

**Virginia  
Individual  
Developmental  
Disabilities  
Eligibility  
Survey –  
Children’s  
Version**

April 27

**2016**

Level of care tool for Virginia’s DD Waivers for individuals  
between the ages of 3 and 18.

**VIDES -  
Children**

## Instructions for Completing Virginia Individual DD Eligibility Survey

### General Documentation Rules

- Use legal names. Do not use nicknames. (Example: [bold is the correct format] **Jacqueline Johnson** vs. Jackie Johnson or **William Brown** vs. Nate Brown)
- The form is to be completed in pen, not pencil.
- The individual's name should appear on all pages.
- The evaluator must be a support coordinator/support coordination supervisor/case manager who has been trained in the administration of the VIDES.
- Ensure that the evaluator's signature (full name) and professional title appear on the form. The evaluator is accountable for the scoring and may be contacted to discuss or verify the scoring of the assessment. No Eligibility Survey will be accepted without the complete name of the individual being evaluated and the complete name and professional title of the evaluator. (Example: [bold is the correct format] J. Cooper, RN = **James Cooper, RN**)
- The complete month, day, and year must be documented on the form as the date of completion. All three must be present.
- Consider the individual's current functioning in community environments. Complete the attached survey presuming the needed services and supports (paid or unpaid) are not in place for the individual.
- The VIDES must be completed in the presence of the individual, though others (e.g., family members, guardian, staff, teachers, etc.) who know him/her well may be informers.
- The VIDES must be updated annually and any time there is a significant change in the individual's life that potentially affects the results of this survey. Refusal to participate may jeopardize continued waiver services.
- For the Children's version, please note age indicators for each question. **Respond only to those items appropriate for the current age of the child at the time of the VIDES' completion.**

## **DEFINITIONS:**

***“No Assistance”*** means no help is needed.

***“Prompting/Structuring”*** means prior to the completion of the action(s) described in the item, some verbal direction and/or some rearrangement of the environment is needed.

***“Supervision”*** means that a helper must be present during the completion of the action(s) described in the item and provide only verbal direction, gestural prompts, and/or guidance.

***“Some Direct Assistance”*** means that a helper must be present during the completion of the action(s) described in the item and provide some physical guidance/support (with or without verbal direction).

***“Total Assistance”*** means that a helper must perform all or nearly all of the action(s) described in the item.

***“Rarely”*** means that the behavior occurs quarterly or less.

***“Sometimes”*** means that a behavior occurs once a month or less.

***“Often”*** means that a behavior occurs 2-3 times a month.

***“Regularly”*** means that a behavior occurs weekly or more.

**VIRGINIA INDIVIDUAL DD ELIGIBILITY SURVEY – CHILDREN  
SUMMARY SHEET  
MEDICAID DD WAIVERS**

Individual's Name: \_\_\_\_\_

*NOTE: The individual must meet the criteria in 2 or more of the following categories to justify need for services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or to meet level of care eligibility requirement for the DD Waiver(s).*

Date:		Date:		Date:		
MET	NOT MET	MET	NOT MET	MET	NOT MET	
						See qualifying option in each category below:
						Category 1: Health Status  <b>FOR THOSE AGED 3 THROUGH 5:</b> Any one (of the 5 questions for this age range) answered with a 4.  <b>FOR THOSE AGED 6 AND OLDER:</b> Any two or more questions answered with a 4.
						Category 2: Communication  <b>FOR THOSE AGED 3 AND OLDER:</b> Any three or more questions answered with a 3 or 4
						Category 3: Task Learning Skills  <b>FOR THOSE AGED 3 THROUGH 5:</b> Any one (of the 4 questions for this age range) answered with a 3 or 4.  <b>FOR THOSE AGED 6 THROUGH 9:</b> Any two or more questions (of the 8 questions for this age range) answered with a 3 or 4.  <b>FOR THOSE AGED 10 AND OLDER:</b> Any three or more questions answered with a 3 or 4
						Category 4: Personal/Self Care  <b>FOR THOSE AGED 3 AND OLDER:</b> Any one question answered with a 4 or 5
						Category 5: Motor Skills  <b>FOR THOSE AGED 3 AND OLDER:</b> Any two or more questions answered with 4 or 5
						Category 6: Behavior  <b>FOR THOSE AGED 3 AND OLDER:</b> Any one question answered with a 3 or 4
						Category 7: Community Living Skills  <b>FOR THOSE AGED 6 AND 7:</b> Any two or more questions (of the four questions for this age range) answered with a 4 or 5  <b>FOR THOSE AGED 8 AND OLDER:</b>

