



**New Jersey Division of Developmental Disabilities**  
PASRR Level II Intellectual Disability or Related Condition Evaluation Form  
(PLEASE PRINT)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

The individual is exempted from completion of the Level II Evaluation due to:

**Exemption From Completion of Level II Evaluation**

- Dementia with diagnosis of intellectual disability or related condition**
  
- Terminal illness with life expectancy of six months or less**
  
- Severe Physical Illness** Click or tap here to enter text.
  
- Respite Care Admission, not to exceed 30 days per year**  
(Only for individuals on MLTSS)
  
- Protective Services, Limited to 7 days**



If you checked a box above, STOP here, sign and date the form. If you did not check a box above, please proceed with the rest of the form.

**Participant Information**

**Did a legal representative, family member or significant other participate in the evaluation?**

**Yes. Specify** \_\_\_\_\_

**No. Explain** \_\_\_\_\_

**Mental Status Exam**

**Intellectual Functioning** (Please check one)

Mild ID       Moderate ID       Severe ID       Profound ID

Not Documented (explain): \_\_\_\_\_

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**Mental Status Exam**

**Insight and Judgement (Please check one)**

Intact       Impaired (explain): \_\_\_\_\_

**Check all that currently apply**

<input type="checkbox"/> Hallucinations/Delusions	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Homicidal
<input type="checkbox"/> Verbally Abusive	<input type="checkbox"/> Physically Abusive/Assaultive	
<input type="checkbox"/> Aggressive/Threatening to Others	<input type="checkbox"/> Self-Injurious	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Inappropriate Sexual Behavior	<input type="checkbox"/> Lack of Initiation	<input type="checkbox"/> Destroys Property
<input type="checkbox"/> Takes Property from Others	<input type="checkbox"/> Fearful, Screaming, Crying	
<input type="checkbox"/> Performed Repetitive Behaviors	<input type="checkbox"/> Wanders	<input type="checkbox"/> Other (list below): _____

**ADL/IADL Self Performance**

	Independent	Set-up	Supervision	Limited Assistance	Extensive Assistance	Maximum Assistance	Total Dependence	Did not Observe
Bed Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locomotion in home/bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locomotion outside home/bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Body Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Body Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**ADL/IADL Self Performance**

	Independent	Set-up	Supervision	Limited Assistance	Extensive Assistance	Maximum Assistance	Total Dependence	Did not Observe
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of adaptive equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Impact of physical/medical condition on current functioning: \_\_\_\_\_

\_\_\_\_\_





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**Determination**

The individual would benefit from Specialized Services. There is no need for rehabilitation at this time, nor is there a medical condition that exceeds or would impede access to specialized services in the community.

**Determination of Community Based Services**

Support Coordination Services \_\_\_\_\_

Individual Supports \_\_\_\_\_

Day Habilitation Services \_\_\_\_\_

Options Counseling Completed by: \_\_\_\_\_

Signature of Options Counselor: \_\_\_\_\_

Date of Options Counseling: \_\_\_\_\_

The individual's medical condition rises to the need for short term/sub-acute rehabilitation in a nursing facility or skilled nursing facility, which will not exceed 180 days.

The individual would benefit from custodial care at this time with the expectation of returning to the community upon completion of intake and/or identification of a residence that less restrictive or when medical condition improves.

The individual/guardian has not responded to DDD outreach or does not desire DDD services in the community at this time.

Options Counseling Completed by: \_\_\_\_\_

Signature of Options Counselor: \_\_\_\_\_

Date of Options Counseling: \_\_\_\_\_

