

Risk Assessment, Evaluation and Planning Worksheet: Sample B

Individual's Name:	Date of Discussion:	Date of Note:
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Participants:

Significant Risk Factors (List)	Present		Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
1. Qualifying Developmental Disability				
	☐	☐		
	☐	☐		
2. Other Disabilities / Health Conditions				
	☐	☐		
	☐	☐		
	☐	☐		
3. Special Conditions / Behaviors				
	☐	☐		
	☐	☐		
	☐	☐		
4. Skill Development				
	☐	☐		
	☐	☐		
	☐	☐		
5. Other				
	☐	☐		
	☐	☐		