdrawals and deposits with staff assistance. She draws up a weekly budget for expenses.

Client C is learning to organize and plan her time with the use of a daily diary.

Other skills being worked on are: doing laundry independently, administering her own medications. An application has been made for Vocational placement in the Community Vocational Awareness program.

Phase-in to False Creek will be completed by September 1982. In April, she will start to spend one day per week at the residence.

## CASE STUDY

Client D

Age: 7

Documented Disabilities: Cerebral Palsy, Severe Retardation

Length of Hospitalization prior to placement at the Group Home - 2½ years

Client D is representative of a younger group of children who have traditionally been institutionalized at an early age. Client D was originally admitted to Sunny Hill because of re-current colds accompanied by high fevers and a general feeling by his parents that they could not meet his special needs at home. Client D wears a brace for back support and is currently in a wheelchair.

### Program Progress Summary:

1. Awareness: The Group Home staff are working on increasing Client D's attending skills by positive reinforcement of sustained eye contact and eliminating incompatible behaviors such as hand and head shaking. His parents feel that his awareness has been increased drastically since his move to the Group Home. Client D displays greater interest in exploring his environment and plays with a broader range of toys. With increased attention, a communication program will be developed.
2. Mobility: Client D would occasionally crawl a few feet before admission to Hartman House. He is now crawling across the room to retrieve toys. Exercises to improve balance and strength are a regular part of his daily residential program.
3. Eating: Client D is learning to eat independently. When first transferred to Hartman House, his program was total hand over hand feeding. He will now reach for and grasp his spoon independently and raise the spoon to his mouth independently. He still requires assistance in returning his spoon to the table.
4. Toileting: Client D is on a regular toileting schedule and does not wear diapers. At this point in time he only partially successful in remaining dry.
5. Dressing: Client D is actively involved in dressing himself. Hand over hand is used to encourage him to zip and unzip, pull up his pants, etc. He has recently learned to remove his socks and can pull his shirt off if assisted by a staff person.

### Future Plans:

Client D's parents are very actively involved in his program. Group Home staff demonstrate methods for feeding, dressing, etc. so they may follow through when he goes home for weekends. These parents have recently started to express their plans to have D return home to live if his skill development continues.

## APPENDIX 5

TABLE 1: INDICATORS OF READINESS FOR STAGES OF EVALUATION

	<u>STAGE I</u> Recording, retrieving and grouping information.	<u>STAGE II</u> Asking and answering questions from available data.	<u>STAGE III</u> Further analysis of the information gained from Stage II.	<u>STAGE IV</u> Asking questions which require further data.	<u>STAGE V</u> Asking questions which require altering the environment.
Clinician Readiness	Clinicians prepared to record data.	Clinicians interested in record data.	Clinicians interested in asking questions of the existing data ensuring and completing the feedback loop.	Clinicians asking more complex questions than existing data can address. Clinicians devise methods for additional data collection.	Clinicians able to accept manipulating the environment in order to obtain valid and reliable data.
Administrative Readiness	Administration prepared to give direction and resources for implementing recording system.	Administration ratifying the consideration of data ensuring and completing the feedback loop.	Administration giving support to clinicians for questions asked, generate their own questions and "gear up" to meet future information demands.	Administration totally aware and actively participating in the evaluation process.	Administration prepared to re-allocate resources, speak to issues of resistance and prepared for policy change.
Resource Availability	Resources are available.	Resources available (man hours to ponder data and use as decision aid.	Availability of more than simple analysis system; research - evaluation person available on consultation.	Staff person with recognized expertise in the area of evaluation available.	Grant monies available in addition to staffing.
Organizational Stability	Recording can be systematic and centralized.	Feedback system intact and consistently maintained.	Agency-wide awareness of utility and retrievability of information.	Agency ensures complete awareness and involvement. Agency stable enough to share with other agencies.	Agency can tolerate structural and functional changes to accommodate design as necessary for random assignment and repeated treatments.
Political Climate	Funding body expects agency to keep track of "traffic" data and respond to questions on request.	Funding body expects agency to support its budget requests and accountability statements with good descriptive data.	Funding body expects agency to systematically use evaluation data externally for accountability, and internally for planning.	Funding body expects agency to engage in self-scrutiny re efficiency and effectiveness routinely evaluate all new services as a condition of implementation.	Funding body expects agency to provide evaluation data which is generalizable to other agencies.

APPENDIX 6

PERSONAL HISTORY

Referred From: \_\_\_\_\_  
(name and address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Parent(s) \_\_\_\_\_  
or Guardian(s) \_\_\_\_\_  
\_\_\_\_\_

Siblings (at home):

Names: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date YR/MO/DA

4. Routines

a) Eating

Diet requirements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special directions for feeding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment \_\_\_\_\_

\_\_\_\_\_

Likes what food \_\_\_\_\_

Dislikes what food \_\_\_\_\_

b) Sleeping

Preferred position (back, side, etc.) \_\_\_\_\_

Usual amount of sleep required \_\_\_\_\_

Is a daily nap required \_\_\_\_\_yes \_\_\_\_\_no

Is diapering required at night \_\_\_\_\_yes \_\_\_\_\_no

What time is child usually wet at night (if known) \_\_\_\_\_

Special requirements \_\_\_\_\_

\_\_\_\_\_

Equipment \_\_\_\_\_

\_\_\_\_\_

Problems: falling out of bed \_\_\_\_\_yes \_\_\_\_\_no

other \_\_\_\_\_

\_\_\_\_\_

c) Toileting

Requires diapers \_\_\_\_yes \_\_\_\_no

Uses a commode \_\_\_\_yes \_\_\_\_no

Has a regular schedule \_\_\_\_yes \_\_\_\_no

Can indicate when toileting is necessary \_\_\_\_yes \_\_\_\_no

If "yes", how does child indicate \_\_\_\_\_

Special requirements \_\_\_\_\_

5. Activities

a) Physical Status

Is child mobile \_\_\_\_yes \_\_\_\_no

Has child any use of limbs \_\_\_\_\_

Equipment \_\_\_\_\_

Positioning

Wheelchair (if used) - special instructions \_\_\_\_\_

Out of wheelchair - suggestions for positioning \_\_\_\_\_

b) Communication

How does child communicate \_\_\_\_\_

6. Personality

Likes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dislikes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills and Interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Relationships (family, peers, teachers, other adults)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behaviour Patterns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments on any handling techniques found to be effective with  
child \_\_\_\_\_

\_\_\_\_\_

7. School

What subjects/skills is child currently learning \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Expectations

What would be your expectations for the child in coming to  
Hartman House?

Parents

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School

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Hospital

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Other  
Facility

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Taken by: \_\_\_\_\_

Date:             
YR/MO/DA

DC/81/2/20

## APPENDIX 7

HARTMAN HOUSE

MEDICAL INFORMATION

1. Name: \_\_\_\_\_ d.o.b. \_\_\_\_\_  
(surname) YR/MO/DA

2. Medical number \_\_\_\_\_

3. Family physician \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Dentist \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage \_\_\_\_\_

5. Specialist(s)

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialty \_\_\_\_\_ Specialty \_\_\_\_\_

6. Has child had any of the following communicable diseases? (yes or no)

a) German measles \_\_\_\_\_ c) Chicken pox \_\_\_\_\_

b) Red measles \_\_\_\_\_ d) Mumps \_\_\_\_\_

7. Immunization (give dates)

a) DPT YR/MO/DA YR/MO/DA YR/MO/DA DPT Booster YR/MO/DA

b) Polio YR/MO/DA YR/MO/DA YR/MO/DA Polio Booster YR/MO/DA

c) German Measles vaccine YR/MO/DA

d) Red Measles vaccine YR/MO/DA

e) Mumps vaccine YR/MO/DA

8. Allergies \_\_\_\_\_  
\_\_\_\_\_

9. Operations and Illnesses (other than childhood diseases)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Date of last medical examination YR/MO/DA

last dental examination YR/MO/DA

last eye examination YR/MO/DA

11. Medication presently being taken.

Type \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribed by \_\_\_\_\_

Purpose of medication \_\_\_\_\_

How long has child been on medication \_\_\_\_\_

Type \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribed by \_\_\_\_\_

Purpose of medication \_\_\_\_\_

How long has child been on medication \_\_\_\_\_

Type \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribed by \_\_\_\_\_

Purpose of medication \_\_\_\_\_

How long has child been on medication \_\_\_\_\_

Type \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribed by \_\_\_\_\_

Purpose of medication \_\_\_\_\_

How long has child been on medication \_\_\_\_\_

12. Health

Is child prone to bronchial problems, infection, etc. Any instructions to be aware of during such times?