						Any three or more questions (of the total seven questions) answered with a 4 or 5
						Category 8: Self Direction  <b>FOR THOSE AGED 10 AND 11:</b> Any one question (of the three questions for this age range) answered with a 2  <b>FOR THOSE AGED 12 THROUGH 17:</b> Any two or more questions (of the six questions for this age range) answered with a 2

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_  
Title/Affiliation: \_\_\_\_\_

## VIRGINIA INDIVIDUAL DD ELIGIBILITY SURVEY

Individual's Name: \_\_\_\_\_

### 1. HEALTH STATUS

How often does the individual require support (from a licensed nurse or other caregiver) for completion of the following:

*Please put appropriate number in the box under year of assessment.*

(Key: 1= Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

	Date:	Date:	Date:
<b>FOR THOSE AGED 8 AND OLDER:</b> a) Medication administration and/or evaluation for effectiveness of a medication regimen? <i>For example, the individual requires a nurse, parent, and/or other caregiver to administer medications to ensure compliance.</i>			
<b>FOR ALL AGES:</b> b) Skilled nursing or RN delegated care for direct medical services? <i>For example, the individual requires skilled medical care (inclusive of RN delegation [training and ongoing monitoring] of direct support professionals), to include but not limited to; tube feedings, wound care, prescribed range of motion exercises, ostomy care, etc.</i>			
<b>FOR ALL AGES:</b> c) Regular monitoring of seizures and preventive measures? <i>For example, the individual has a diagnosed seizure disorder, and/or when seizure activity is suspected ongoing assessment by physician is needed for evaluation of the progression.</i>			
<b>FOR THOSE AGED 6 AND OLDER:</b> d) Learning a prescribed regimen for a diagnosed chronic health care condition? <i>For example, the individual requires specific instruction/training, to self-manage a chronic condition, such as diabetes, wound care, respiratory illnesses, cardiac conditions, rheumatoid arthritis, range of motion for spasticity, Celiac Disease, Crohn's Disease, Dysphasia, special diet related to food allergies/sensitivities, etc.</i>			
<b>FOR ALL AGES:</b> e) Management of care of diagnosed chronic health condition (e.g., cardio-pulmonary conditions)? <i>For example, the individual requires assistance from caregivers or therapists to manage a chronic condition, such as diabetes, rheumatoid arthritis, respiratory illnesses, cardiac conditions, Celiac Disease, Crohn's Disease, dysphasia, mental health disorders, special diets related to allergies/sensitivities, range of motion for spasticity, specialized therapies for Autism, Traumatic Brain Injury, etc.</i>			

<p><b>FOR ALL AGES:</b>  f) Physician prescribed OT/PT for activities of daily living supports?  <i>For example, individual is currently receiving Occupational or Physical Therapy services that have been prescribed by a physician.</i></p>			
<p><b>FOR ALL AGES:</b>  g) Physician/Speech &amp; Language Therapist/Occupational Therapist prescribed supports/protocol for choking/aspiration while eating, drinking?  <i>For example, the individual has a diagnosed swallowing disorder such as dysphasia, requires a prescribed special diet to accommodate, such as thickeners for liquids and foods prepared in a certain manner (e.g., pureed to a specific consistency, food restrictions, or food cut into defined small bites, etc.). This should also include prescribed protocols to ameliorate any concerns with aspiration while sleeping related to positioning and any respiratory diagnosis/concerns.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>  h) Supports for use of adaptive equipment?  <i>For example, the individual has medical equipment for which they require assistance to utilize. This could include transfer systems, speech generating devices, wheelchairs, walkers, crutches, hospital bed, AFOs/splints, etc.</i></p>			
<p><b>FOR THOSE AGED 8 AND OLDER:</b>  i) Support for diagnosed nutritional concerns?  <i>For example, the individual has dietary concerns to include food allergies, specialty diets for diagnosed condition, undernourishment, swallowing difficulties, clinical obesity, thyroid conditions, failure to thrive, etc.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

