

## **Arrowhead West Community Developmental Disability Organization Psychological Evaluation Guidelines for I/DD Services**

**A psychological and adaptive behavior evaluation completed by a licensed professional who can make an independent DSM-V diagnosis is required as a part of the application process for I/DD services through Arrowhead West CDDO.** Please submit a copy of your formal report, including the information listed below and diagnosis information, to Arrowhead West CDDO. Be as specific as possible when addressing the following questions. Your consideration of and attention to these questions is appreciated.

1. Please conduct intellectual and adaptive functioning evaluations to confirm or rule out a diagnosis of intellectual disability. Please include test(s) used, scores from each test, full scale IQ score, areas of adaptive strengths and deficits, etc.
2. Based on evaluation results, what is the individual's level of intellectual disability?
3. If the individual is age 22 or above, in your professional opinion, did a diagnosis of a developmental disorder other than I/DD exist prior to age 22? If so, what diagnosis?
4. Describe any functional limitations in the following areas:
  - a. Self Care
  - b. Communication
  - c. Learning and Adapting
  - d. Mobility
  - e. Self-Direction
  - f. Living Independently
  - g. Economic Self-Sufficiency
  - h. Social Skills
  - i. Health and Safety
  - j. Leisure
  - k. Work
5. Does the individual have the ability to comprehend and follow directions of one, two, or multiple steps?
6. In what manner does this individual best learn?
7. Is this individual susceptible to mood swings?
8. How does this person respond to criticism?
9. How effectively does this person deal with changes?
10. Does this person engage in any of the following behaviors:
  - a. Self stimulatory / self injurious
  - b. Gestural, verbal, physical aggression
  - c. Non-compliance
  - d. Other specific psychological concerns
11. In your opinion, is this individual a threat to him / herself or others?
12. What is the long-term prognosis for this individual?

Please send report to:  
Arrowhead West CDDO  
ATTN: Admissions Coordinator  
P.O. Box 7  
Medicine Lodge, KS 67104