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Taken by: \_\_\_\_\_

Date:             
YR/MO/DA

DC/81/2/10

## APPENDIX 8

HARTMAN HOUSE

ASSESSMENT RECORD

Assessment

Date Done

Scheduled Follow-up

YR MO DA

YR MO DA

Residential

Physio-therapy

Occupational Therapy

Speech

Audio

Visual

Other(Psychological, Educational, etc.)

APPENDIX 9

HARTMAN HOUSE DAILY RECORD

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_ SHIFT: \_\_\_\_\_

Overall Mood/Behaviour: \_\_\_\_\_

Information from School \_\_\_\_\_

Medical \_\_\_\_\_

Chest Physio \_\_\_\_\_ Humidifier \_\_\_\_\_ Temperature \_\_\_\_\_ Extra Meds \_\_\_\_\_

Toileting \_\_\_\_\_

Personal Care \_\_\_\_\_

Chores \_\_\_\_\_

Physical Activities \_\_\_\_\_

Independent Activities \_\_\_\_\_

Group Activities \_\_\_\_\_

Out of Chair \_\_\_\_\_

Socialization \_\_\_\_\_

Outings \_\_\_\_\_

Visitors \_\_\_\_\_

Phone Calls In \_\_\_\_\_

Phone Calls Out \_\_\_\_\_

Food Intake \_\_\_\_\_

Communication \_\_\_\_\_

Programs \_\_\_\_\_

Comments \_\_\_\_\_

APPENDIX 10

TO

[illegible]

## APPENDIX 11

# TOILETING RECORD

NAME: \_\_\_\_\_ DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.		SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
WAKING															
AFTER BREAKFAST															
MIDMORNING															
AFTER LUNCH															
MID AFT.															
AFTER DINNER															
BEFORE BED															
NIGHT															

- ✓ URINATED      W WET
- BM BOWEL MOVEMENT (BM) IN PANTS
- X DID NOT PERFORM
- DID NOT REQUIRE TOILETING.

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

**NAME**

**FROM**

**TO**

[illegible]

✓ **UNDIATES W NOT THM BAVE, MA...**

## APPENDIX 12

HARTMAN HOUSE

Program:

Resident:

Key Worker:

Long Term Goal:

Materials Needed:

Training Schedule:

Objective of Program:

Date of Implimentation:

Setting:

Completion Criteria:

Review Date:

#	Trainer Behavior:	Resident Behavior:	Consequence:
			If behavior occurs
			Doesn't occur
			If behavior occurs
			Doesn't occur
			If behavior occurs
			Doesn't occur

## HARTMAN HOUSE

PROGRAM:

Target Behavior:

Prerequisite Skills:

Materials:

Procedure:

Target Behavior	Step	Prompt	Response	Consequence

APPENDIX 13

PARENT FEEDBACK FORM  
HARTMAN HOUSE

PARENTS: \_\_\_\_\_

Date: \_\_\_\_\_  
Yr. Mo. Da.

CHILD: \_\_\_\_\_

1. Were you given adequate information about Hartman House before your child came to it?

Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No', what type of information would you wanted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have been your expectations for your child during the last year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your expectations for your child been met? (Please comment on back of page.)

Much more than expected? \_\_\_\_\_

More than expected? \_\_\_\_\_

As expected? \_\_\_\_\_

Less than expected? \_\_\_\_\_

Much less than expected? \_\_\_\_\_

3. Has your child's functioning improved in the following areas:

1	2	3	4	
greatly	slightly	no change	deteriorated	_____

a) Self-help:

eg. Ability to choose clothes, co-ordinate colours, to eat in a socially acceptable manner.

b) Socially: \_\_\_\_\_

eg. ability to smile, greet people, understand jokes and humour,  
initiate an activity with another, be sensitive to others.

c) Communicate: \_\_\_\_\_

eg. ability to make eye contact, attend to what you say, make  
decisions, express needs or wants.

4. What specific abilities within your child's capability would you like to see developed?

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5. Do you think Hartman House provides a "home-like" environment for your child?  
What do you like about the environment?

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What do you dislike about the environment?

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6. Do you feel that your child has adequate Medical Care while at Hartman House?  
eg. Do staff pick up an illness/dental problems quickly? Do staff pass on  
Medical information to you adequately?

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7. During the past year, do you think your child's health has:

Improved a great deal? \_\_\_\_\_  
Improved somewhat? \_\_\_\_\_  
Remained the same? \_\_\_\_\_

Deteriorated somewhat? \_\_\_\_\_  
Deteriorated a great deal \_\_\_\_\_

8. Staff at Hartman House:

Communicated clearly 1 2 3 4 5 Communicated unclearly

Were courteous 1 2 3 4 5 Uncourteous

Were helpful 1 2 3 4 5 Unhelpful

9. How would you rate your overall satisfaction with Hartman House?

Satisfied 1 2 3 4 5 Unsatisfied

10. Do you have other comments you would like to make concerning either Hartman House or your child?

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APPENDIX 14

HARTMAN HOUSE  
Program Data Summary - Daily

CHILD:

AGE:

Identified Problem/Disability:

Program:

Criteria:

<u>Dates:</u>	<u>Day:</u>	<u>Score</u>	<u>Dates:</u>	<u>Day:</u>	<u>Score:</u>
	1			16	
	2			17	
	3			18	
	4			19	
	5			20	
	6			21	
	7			22	
	8			23	
	9			24	
	10			25	
	11			26	
	12			27	
	13			28	
	14			29	
	15			30	
				31	

HARTMAN HOUSE  
Program Data Summary - Weekly

CHILD:

AGE:

Certified Problem/Disability:

Program:

Criteria:

Dates:	Month:	Week:	Score:
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		1	
--	--	---	--

		2	
--	--	---	--

		3	
--	--	---	--

		4	
--	--	---	--

		5	
--	--	---	--

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD:

AGE:

Identified Problem/Disability:

Program:

Criteria:

Mean Score per Month:

Year	Month	Score:
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Jan.

Feb.

Mar.

Apr.

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

APPENDIX 15a

HARTMAN HOUSE  
Residential Assessment

Feeding

Toileting

Dailey Living:

Dressing  
Personal Hygiene  
Locomotion

General Awareness

Money  
Directionality  
Time  
Body Parts  
Personal Data

Social Skills

Behaviour

FEEDING

	Date				
1. Chooses food/amounts for meal- - - - -					
2. Indicates/selects preferred food <u>during</u> meal- - - - -					
3. Indicates when ready for food- - - - -					
4. Opens mouth voluntarily in order to receive food- - - - -					
5. Tolerates the touch of food/spoon to tongue without thrusting tongue					
6. Removes food from spoon- - - - -					
7. Allows removal of spoon from mouth without biting- - - - -					
8. Retains food in mouth without spitting, drooling, etc- - - - -					
9. Moves food in mouth with tongue- - - - -					
10. Bites off pieces of food (sandwich, cookie)- - - - -					
11. Chews with mouth closed- - - - -					
12. Chews food adequately before swallowing- - - - -					
13. Opens mouth to accomodate straw held by adult- - - - -					
14. Closes mouth around straw and sucks liquid- - - - -					
15. Drinks from cup held by adult- - - - -					
16. Sips liquid from cup- - - - -					
17. Swallows liquid from cup- - - - -					
18. Retains liquid in mouth without dripping, drooling while drinking- -					
19. Helps tip cup to drink- - - - -					
20. Drinks liquid from bottle/can- - - - -					
21. Chokes infrequently- - - - -					
22. Can clear passage without assistance when choking occurs- - - - -					
23. Indicates when full- - - - -					

Other:

TOILETING

Usually

**Sometimes**

**Never**

- |  |  |
|--|--|
| 1. Remains dry throughout the night  |  |
| 2. Remains dry during the day  |  |
| 3. Indicates when wet or soiled  |  |
| 4. Indicates need for toileting  |  |
| 5. Allows adequate time for preparation of toileting                                 |  |
| 6. Sits on toilet (commode) without supervision                                      |  |
| 7. Uses toilet reasonably soon after being placed                                    |  |
| 8. Indicates when finished   |  |
| 9. Has bowel movement regularly  |  |
| 10. Toileting program required [specify problem behavior, current program (if any)]. |  |

[illegible]This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

## DAILY LIVING

Dressing:

1. Chooses clothing daily - . . . . .
2. Chooses clothing according to weather/occassion - . . . . .
3. Co-operates passively when being dressed/undressed - . . . . .
4. Moves limbs to aid in dresssing/undresssing - . . . . .
5. Requests assistance if clothing is untidy or causing discomfort (soiled, uncomfortable, shoe untied, etc.)

