



Staff Interview

Specific Client Information

DMH Region _____

Date of Review _____

Reviewer(s) _____

- Client Name _____
- Communication Issues? _____

- Behavioral Issues/Plan? _____

- If so, were you in service on this training plan? _____
- Any accommodations/support? _____

- Key people in Client's life? _____

- Family contact? _____

- Daily routine? _____

- Health needs? _____

- If so, were you in service for health needs? _____
- What is Client's favorite thing to do for fun? _____

- Were you aware of the Client needs before their arrival in the home? _____
- Is so, how did you learn of their needs? _____