2. COMMUNICATION

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            a) Effectively share information?  <i>For example, consider the individual's ability to share non-critical and critical information to effectively communicate with others, including unfamiliar listeners, on a consistent basis.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            b) Effectively communicate wants or needs in a manner easily understood by individuals in the community?  <i>For example, consider the individual's ability to communicate wants and needs consistently to individuals in the community. Communication of needs to be clear enough to enable others to appropriately identify actions needed to resolve the current concern expressed by the individual.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            c) Use at least simple words, phrases, short sentences?  <i>For example, consider the individual's ability to consistently utilize at least simple words, phrases, or short sentences to communicate basic wants and needs.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            d) Ask for at least 10 things using appropriate names?  <i>For example, consider the individual's ability to consistently utilize the names of common people, places, or things to identify needs/wants.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            e) Understand simple words, phrases, or instructions?  <i>For example, consider the individual's receptive communication skills to appropriately interpret what is being asked of him/her. Individuals who meet this category are unable to process directives and, in turn, require them to be repeated or explained in greater detail.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            f) Demonstrate the ability to initiate conversation?  <i>For example, consider the individual's ability to consistently produce spontaneous speech to enable him/her to have reciprocal conversations or to convey pertinent information in the event of an emergency.</i></p>			
<p><b>FOR THOSE AGED 3 AND 4:</b>            g) Identify self and significant others?  <i>For example, consider the individual's ability to consistently relay his/her own name, and identify individuals who reside in his/her home, as well as individuals who are consistently a part of his/her life (e.g., immediate family, staff, teachers, doctors, or friends, etc.).</i></p>			
<p><b>FOR THOSE AGED 5 AND OLDER:</b></p>			



<p>g) Identify self, place of residence, and significant others?  <i>For example, consider the individual's ability to consistently relay his/her own name, and identify individuals who reside in his/her home, as well as individuals who are consistently a part of his/her life (e.g., immediate family, staff, teachers, doctors, or friends, etc.), <b>and</b> home address, phone number.</i></p>			
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Notes/Comments:

Individual's Name: \_\_\_\_\_

3. TASK LEARNING SKILLS

How often does this person perform the following activities?

*Please put the appropriate number in the box under the year of assessment.*  
 ( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely )

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 3 AND OLDER:</b>                      a) Engage in purposeful activities (i.e., age appropriate activities that result in an outcome) for at least 5 minutes?  <i>For example, consider the individual's ability to maintain consistent focus and stay on task independently without distractibility while completing preferred or non-preferred activities to include, but not limited to activities of daily living (e.g., bathing, dressing, using the bathroom, eating), household maintenance tasks, reciprocal conversation, etc.).</i></p>			
<p><b>FOR THOSE AGED 10 AND OLDER:</b>                      b) Complete a multi-step (at least 3 steps) task without reminders?  <i>For example, consider the individual's ability to independently complete, as instructed, tasks requiring three steps such as activities of daily living, home maintenance tasks, job related tasks, etc.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>                      c) Tell time to the hour?  <i>For example, consider the individual's ability to independently tell time to the hour using either a digital or analog clock.</i></p> <p><b>FOR THOSE AGED 10 AND OLDER:</b>                      c) Tell time to the hour and understand time intervals?  <i>For example, consider the individual's ability to independently tell time to the hour using either a digital or analog clock and ability to understand the concept of the passage of time, discern how long activities take to complete, and the difference between time intervals (e.g., 15 minute verses 30 minutes, 30 minutes verses 45 minutes, etc.).</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>                      d) Count more than 10 objects?  <i>For example, consider the individual's ability to independently complete the task of counting more than 10 objects placed before him/her.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>                      e) Perform single digit addition, subtraction?  <i>For example, consider the individual's ability to independently complete single digit addition and subtraction math problems (e.g., 3+2=___; 5+3=___; 6-2=___; 8-3=___; etc.).</i></p>			

<p><b>FOR THOSE AGED 6 AND OLDER:</b>  f) Write or print 10 words?  <i>For example, consider the individual's ability to independently write at least ten words using pen or pencil. Additionally, this may include the individual's motor skills precluding him/her from writing legibly and/or the inability to write without copying words that are provided by someone else.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>  g) Discriminate shapes, sizes and colors?  <i>For example, consider the individual's ability to identify primary (red, yellow, blue) or secondary colors (orange, green, purple), common shapes, (e.g., square, rectangle, triangle, circle, star), and distinguish which shapes are larger or smaller than others without assistance.</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>  h) Recognize persons, places, events, objects in their community?  <i>For example, consider an individual's ability to discriminate, without assistance, community members (such as police, firefighters, store clerks, doctors, nurses, postal carriers, etc.), places in his/her community (such as stores, police station, restrooms, restaurants, etc.), and common community objects (such as a fire engine, ambulance, traffic lights, crosswalks, etc.).</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>  i) Demonstrate comprehension of numerical concepts such as "one," "a few," and "a lot?"  <i>For example, consider the individual's ability to independently distinguish between "greater or less than" concepts such as a single item vs. "a couple of" items using common objects. "A few" can be considered to be three and "a lot" can be considered to be more than three.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