## PERSONAL HYGIENE

1. Attempts to wipe nose/mouth with arm/hand when soiled- . . . . .
2. Requests tissue when sneezes, nose is running or mouth needs wiping- . . . . .
3. Blows nose when tissue is held by adult- . . . . .
4. Tolerates brushing of teeth by adult- . . . . .
5. Retains saliva during brushing, without drooling- . . . . .
6. Spits foam without swallowing. . . . .
7. Co-operates during bathing. . . . .
8. Indicates when bathing is necessary. . . . .

## LOCOMOTION

1. Assists in transferring by positioning body (relaxes, makes rigid for pivoting) . . . . .
2. Maintains good posture while in wheel chair. . . . .
3. Has limited use of upper body (specify) . . . . .
4. Has limited use of arm(s) hand(s) (specify)- - - - -
5. Shows preference for right-left hand when pointing or manipulating objects. \
6. Operates special equipment, appliance, instrument in environment, e.g. (List item and degree of independence - e.g.  
Stereo ----- environmental control switch  
Elevator ---- when chair positioned  
Chair Lift -- hand over hand

[illegible]This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## GENERAL AWARENESS

### I. Money: Coin Recognition:

- a) Can pick out coins from assorted small objects. (point to an object and ask if it is a coin.)

yes      no

\_\_\_\_\_

- b) Can identify coins by name. Point to a coin and ask, "Is this a penny, nickel, dime, quarters, half dollar (or fifty cent piece)?"

\_\_\_\_\_

\_\_\_\_\_

.1¢      .5¢      .10¢      .25¢      .50¢

### Paper Money Recognition:

- a) Can pick out paper money from other paper objects.

yes      no

\_\_\_\_\_

- b) Can label paper money by name (as in B above). Identifies:

\_\_\_\_\_

\_\_\_\_\_

\$1.00      \$2.00      \$5.00      \$10.00      \$20.00

## MONEY EQUIVALENTS

- |  |              |       |    |
|--|--------------|-------|----|
| 1. Can tell you (or count out) how many pennies are in:      | nickels      | Yes   | No |
|  | dimes        | Yes   | No |
| 2. Can tell you (or count out) how many nickels are in:      | dimes        | _____ |    |
|  | quarters     | _____ |    |
|  | half dollars | _____ |    |
| 3. Can tell you (or count out) how many dimes are in:        | half-dollar  | _____ |    |
|  | a dollar     | _____ |    |
| 4. Can tell you (or count out) how many quarters are in:     | half dollar  | _____ |    |
|  | a dollar     | _____ |    |
| 5. Can tell you (or count out) how many half dollars are in: | a dollar     | _____ |    |
| 6. Can tell you how many \$1.00 bills (or count out) are in: |              |       |    |
|  | \$2.00       | _____ |    |
|  | \$5.00       | _____ |    |
|  | \$10.00      | _____ |    |
|  | \$20.00      | _____ |    |
| 7. Counts mixed coins and arrives at proper total            |              | Yes   | No |
| 8. Knows when has enough money saved for a special purchase  |              | Yes   | No |
| 9. Can verify receipt of proper change                       |              | Yes   | No |

### GENERAL AWARENESS (con't.)

## II. Directionality:

Have resident look in direction named:

- 1) up
- 2) down
- 3) under
- 4) beside
- 5) left
- 6) right

[illegible]

III. Time: \

During day to day routine, resident has demonstrated knowledge of:

- 1) past- - - - -
- 2) present- - - - -
- 3) future- - - - -
- 4) days of week- - - - -
- 5) days of month- - - - -
- 6) differentiates between 10 minutes and 1 hour- - - - -

[illegible]

## IV. Body Parts:

Present a doll or large picture of a person. Point to body and have resident identify name on Bliss Board, Handivoice or indicate yes or no when label is given:

head	teeth	finger	knee
eyebrow	tongue	thumb	ankle
eyelash	neck	chest/breast	foot
nose	arm	stomach	toe
ear	arm	hip	mouth
wrist			

V. Personal Data:

```

Knows:  full name: . . . . .
        address . . . . .
        phone number. . . . .
        age . . . . .
        birthdate . . . . .

```


## SOCIAL SKILLS

- [illegible]

## BEHAVIOUR SECTION

### PLEASE NOTE:

The following questions are intended to isolate problem behaviours as well as adaptive behaviours. Some of the behaviours listed are considered normal reactions to everyday situations. It is the degree (frequency, intensity and duration) and context of the behaviour that warrants it as being maladaptive and not the behaviour itself. Such behaviours may show themselves as deficits or excusses. Excessive behaviour often persists because short term effects bring consequences that are reinforcing, yet may be self defeating or destructive in the long term.

<u>BEHAVIOUR</u>	frequently	sometimes	never
1. Awakes during the night			
2. Is restless during sleep (becomes tangled in blankets, etc)			
3. Rises during the night to be toileted			
4. Is usually well rested in the morning			
5. Rises easily without complaint			
6. Has a good appetite			
7. Requires a rest during the day			
8. Adapts reasonably well to changes in the environment			
9. Tolerates changes in routine without excessive disturbance			
10. Does not become upset if desired activity is inaccessible			
11. Communicates likes and dislikes without extreme emotion (crying, tantruming, etc.)			
12. Changes in mood require special handling by caregivers			
13. Tolerance level varies much day to day			
14. Initiates time alone when upset or frustrated			
15. Requests repeated attention for minor reasons			
16. Waits turn patiently			
17. Waits turn only when repeatedly told to do so			
18. Demonstrates withdrawal in social situations			
19. Demonstrates negative behaviour			

BEHAVIOUR (con't.)

never

sometimes

frequently

20. Engages in self-abusive behaviour
21. Engages in disruptive behaviour that is disturbing to other

Other:

APPENDIX 15b

HARIMAN HOUSE  
Residential Assessment

Feeding

Food Preparation

Dressing

Toileting

Personal Hygiene

Social Communication

Telephone Skills

Shopping

General

Mobility

Scoring: Most of the skill areas have been set up to accomodate a scoring system that indicates the level of performance. Performance is assumed to be rated along an "Independence" continuum, based on the degree a skill is performed with/without assistance from others. For example, a task that is performed with a Verbal Prompt is probably allowing the resident to function more independently than if a Physical Prompt were necessary. Ideally, it is hoped that all of the skills tapped in this assessment will become independent skills with the aid, in some cases, of adaptive equipment only.

"Proficiency in a skill facilitates better feelings about self, reduces dependency and enhances responsibility."

- I --- performs activity Independently
- VP --- can perform activity but usually does not without Verbal Prompt
- PP --- performs activity with Physical Prompt - i.e. hand over hand, etc.
- AE --- Adaptive Equipment necessary in order to perform task
- N/A --- not applicable
- No --- cannot/does not perform skill

Colour Code: Since the purpose of this assessment is to baseline and document changes in acquired skills, it is necessary to use different colored ink for each new date that the test is administered.

e.g. September '81 - red  
September '82 - blue  
January '83 - green

## FEEDING

1. Washes hands for meal: - - - - -
2. Positions wheel chair properly at table - - - - -
3. Places napkin properly- - - - -
4. Serves self- - - - -
5. Serves appropriate portion to self- - - - -
6. Asks for assistance when required (to cut meat, etc.)- - - - -
7. Holds spoon in fist position. - - - - -
8. Holds spoon in standard position (between fingers, turning palm to place food in mouth)- - - - -
9. Separates large pieces of food with spoon. - - - - -
10. Dips food in order to scoop food- - - - -
11. Uses spoon without spilling- - - - -
12. Holds fork in fist- - - - -
13. Uses standard position for fork. - - - - -
14. Scoops food with fork- - - - -
15. Spears food with fork- - - - -
16. Cuts food with fork - - - - -
17. Directs fork to mouth without spilling. - - - - -
18. Chooses appropriate cutlery for liquids/semi-solids- - - - -
19. Differentiates between finger foods and others that require cutlery- - - - -
20. Spreads with knife - - - - -
21. Holds knife with cutting edge down- - - - -
22. Applies appropriate pressure for cutting- - - - -
23. Replaces utensil to appropriate position when not in use - - - - -
24. Fills utensil with one mouthful at a time - - - - -
25. Swallows food in mouth before taking more - - - - -
26. Chews food thoroughly before swallowing. - - - - -
27. Drinks from cup with handle - - - - -
28. Lifts cup to mouth without spilling- - - - -
29. Replaces cup/glass to position - - - - -
30. Drinks from glass using one? two? hands - - - - -
31. Pours liquid into glass/cup from pitcher - no spilling- - - - -
32. Lifts glass to mouth without spilling - - - - -
33. Fills glass/container from water-facet - turns tap, regulates flow. fills container, turns tap off.
34. Drinks liquids taking one sip at a time. - - - - -
35. Eats/drinks hot food carefully - - - - -

FEEDING - (con't.)

- 36. Wipes mouth with napkin when necessary during meal- . . . . .
- 37. Wipes mouth with napkin at end of meal. . . . .
- 38. Indicates likes and dislikes of foods (i.e. will refuse)- . . . . .
- 39. Limits/chooses items and portions appropriately . . . . .
- 40. Stops eating/drinking after sufficient amount \_ . . . . .
- 41. Distinguishes fattening/non-fattening/healthy foods- . . . . .
- 42. Enjoys different textures and tastes and will experiment. . . . .


Other:

## FOOD PREPARATION

1. Pours from large container with handle
2. Pours from large container without handle (milk carton, juice can)
3. Opens twist top jars
4. Opens containers that are resealable (yogurt)
5. Replaces lids
6. Uses can opener
7. Uses bottle opener
8. Uses pull tab to open cans
9. Opens boxes
10. Empties food into storage containers
11. Scrapes plates at end of meal
12. Wipes place mats and table top
13. Places items in fridge
14. Places dishes/cutlery in cupboard
15. Peels and wraps food (oranges, bananas, gum, sugar twin, other)
16. Slices with knife
17. Peels with knife
18. Uses grater for vegs, cheese, other
19. Operates stove
20. Operates toaster
21. Operates mixer (cuisinart)
22. Prepares packaged foods (jello, pudding, soup)
23. Prepares canned foods (soup, veg.)
24. Prepares cakes/cookies from mixes
25. Prepares simple sandwiches
26. Prepares beverages (tea, fruit juice)
27. Identifies and uses measuring cups/spoons
28. Can follow simple oral directions while baking/cooking
29. Can follow simple written directions while baking/cooking (eg. knows ingredient amounts, baking times, preparation guide lines)

Other:

## DRESSING

1. Selects own clothing daily - - - - -
2. Makes appropriate choice between everyday and best clothing . . . . .
3. Considers weather/occassion when choosing clothing - . . . . .
4. Indicates when clothing is untidy (torn, dirty) . . . . .
5. Co-operates passively when being dressed - - - - -
6. Moves limbs to aid in dressing . . . . .
7. Assists in getting dressed by passing or holding clothes . . . . .
8. Pulls T-shirt, undershirt and other pullover garments down over chest after head and arms put in by adult - - - - -
9. Puts one arm into sleeve of shirt and pulls over chest . . . . .
10. Puts both arms into sleeves of shirt and pulls over chest . . . . .
11. Pulls shirt/sweater over head, puts arms in sleeves, pulls over chest . . . . .
12. Puts hand through armhole of front-opening garment . . . . .
13. Locates second armhole and puts hand and arm through opening . . . . .
14. Pulls clothing up to shoulders . . . . .
15. Pulls sides of front opening garment together . . . . .
16. Fastens/unfastens brace . . . . .
17. Zips after zipper is engaged . . . . .
18. Engages zipper and zips . . . . .
19. Pulls T-shirt, undershirt and other pullover garment up over head once removed to that point by adult - - - - -
20. Pulls T-shirt off of one arm and over head after removed to that point . . . . .
21. Pulls T-shirt off of both arms and over head - . . . . .
22. Pulls front-opening garment over wrist (coat, blouse, dress) after adult removes clothing to that point - . . . . .
23. Pulls front-opening garment over forearm once removed to that point - . . . . .
24. Pulls front-opening garment over shoulder . . . . .
25. Pulls front-opening garment over back - . . . . .
26. Pulls front-opening garment from other arm . . . . .
27. Pulls front-opening garment off completely . . . . .
28. Fastens/unfastens large buttons . . . . .
29. Fastens/unfastens small buttons . . . . .
30. Threads belt through loops . . . . .

DRESSING (con't.)

- |     |  |
|-----|--|
| 31. | Laces                                    |
| 32. | Tightens laces                           |
| 33. | ties                                     |
| 34. | Buckles.                                 |
| 35. | Snap/unsnaps                             |
| 36. | Turns clothing right side out            |
| 37. | Hangs clothing on hook/hanger            |
| 38. | Puts soiled clothing in designated place |
| 39. | Straightens and tucks in clothing        |

[illegible]

## TOILETING

- [illegible]

Transfer requirements leading to independence?

PERSONAL HYGIENE

1. Washes hands and face when needed - - - - -
2. Washes hands (independently) see "toileting) #'s 12-18 - - - - -
3. Washes face independently - - - - -
4. Turns on water taps - - - - -
5. Adjusts water temperature - - - - -
6. Splashes face or uses cloth to wet - - - - -
7. Washes face with soap . . . - - - - -
8. Rinses soap off face - - - - -
9. Dries face thoroughly \_ - - - -
10. Hangs up towel- - - - -
11. Combs hair as needed . . . - - - -
12. Puts comb/brush in hair and runs through - - - - -
13. Uses a mirror to facilitate in arranging hair \_ - - - -
14. Brushes teeth without prompt . . . - - - -
15. Locates own tooth brush - - - - -
16. Removes cap from toothpaste - . . - - -
17. Puts toothpaste on brush - - - - -
18. Uses appropriate amount of paste - - - - -
19. Turns on water - - - - -
20. Wets toothbrush and paste \_ - - - -
21. Brushes back teeth with horizontal motion \_ - - - -
22. Bites down and brushes front teeth with horizontal motion - - - - -
23. Brushes teeth while still retaining saliva and paste in mouth - - - - -
24. Spits foam out - - - - -
25. Fills cup/glass with water - - - - -
26. Rinses mouth without swallowing water - - - - -
27. Spits water into sink . . . - - - -
28. Rinses tooth brush - - - - -
29. Turns off water - - - - -
30. Replaces cap on toothpaste tube \_ - - - -
31. Wipes hand and mouth dry \_ - - - -
32. Replaces toothbrush, paste, cup and towel to appropriate place \_ - - - -
33. Initiates bath time - - - - -
34. Organizes items for bath (towel, washcloth, shampoo)- - - - -
35. Undresses . . . - - - -
36. Tends to toileting \_ - - - -
37. Runs bath/shower \_ - - - -

PERSONAL HYGIENE (con't.)

- [illegible]

[illegible]

## SOCIAL & COMMUNICATION SKILLS

1. Greets friends - - - - -
2. Greets new acquaintances - - - - -
3. Greets strangers with appropriate interaction depending on situation - - - - -
4. Looks at person while speaking - - - - -
5. Maintains appropriate social distance - - - - -
6. Introduces self - - - - -
7. Uses a pleasant tone of voice - - - - -
8. Talks at an appropriate voice level - - - - -
9. Displays appropriate facial expression during conversation - - - - -
10. Allows others to converse - - - - -
11. Converses without perseverating on a single topic - - - - -
12. Talks on appropriate topic: - - - - -
  - 1) does not discuss personal problems - - - - -
  - 2) discusses age appropriate topics - - - - -
  - 3) discusses topics appropriate to setting - - - - -
13. Does not ask unnecessary questions - - - - -
14. Does not repeat the same question - - - - -
15. Does not continually seek reassurance (saying, "I did fine, didn't I?") - - - - -
16. Does not respond to questions directed to others - - - - -
17. Does not complain excessively or unnecessarily - - - - -
18. Can initiate a conversation by asking appropriate questions - - - - -
19. Can relate or describe events when asked or when appropriate to conversation - - - - -
20. Responds appropriately in conversations by: - - - - -
  - 1) Asking relevant question(s) - - - - -
  - 2) Making appropriate comment(s) - - - - -
  - 3) Not changing the subject - - - - -
  - 4) Using appropriate facial expression - - - - -
  - 5) Waiting turn during conversation - - - - -
21. Is polite in presence of others - - - - -
22. Invites guests/friends to home - - - - -

### Telephone Skills

23. Locates phone number - - - - -
24. Identifies dial tone - - - - -
25. Dials number - - - - -
26. Asks for person - - - - -
27. Initiates conversation - - - - -

[illegible]

- [illegible]

## A blank sheet of white paper with a light gray grid pattern. The grid consists of horizontal and vertical lines forming small squares across the entire page. There are no margins or other markings on the paper.

- [illegible]

[illegible]

- [illegible]

General: con't.

58. Does things by self (listens to music, handwork)
59. Follows something which requires special interest or knowledge - -  
(i.e. sports, music, theater, other)
60. Takes initiative in inviting/planning gathering or recreation - - -
61. Takes part in planning recreation: \_ \_ \_ \_ \_
62. Identifies:
  - 1) Washrooms - - - - -
  - 2) Exit - - - - -
  - 3) Cashier - - - - -
  - 4) Poison - - - - -
  - 5) Caution - - - - -
  - 6) Danger - - - - -
  - 7) Don't walk - - - - -
  - 8) Entrance - - - - -
  - 9) pull - - - - -
  - 10) Push - - - - -
  - 11) Closed - - - - -
  - 12) Open - - - - -

## MOBILITY

1. Operates light switch(es) Specify: \_ \_ \_ \_ \_
2. Operates bed lamp \_ \_ \_ \_ \_
3. Operates radio \_ \_ \_ \_ \_
4. Operates stereo \_ \_ \_ \_ \_
5. Operates tape recorder \_ \_ \_ \_ \_
6. Operates door knobs \_ \_ \_ \_ \_
7. Operates locks \_ \_ \_ \_ \_
8. Operates elevators \_ \_ \_ \_ \_
9. Plugs in cords \_ \_ \_ \_ \_
10. Winds watch/clock \_ \_ \_ \_ \_
11. Sets alarm \_ \_ \_ \_ \_
12. Opens/closes drawers \_ \_ \_ \_ \_
13. Opens/closes windows \_ \_ \_ \_ \_
14. Opens/closes curtains \_ \_ \_ \_ \_
15. Uses scissors \_ \_ \_ \_ \_
16. Maneuvers up/down ramps \_ \_ \_ \_ \_
17. Maneuvers up/down paved inclines \_ \_ \_ \_ \_
18. Maneuvers wheel chair around curbs \_ \_ \_ \_ \_
19. Positions wheel chair on lift for van \_ \_ \_ \_ \_
20. Operates chair left \_ \_ \_ \_ \_
21. Positions wheel chair for safe transport \_ \_ \_ \_ \_
22. Crosses street with traffic lights \_ \_ \_ \_ \_
23. Crosses street without traffic light \_ \_ \_ \_ \_
24. Identifies basic traffic signals/signs (walk, stop, etc) \_ \_ \_ \_ \_

[illegible]

APPENDIX 16a

HARTMAN HOUSECOMMUNICATION AREA:

Program: To Develop More Bliss Symbols in order to Increase Communication Skills

Resident:		Key Worker:	
Long Term Goal: Higher receptive/expressive language	Materials Needed: 1. Bliss symbols cards 2. Bliss symbols board 3. Tray	Training Schedule:	
Objective of Program: More Bliss symbols	Date of Implimentation: September 1980	Setting: Hartman House	
Completion Criteria: Ongoing	Review Date: Monthly		

Step #	Trainer Behavior:	Resident Behavior:	Consequence:
1.	Discuss with Rick new Bliss symbols bsaed on need and opportunity	Rick utilizes symbol	<p>If behavior occurs Staff notified via staff meeting and Communication book</p> <hr/> <p>Doesn't occur Symbol not used till time when Rick can identify</p> <hr/> <p>If behavior occurs</p> <hr/> <p>Doesn't occur</p> <hr/> <p>If behavior occurs</p> <hr/> <p>Doesn't occur</p>

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD: Rick

AGE: 15

Identified Problem/Disability:  
Limited means of communication

Program:  
Increase communication by adding symbols to Bliss Board

Criteria:

Mean Score per Month: Number of Symbols total

Year	Month	Score:
------	-------	--------

1980	Jan.	
	Feb.	
	Mar.	
	Apr.	
	May	
	June	
	July	
	Aug.	
	Sept.	18
	Oct.	
	Nov.	
	Dec.	

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD: Rick

AGE: 16

Identified Problem/Disability:

Limited means of communication

Program:

Increase communication by adding symbols to Bliss Board

Criteria:

Mean Score per Month: Number of Symbols total

Year	Month	Score:
------	-------	--------

1981	Jan.	
------	------	--

	Feb.	
--	------	--

	Mar.	
--	------	--

	Apr.	
--	------	--

	May	46
--	-----	----

	June	
--	------	--

	July	
--	------	--

	Aug.	
--	------	--

	Sept.	
--	-------	--

	Oct.	
--	------	--

	Nov.	
--	------	--

	Dec.	
--	------	--

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD: Rick

AGE: 17

Identified Problem/Disability:  
Limited means of communication

Program:

Increase communication by adding symbols to Bliss Board

Criteria:

Mean Score per Month: Number of Symbols total

Year	Month	Score:
------	-------	--------

1982	Jan.	
------	------	--

	Feb.	
--	------	--

	Mar.	159
--	------	-----

	Apr.	
--	------	--

	May	
--	-----	--

	June	
--	------	--

	July	
--	------	--

	Aug.	
--	------	--

	Sept.	
--	-------	--

	Oct.	
--	------	--

	Nov.	
--	------	--

	Dec.	
--	------	--

APPENDIX 16b

SELF-CARE AREA:HARTMAN HOUSE

Program: Toileting - Dry when routined

Resident:		Key Worker:	
Long Term Goal: Self initiated toileting	Materials Needed: 1. Pictures of individual Canuck Hockey players 2. Hockey player card Date of Implimentation: March 25th, 1982	Training Schedule: Continuous	
Objective of Program: When taken to toilet (ontime) Craig will be dry	Date of Implimentation: March 25th, 1982	Setting: Bedroom	
Completion Criteria: 90%	Review Date: April 7th/82		

Step #	Trainer Behavior:	Resident Behavior:	Consequence:
1.		Is dry when toileted on time (as per toileting schedule in data book - Toileting section).	<p>If behavior occurs He selects one Hockey player to go &lt; On chart.</p> <hr/> <p>Doesn't occur No player</p> <hr/> <p>If behavior occurs</p> <hr/> <p>Doesn't occur</p> <hr/> <p>If behavior occurs</p> <hr/> <p>Doesn't occur</p>

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD:

AGE: 17

Identified Problem/Disability:

Low frequency of being dry during day (waking hours)

Program: Verbal praise - Hockey card for success in criteria  
(see program sheet)

Criteria: Increase frequency of days dry or wet or wet once.

Mean Score per Month:

Year	Month	Score:
------	-------	--------

1981	Jan.	
------	------	--

	Feb.	
--	------	--

	Mar.	
--	------	--

	Apr.	
--	------	--

	May	
--	-----	--

	June	
--	------	--

	July	
--	------	--

	Aug.	
--	------	--

	Sept.	@58%
--	-------	------

	Oct.	55%
--	------	-----

	Nov.	56%
--	------	-----

	Dec.	49%
--	------	-----

1982	Jan.	48%
------	------	-----

	Feb.	61%
--	------	-----

	Mar.	68%
--	------	-----

 Reinforcer changed - March 25th/82

	Apr.	80%
--	------	-----

	May	92%
--	-----	-----

	June	Moved - May 25th
--	------	------------------

Scores indicate percentage of days  
per month dry or wet once.

**VANCOUVER, B.C.**

SUMMARY - TOILETING RECORD

NAME: \_\_\_\_\_ ADMISSION NO. \_\_\_\_\_ DOCTOR \_\_\_\_\_

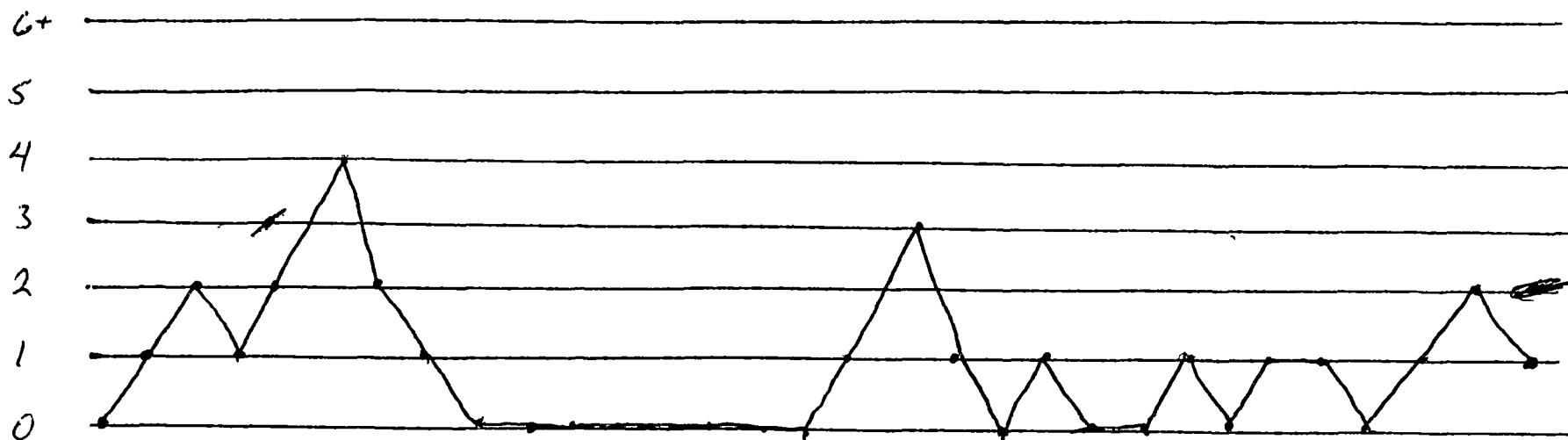
[illegible]

# TOILETING RECORD

April/82

(MONTH)

1 2 ③ ④ 5 6 7 8 9 ⑩ ⑪ 12 13 14 15 16 ⑰ ⑱ 19 20 21 22 23 ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛



QUANTITY  
OF  
WATERS  
DAY

① ② - WEEK ENDS

% OF DAYS AT EACH FREQUENCY

0	45	} 80%
1	35	
2	14	
3	3	
4	3	
5		
6+		

CRITERIA: INCREASE % OF DAYS DRY OR WET ONCE.

# INDEPENDENT TOILETING RECORD

NAME Craig L. FROM April 11 TO 24 / 82

SUNDAY 11	MONDAY 12	TUESDAY 13	WEDNESDAY 14	THURSDAY 15	FRIDAY 16	SATURDAY 17
8:00 D/	8:00 D/	7:00 D/	7:00 D/	6:45 D/	7:00 D/	8:00 D/
Not toilet	9:30 D/	8:45 D/	8:30 D/	8:40 D/	8:45 D/	10:15 D/
Noon D/	11:30 D/		↓ school			10:50 D/
1:30 D/	1:00 D/	3:45 D/	3:40 pm D/	3:00 D/	3:10 D/	1:10 D/
		4:30 D/	5:15 pm D/	4:20 D/	4:30 D/	4:30 D/
		7 pm D/		6:30 D/	6:30 D/	Flow at 6:30 W/
			7:45 D/	8:00 D/	8:00 D/	
			8:45 D/	9:00 D/		
8:30 D/						
W-O	W-O	W-O	W-O	W-O	W-O	W-O
S 18	M 19	T 20	W 21	Th 22	F 23	S 24
8:30 W-30	6:45 D/	7:00 D/	7:00 W/	6:45 D/	6:45 D/	8:10 D/
10:00 D-30	8:45 D/	8:45 D/	8:35 D/ BM	8:45 D/ 10 min	6:45 D/	10:45 D/
11:50 D-50	3:20 D/			3:15 D/	3:05 D/	
out	4:40 W/	3:15 D/	3:40 D/	4:30 D/	4:30 D/	
↓	6:30 D/	4:30 D/	4:45 D/	7:10 D/	6:10 D/	3:00 D/ BM
5:00 D/	8:00 D/	6:30 D/	6:30 D/	8:00 D/		5:15 D/
7:00 D/		7:45 D/				8:45 W/
8:15 D/						
W-2	W-1	W-O	W-1	W-O	W-O	W-1

NOTE TIME PLEASE

IN PANTS

BM

BM BOWEL MOVEMENT

W WET

URINATED

APPENDIX 16c

SELF-CARE AREA:HARIMAN HOUSE

Program: Eating Independently

1 of 2 pages

Resident:	Key Worker:	
<p>Long Term Goal: Loads his spoon and feeds himself independently</p> <p>Objective of Program: Increase the percentage of unaided bites/meal</p> <p>Completion Criteria: 90%</p>	<p>Materials Needed: 1. Adapted spoon 2. Non-slip mat 3. Scoop dish</p> <p>Date of Implimentation: 1st 3 person day after March 24th/82</p> <p>Review Date: April 7th, 1982</p>	<p>Training Schedule: Dinners on three staff days</p> <p>Setting: Dining table</p>

ep #	Trainer Behavior:	Resident Behavior:	Consequence:
1	None	Places spoon on plate	<p>If behavior occurs GO to #2</p> <hr/> <p>Doesn't occur Verbal prompt "put it on the plate Craig".</p>
2	Push food to left side of plate	Pushes spoon away from him into food	<p>If behavior occurs GO to #4</p> <hr/> <p>Doesn't occur Verbal prompt (twice) "push your spoon away from you Craig". Still does not occur go to #3</p>
3	Staff loads spoon by pushing food on spoon	None - goes to step 4	<p>If behavior occurs Go to #4</p> <hr/> <p>Doesn't occur</p>

HARTMAN HOUSE

Program: Eating Independently

2 of 2 pages

Resident:		Key Worker:	
Long Term Goal:	Materials Needed:	Training Schedule:	
Objective of Program:	Date of Implimentation:	Setting:	
Completion Criteria:	Review Date:		

tep #	Trainer Behavior:	Resident Behavior:	Consequence:
4	None	Lifts spoon and feeds self	If behavior occurs Go to step #1
			Doesn't occur
			If behavior occurs
			Doesn't occur
			If behavior occurs
			Doesn't occur

HARTMAN HOUSE  
Program Data Summary - Daily

CHILD:

AGE: 18

Identified Problem/Disability:

Develop unprompted self eating - spoon

Program: Increase percentage of unaided bites per meal

(This program is in the nature of Skill Development Baseline)

Criteria: 90% of bites unaided (unprompted) or one month passed

<u>Dates:</u>	<u>Day:</u>	<u>Score</u>	<u>Dates:</u>	<u>Day:</u>	<u>Score:</u>
3-26-82	1	43%		16	
3-27-82	2	30%		17	
3-28-82	3	36%		18	
3-29-82	4	50%		19	
3-31-82	5	56%		20	
4-02-82	6	38%		21	
4-07-82	7	82%		22	
4-08-82	8	68%		23	
4-15-82	9	100%		24	
4-16-82	10	89%		25	
4-17-82	11	89%		26	
4-20-82	12	100%		27	
4-21-82	13	87%		28	
	14			29	
	15			30	
				31	

DATE March 26/82 TO April 21/82.