4. PERSONAL/SELF-CARE

With what type of assistance can this person currently:

*Please put appropriate number in the box under year of assessment*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 3 THROUGH 5:</b>            a) Perform personal hygiene tasks?  <i>For example, consider the individual's ability to complete hygiene tasks such as using the restroom and washing hands &amp; face.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            a) Perform personal hygiene tasks?  <i>For example, consider the individual's ability to complete hygiene tasks such as using the restroom, washing hands &amp; face, <b>and</b> tooth brushing without assistance (using adaptive equipment if necessary).</i></p>			
<p><b>FOR ALL AGES:</b>            b) Perform dining functions?  <i>For example, consider the individual's ability to complete dining functions independently and safely (e.g., eating/drinking, using utensils, chewing &amp; swallowing so as not to be at risk for choking). Use of adaptive utensils alone does not constitute meeting this element.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            c) Perform bathing/showering functions?  <i>For example, consider the individual's ability to independently and safely perform essential bathing/showering functions (e.g., run bath, adjust water temperature, bathe/shower, wash hair, dry self, etc.).</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            d) Perform grooming tasks?  <i>For example, consider the individual's ability to perform regular grooming tasks (e.g., dressing, undressing, hair care, maintain overall neat appearance).</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**5. MOTOR SKILLS**

With what type of assistance can this person currently:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            a) Move safely about his/her environment using assistive devices as needed?  <i>For example, consider the individual's ability to maneuver safely about his/her surroundings (e.g., level of assistance required with transferring or to getting from one area of the home to another).</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            b) Safely get in and out of bed?  <i>For example, consider the individual's level of assistance required to move into and out of the bed.</i></p>			
<p><b>FOR ALL AGES:</b>            c) Turn and position in bed, roll over?  <i>For example, consider the individual's ability to comfortably position him/herself and/or adjust positions as needed.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            d) Demonstrate fine motor control or eye-hand coordination?  <i>For example, consider the individual's ability to complete tasks that require manual dexterity and eye-hand coordination (e.g., buttoning, tying shoes, using a writing device, locking/unlocking doors, assembling a puzzle, turning knobs, pushing buttons, or flipping light switches).</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

6. BEHAVIOR

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=Rarely, 2=Sometimes, 3=Often, 4=Regularly)

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            a) Engage in behavior that results in harm or injury to oneself?  <i>For example, consider the frequency with which the individual intentionally engages in activities that cause bodily harm to him/herself (e.g., hair pulling, skin picking, head banging, etc.).</i></p>			
<p><b>FOR THOSE AGED 3 AND OLDER:</b>            b) Demonstrate aggressive or threatening behavior toward others?  <i>For example, consider the frequency with which the individual engages in actions with the intent to cause harm and/or fear in others. This can be physical or verbal in nature. This includes behavior as communication, but does not include hitting due to spasticity.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            c) Engage in property destruction?  <i>For example, consider the frequency with which the individual engages in intentional activities that cause damage and/or destruction to public or private property. This can also be due to neglect of property.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            d) Respond to others in a socially inappropriate manner?  <i>For example, consider the frequency with which the individual's interactions with others are considered odd, embarrassing, awkward, or otherwise offensive by the standards of social appropriateness as defined by the current social and cultural norms (e.g., slamming doors, throwing objects, cursing, yelling).</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            e) Engage in inappropriate sexual behavior in public?  <i>For example, consider the frequency with which the individual engages in behavior that includes stimulating or exposing sex organs or other regions of the body that are globally considered to be private. This may occur independently or with a partner in an area that does not have a reasonable expectation of privacy.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