E	# OF TIMES SPOON REACHES PALETTE		# OF TIMES SPOON SELF LOADED		# OF VERBAL PROMPTS		STAFF INITIAL
	MARK 'I' EACH TIME EG. IIII	TOTAL	MARK 'I' EACH TIME EG. IIII	TOTAL	MARK 'I' EACH TIME EG. IIII	TOTAL	
1	IIII IIII IIII IIII IIII	37	IIII IIII IIII I	16	IIII IIII IIII IIII IIII	22	STP PROMPT
7	IIII IIII IIII IIII IIII	30	IIII IIII IIII I	9	IIII IIII IIII IIII IIII	12	
28	IIII IIII IIII IIII IIII	33	IIII IIII IIII I	12	IIII IIII IIII IIII IIII	22	59 40 66% 50%
29	IIII IIII IIII IIII IIII	22	IIII IIII IIII I	11	IIII IIII IIII IIII IIII	11	
1	IIII IIII IIII IIII IIII	34	IIII IIII IIII IIII	19	IIII IIII IIII IIII IIII	3	PT
	IIII IIII IIII IIII IIII	36	IIII IIII IIII IIII	16	IIII IIII IIII IIII IIII	0	PT
	IIII IIII IIII IIII IIII	28	IIII IIII IIII IIII IIII	23	IIII IIII IIII IIII IIII	3	JP
	IIII IIII IIII IIII IIII	28	IIII IIII IIII IIII	19			
	IIII IIII IIII IIII IIII		IIII IIII IIII IIII		IIII IIII IIII IIII IIII		
1	IIII IIII IIII IIII IIII	23	IIII IIII IIII IIII IIII	23	IIII IIII IIII IIII IIII	1	SC
6	IIII IIII IIII IIII IIII	11	IIII IIII IIII IIII IIII	33	IIII IIII IIII IIII IIII	4	AA
7	IIII IIII IIII IIII IIII	11	IIII IIII IIII IIII IIII	8			
10	IIII IIII IIII IIII IIII	27	IIII IIII IIII IIII IIII	27			SC
2	IIII IIII IIII IIII IIII	8	IIII IIII IIII IIII IIII	7			PK
		Successful bites					
		16/45%					
		9/30 30%					
		12/33 36%					
		11/22 50%					
		19/34 56%					
		10/26 38%					
		23/28 82%					
		19/28 68%					
		23/23 100%					
		33/41 80%					
		8/9 89%	(13)				
		avg. 66%					

APPENDIX 16d

LIFE SKILLS AREA:HARIMAN HOUSE

Program: Recognition of Survival Words

Resident:		Key Worker:	
<b>Long Term Goal:</b> Resident will develop a survival word vocabulary of 150 survival words commonly used in the community.		<b>Materials Needed:</b> Flash card (7-10 words) Check sheet	
<b>Objective of Program:</b> Resident recognizes selected survival words when presented.		<b>Date of Implimentation:</b> March 25th/82	
<b>Completion Criteria:</b> 100% success - 7 Days in a row for each word: *		<b>Review Date:</b> April 7th/82	
ep #	Trainer Behavior:	Resident Behavior:	Consequence:
1.	Trainer presents flash card to resident and says "What does this say?"	Resident indentifies word accurately within 30 seconds of presentation.	If behavior occurs Verbal praise; Trainer and resident talk briefly about how this word may be used in the community. Go to next word. Doesn't occur Trainer says "the card says ____". Resident repeats word for trainer. Trainer presents next card.
	*As resident reaches criteria for each word, that word will be dropped and a new word will be added. Words will be introduced again at a later date to assure retention.		If behavior occurs
			Doesn't occur
			If behavior occurs
			Doesn't occur

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD:

AGE: 19

Identified Problem/Disability:

Program: Survival word recognition

Criteria: New words each month learned.

Mean Score per Month:

Year	Month	Score:
	Jan.	
	Feb.	
	Mar.	
	Apr.	6 words
	May	6 words
	June	10 words
	July	12 words
	Aug.	20 words
1982	Sept.	24 words
	Oct.	
	Nov.	
	Dec.	

## Survival words

Key: / = correct response

N/R = no response

± = incorrect response

Resident:

Month Oct/82

Date →

[illegible]

APPENDIX 16e

HEALTH AREA:HARTMAN HOUSE

Program: Medication Management

Resident:	Key Worker:	
<b>Long Term Goal:</b> Self managed medication  <b>Objective of Program:</b> To know names, quantities and times of medications. <b>Completion Criteria:</b> 100% Managed - 90% times	<b>Materials Needed:</b> Oral medications Medication record Med cups <b>Date of Implimentation:</b> September 27th/82	<b>Training Schedule:</b> 4 times daily  <b>Setting:</b> Office  <b>Review Date:</b> October 17th/82

Step #	Trainer Behavior:	Resident Behavior:	Consequence:
1. for a week	Call to office, read medication charts and disperse	Observe dispersing of medication and place meds at her place at the table (or package for school) or takes them (9:30 only)	If behavior occurs Proceed to step #2  Doesn't occur Pat will review program with Carol
2. for a week	Read medication chart and dispense meds	Calls staff to office before meals and school and at 9:30 Takes meds to table or packages them for school or takes them (9:30 only)	If behavior occurs proceed to step 3  Doesn't occur Repeat step 2 for 1 week
3. for a week	Dispense medication	Calls staff to office at appropriate times and reads medication requirements from chart to staff  Takes meds to table or packages them for school or takes them (9:30 only)	If behavior occurs Proceed to step 4  Doesn't occur Repeat step 3 for 1 week

HARTMAN HOUSE

Program: Medication Management (con't)

Resident:		Key Worker:	
Long Term Goal:		Materials Needed:	Training Schedule:
Objective of Program:		Date of Implimentation:	Setting:
Completion Criteria:		Review Date:	

Step #	Trainer Behavior:	Resident Behavior:	Consequence:
4. for 2 weeks	Read medication requirements from chart	Calls staff to office at appropriate time	If behavior occurs Proceed to step 5
		Dispenses medications and takes them to table or packages them for school or takes them (9:30 only)	Doesn't occur Repeat step 4 for 1 week
5. for 2 weeks	Check for errors in quantity or kind of medication.	Goes to office, reads med chart and dispense medication to be put on table, packaged or taken, and goes to staff with them.	If behavior occurs Tell her she is right
			Doesn't occur Explain error with med chart
			If behavior occurs
			Doesn't occur

HARTMAN HOUSE  
Program Data Summary - Weekly

CHILD:

AGE: 20

Certified Problem/Disability:  
Develop ability to self administer drugs

Program:

Criteria: Weeks - 1-5: 90% (2 and 3 weeks down by time remembrance)  
Weeks - 6-9 100%

Dates: Month:	Week:	Score:	
Sept. 27-Oct. 3	1	1. 100%	1. Watch drugs dispensed
Oct. 4th-10th	2	2. 85%	2. Notified staff re: time to dispense
Oct. 11th-17th	3	3. 88%	3. Read med chart and bottle label correctly
Oct. 18th-31st	$\left\{ \begin{array}{c} 4 \\ \& \\ 5 \end{array} \right\}$	2/5 98%	4&5. Dispensed correct med under supervision
Nov. 1st-28th	6	95%	
	7	75%	
	8	97%	Under supervision doing administration and dispensing byself
	9	100%	

Review system to be established

# HARTMUSE PROGRAM CHECKLIST

RESIDENT \_\_\_\_\_

MONTH OF \_\_\_\_\_

PROGRAM DESCRIPTION	WAS PROGRAM DONE? Y/N												CALL AT TIME? Y/N				DID READ V	
	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12		
A.M. medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y		
noon medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		
6 pm medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y		
9:30 medication	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	N		
PROGRAM DESCRIPTION	13	14	15	16	17	DID CORRECT		DISPENSE		CORRECT PDS?		Y/N						
						18	19	20	21	22	23	24	25	26	27	28		
A.M. medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y		
noon medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
6 pm medication	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y		
9:30 medication	Y	Y	Y	N	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
PROGRAM DESCRIPTION	29	30	31	NOV 1	PDS CORRECT?					Y/N								
					2	3	4	5	6	7	8	9	10	11	12	13		
A.M. medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y		
noon medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N		
6 pm medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
9:30 medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		
	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
A.M. medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y								
noon medication	Y	Y	Y	Y	Y	Y	N	Y	Y	Y								
6 pm medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y								
9:30 medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y								

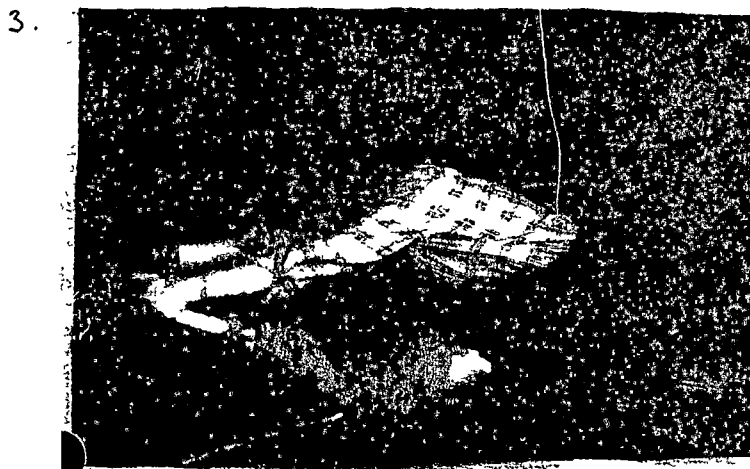
NOTE: Please note on back this sheet what errors made if answering N

APPENDIX 16f

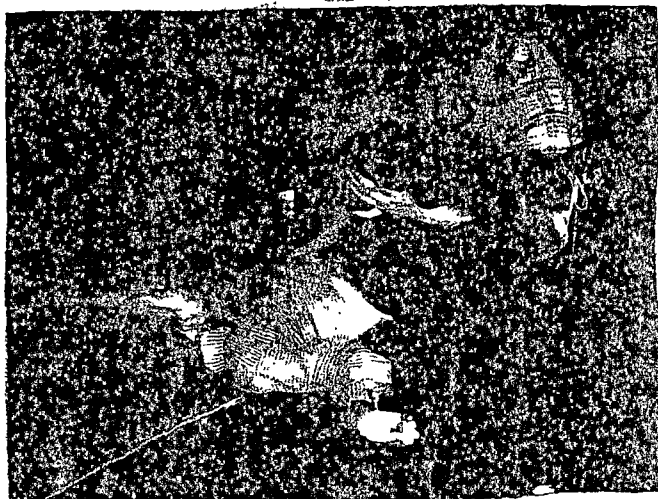
PROGRAM REPRESENTATIVE OF HEALTH AREA

START BY LOOSENING HIS BACK  
BY LIFTING HIS KNEES AS  
SHOWN AND ROLLING HIM  
UP AND DOWN IN THE  
MIDLINE

2. LOOSEN HIS SHOULDERS  
AND UPPER TRUNK  
(TRY THIS WITH HIS HEAD  
'ON A PILLOW SO IT LOOKS  
BETTER!') GRASP HIS  
SHOULDERS & "ROCK" THEM  
FORWARD & DOWN  
NOTE THE POSITION OF HIS  
HIPS WITH FEET FLAT ON  
THE FLOOR



STRETCH HIS ARMS  
AS WELL



TURN HIS HIPS TO ONE SIDE AS SHOWN & ROCK TO GIVE SOME MOVEMENT IN HIS TRUNK.

THIS IS ALSO A GOOD STRETCHED POSITION FOR HIS RIBCAGE (ESPECIALLY IF YOU CAN GET HIS ARM UP ON THE SIDE THAT'S STRETCHED). ENCOURAGE DEEP BREATHING, BY ASSISTING LIGHTLY WITH YOUR HAND.

5.



PRONE OVER THE ROLL - MAKE SURE HIS CHIN IS NOT STUCK UNDER. HIPS DIRECTLY OVER HIS KNEES IN THE MIDLINE. ROCK GENTLY IN THIS POSITION, AND ALSO ENCOURAGE SOME DEEP BREATHING, AS ABOVE (4.)



SITTING ON THE ROLL - USE YOUR BODY TO KEEP HIM SITTING WELL OVER HIS HIPS WITH FEET FLAT ON THE FLOOR. KEEP HIS ARMS FORWARD & USE THEM TO ASSIST IN FACILITATING HEAD CONTROL. SHIFT HIS WEIGHT SLIGHTLY TO ONE SIDE WHILE TURNING HIS TRUNK TO THE OTHER SIDE (YOU HAVE TO PULL HIS ARMS FORWARD) GO FROM ONE SIDE TO THE OTHER

#### 7. HEAD CONTROL (BEST HOLDING CHRIS IN SITTING)

THERE IS A POINT WHEN CHRIS IS SLIGHTLY RECLINED WHERE HE CAN HOLD HIS HEAD QUITE WELL. FROM THIS POSITION BRING HIS TRUNK FORWARD OR TO THE SIDE & SEE IF HE CAN MAINTAIN IT. PLAY AROUND WITH MOVEMENT IN THAT RANGE (SLOWLY, SO CHRIS HAS TIME TO ADJUST)

Wendy Geomans P.T.

PROGRAMS & ROUTINES MONTH OF OC BER

[illegible]

APPENDIX 16g

BEHAVIOR AREA:HARITMAN HOUSE

Program: To reduce the duration and frequency of tantrums - any of the following behaviors or combinations of rocking, kicking, throwing body, head

Resident:

Key Worker:

## Long Term Goal:

To replace tantrum with Bliss communication

## Materials Needed:

## Date of Implimentation:

March 1st

## Training Schedule:

10 minute time out if tantruming behavior is not brought under control by Rick within 1 minute

## Setting:

H.H. outings

Completion Criteria: Continue until

Review Date: May 1st

ep #	Trainer Behavior:	Resident Behavior:	Consequence:
		Exhibits a tantruming behavior	<p>If behavior occurs</p> <p>Go to step 1</p> <p>Doesn't occur</p>
1.	"You seem to have a problem. Show me what this problem is on your board."	Indicates the nature of the problem in his Bliss Board within 1 minute.	<p>If behavior occurs</p> <p>Verbal praise for showing the problem</p> <p>Doesn't occur</p> <p>To on mat in his bedroom - helmet on set stove time for 10 minutes</p>
2.	Check frequently. Record his recovery time. After 10 minutes if he has calmed, he may return to his chair.		<p>If behavior occurs</p> <p>Go to step 2</p> <p>Doesn't occur</p>

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD:

AGE: 17

Identified Problem/Disability:

Spends many hours out of a month tantruming - any of the following behaviors or combinations of: rocking, kicking, throwing body, head banging, crying or heavy breathing in combination with one or more of the above behaviors.

Program:

To reduce the duration of tantruming

Criteria: Reduce to 2-5 minute tantruming sessions/month for 5 consecutive months.  
Review bi-monthly

Mean Score per Month: Minutes spent in time out indicate the total number of minutes tantruming.

Year      Month      Score:

Jan.

Feb.

Mar.

Apr.

May

June

July

Aug.

1981    Sept.    361 minutes

1981    Oct.    478 minutes

1981    Nov.    128 minutes

1981    Dec.    10 minutes

HARTMAN HOUSE  
Program Data Summary - Monthly

CHILD:

AGE: 17

Identified Problem/Disability:

Program:

To reduce the frequency of tantrums

Criteria:

Mean Score per Month:

Year	Month	Score:	Minutes
1982	Jan.	14 tantrums (time-outs) - 10 minutes to's	140
1982	Feb.	10 tantrums (time-outs)	100
	Mar.	1 tantrum	10
	Apr.	5 time-out periods	50
	May	6 time-out periods	60
	June	Program discontinued - moved to S.H.H.	
	July		
	Aug.		
	Sept.		
	Oct.		
	Nov.		
	Dec.		

# RECORD OF AGITATED BEHAVIOUR.

DATE	TIME	SITUATION	DURATION OF AGITATED BEHAVIOUR	INDICATES "NO" REPEATEDLY	VOCALIZES	CRYING/SOBBERING	KICKING FEET/LEGS	THROWING BODY BALK AND FORTH	BANGING HEAD	THROWS SELF FROM FURU/CONN.	OTHER	TIMED OUT # times	MINUTES TIMED OUT	ATTENDING STAFF
28	4:45	1. bedroom 2. at time of sponge bath 3. wouldn't communicate on board	10			✓	✓					1	10	MC
28	10:30	1. Kitchen 2. dinner 3. Wouldn't communicate on board	15 min			✓			✓	✓		1	✓	MA
28	7:30	1. bedroom 2. ACTIVITY selection 3. would not communicate on board				✓	✓			✓		10	✓	MA
31	1:00	1. bathroom wet pants wanted change 2. started fussing	10 min			✓	✓				1 X	10		AD
Feb 2, 82	1:15 am	① living room ② listening to music ③ Refused to comm. on board timed out	30 min				✓	✓				10		MC
2/2 82		① bathroom ② going to toilet ③ refused to use board	10 min			✓	✓	✓	✓			10	✓	MA
Feb 82		① Bathroom ② Going to brush teeth ③ Wouldn't communicate	30 min			✓	✓	✓			3 X	30	✓	MA