7. COMMUNITY LIVING SKILLS

With what type of assistance is this person currently able to:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            a) Prepare simple foods?  <i>For example, consider the individual's ability to prepare meals that do not require mixing or cooking (e.g., sandwiches, cereals, etc.).</i></p>			
<p><b>FOR THOSE AGED 8 AND OLDER:</b>            b) Perform housecleaning and laundry tasks?  <i>For example, consider the individual's ability to complete housekeeping tasks such as sweeping, vacuuming, dusting, operating washer/dryer, sorting/folding laundry, etc.</i></p>			
<p><b>FOR THOSE AGED 6 THROUGH 7:</b>            c) Identify by name a penny, nickel, dime and the value of each?  <i>For example, consider the individual's ability to identify those actual U.S. coins and indicate their value.</i></p>			
<p><b>FOR THOSE AGED 8 AND OLDER:</b>            c) Identify and calculate the value of coins and bills up to two dollars?  <i>For example, consider the individual's ability to identify a variety of actual U.S. coins/bills and indicate the value of a variety of combinations totaling up to, but no more than, two dollars.</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            d) Use telephone to call home, family, or EMS?  <i>For example, consider the individual's ability to use the telephone to make important calls such as to his/her home, family, or EMS without assistance (for assessment purposes provide the individual with a telephone and ask how to call home, family, or EMS).</i></p>			
<p><b>FOR THOSE AGED 6 AND OLDER:</b>            e) Recognize and appropriately respond to dangerous situations that might put health or safety at risk or lead to exploitation?  <i>For example, consider the individual's ability to demonstrate practical knowledge of the appropriate response to safety signs (e.g., a stop sign means to stop and wait until it is your turn to cross the street; a skull &amp; crossbones means poison and not to ingest, etc.), as well as the appropriate response to "strangers," and the need to lock the door to one's home.</i></p>			

<p><b>FOR THOSE AGED 8 AND OLDER:</b>  f) Remain safely in the community without wandering off or becoming lost?  <i>For example, consider the individual's ability to remain in his/her community setting without direct supervision. Indicate if the individual leaves/bolts/runs away/wanders from his/her residence/street/neighborhood and is unable to return home.</i></p>			
<p><b>FOR THOSE AGED 8 AND OLDER:</b>  g) Make minor purchases?  <i>For example, consider the individual's ability to use a vending machine, purchase snacks or other small items from a convenience or drug store.</i></p>			

Notes/Comments:



Individual's Name: \_\_\_\_\_

**8. SELF DIRECTION SKILLS**

Does this person:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=Yes; 2=No)

<b>COMPLETE THIS SECTION ONLY FOR THOSE AGED 10 AND OLDER.</b>	Date:	Date:	Date:
<p><b>FOR THOSE AGED 12 AND OLDER:</b>            a) Make and implement daily personal decisions regarding daily schedule or time management, including when to get up, what to do (e.g., work, leisure, home chores, etc.) and when to go to bed?  <i>For example, consider the individual's ability to manage his/her time by determining when to perform routine activities of daily living, set his/her own schedule. This question assesses the individuals' ability to prioritize and make decisions regarding level of importance and need.</i></p>			
<p><b>FOR THOSE AGED 10 AND OLDER:</b>            b) Demonstrate adequate social skills to establish and maintain interpersonal relationships with family, friends, classmates, co-workers as applicable?  <i>For example, consider the individual's ability to demonstrate social skills such as maintaining eye contact, appropriate social distance, appropriate voice modulation, appropriate touching depending on the type of relationship, etc.</i></p>			
<p><b>FOR THOSE AGED 12 AND OLDER:</b>            c) Demonstrate the ability to cope with fears, anxieties or frustrations; emotionally stable?  <i>For example, consider the individual's ability to cope with daily stressors and frustrations. The individual's overall level of emotional well-being is addressed here. It may help to assess the individual's ability to name and describe emotions to the best of his/her ability (e.g., if the individual does not communicate with words, pictures of faces could be matched with the evaluator's words for emotions in order to assess the ability to define different emotions).</i></p>			
<p><b>FOR THOSE AGED 10 AND OLDER:</b>            d) Demonstrate awareness of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping visiting friends, etc., and select and participate in his/her choice of activities?  <i>For example, consider the individual's awareness of community activities such as those listed and ability to choose to participate in different venues with family and friends. This question indirectly addresses self-advocacy and the capacity for self-determination.</i></p>			
<p><b>FOR THOSE AGED 12 AND OLDER:</b>            e) Demonstrate knowledge of and competence for several traits of a good employee/student (as appropriate for age) such as being prompt, attending regularly, accepting</p>			

<p>supervision/guidance, and getting along with co-workers/fellow students?</p> <p><i>For example, consider the individual's ability to demonstrate or articulate important traits of either a good employee or student (depending on age) such as being on time, regular attendance/participation, accepting supervision/guidance, getting along with co-workers/fellow students, etc. Discussing the individual's history in a school or work setting may assist.</i></p>			
<p><b>FOR THOSE AGED 10 AND OLDER:</b></p> <p>f) Demonstrate the ability to protect self from exploitation?</p> <p><i>For example, consider the individual's ability to avoid opening the door to his/her home to strangers, avoid giving money to strangers, avoid accepting invitations from strangers, and practicing safe internet behaviors while on a computer.</i></p>			

Notes/Comments: