



# Individual Quality Review

## Section 6. Individual and Guardian Interviews

Class Member	On-Site Date	Region	Reviewer	Case Judge
Individual Interview Date & Time	Guardian Interview Date & Time	Guardian Name	Guardian e-mail	Guardian Phone Number:

### Guardian Interview

#### PERSON'S INTERVIEW

**Will the Person consent to be interviewed? (check one):**  Yes  No  Person Unable to Respond  Reviewer Unable to Comprehend Response

Ask the questions to the best of your ability. You may reword any question BUT do not lead the person to an answer. Please try to have enough of an exchange (including all possible verbal and non-verbal elements) with the class member to determine issues of choice, satisfaction with his/her daily life, participation in service planning, awareness of guardian, case manager, other staff and friends.

If the person chooses not to participate in the interview, please document reason(s) and do not complete the interview questions. If the person being interviewed wishes to have someone with him/her during the interview the Reviewer should respect the person's wishes. However, the purpose of the interview is to gather information from the person. The Reviewer must determine and address the degree to which someone assists the person to express his/her responses or responds "for" the person. Arrangements are to have been made for any necessary interpreters.

**REMEMBER to thank the person for his/her time and cooperation.**

Observe any adaptive equipment and/or assistive technology that is available and being used. Ask the person about the equipment. If they have help using it, who helps them, etc. List what you observe/learn. If the person is unable to respond in a way that you understand, ask staff and ask them to demonstrate the use of the equipment.

Describe your interactions or attempts at interactions with the person.

1. Hi. My name is \_\_\_\_\_. Are you (Name)? Is it alright if we talk for a few minutes?

1A.

2. What did you do today? What do you like most about how you spend your days? Is there anything you don't like about your day?

2A.

3. What do you do in the evenings/at night? Are there other things you'd like to do too?

**PERSON'S INTERVIEW**

3A.	
4.	Can you have friends over when you want?
4A.	
5.	Do you like the food here? Who chooses what you eat? Do you go grocery shopping?
5A.	
6.	Is there anything you would change about your home? Do you get to sleep in on the weekends if you choose to do so?
6A.	
7.	Does anyone come into your bedroom that you don't want to come in?
7A.	
8.	Do you feel safe here?
8A.	
9.	What do you like to do when you are not at home? Are there things you'd like to do that you don't do now?
9A.	
10.	How often do you go out into the community? Would you like to go more?
10A.	
11.	What do you do on the weekends? Anything you'd like to change about your weekends?
11A.	
12.	Do you have a job? If yes, <ul style="list-style-type: none"> <li>▪ what are you doing? Do you like it? Anything you would like to change?</li> </ul> If no <ul style="list-style-type: none"> <li>▪ If you were working, what kind of job would you like to do?</li> </ul>
12A.	
13.	Has anyone talked to you about the different kinds of jobs you might like to do? If yes, <ul style="list-style-type: none"> <li>▪ What types of things did they tell you?</li> </ul> If no, <ul style="list-style-type: none"> <li>▪ Would you like to have someone tell you about different things you might like to do for work?</li> </ul>
13A.	
14.	Have you volunteered during the past year? If yes, what did you do? Did you like it?
14A.	
15.	Did you participate in something called a Person Centered Plan? If yes, <ul style="list-style-type: none"> <li>▪ What happened?</li> </ul>
15A.	
16.	Do people listen to you? Do they help you get what you want? If no, can you give me an example?
16A.	

**PERSON'S INTERVIEW**

17.	If you had a problem or someone was mean to you, who would you tell?
17A.	
18.	Do you like your ISP? Is there anything you would change about it?
18A.	
19.	Is there anything you would like to learn to do?
19A.	
20.	What do you wish for or dream about doing?
20A.	
	<b>Add any additional questions for the individual you have here.</b>

**GUARDIAN INTERVIEW**

**GUIDANCE: THIS INTERVIEW IS MEANT FOR ALL GUARDIANS, BUT ONLY CORPORATE GUARDIANS ARE ASKED THE QUESTIONS THAT ARE **SHADED**. AS A PAID MEMBER OF THE TEAM, THE CORPORATE GUARDIAN IS EXPECTED TO HAVE A GREATER UNDERSTANDING OF HOW SERVICES, SUPPORTS AND THE ISP ARE IMPLEMENTED.**

Please remember that most guardians have been through the IQR/CPR process and questions several times. Tell them that this is an updated process with some new questions. Also tell them that how guardians feel about supports and services are important so we want to hear anything they wish to tell us.

Be sure to thank the Guardian for his/her time and information. Also invite them to identify for you what questions "should" be asked and/or what ways the guardian thinks that the review could be improved. Please note those recommendations and be sure they are highlighted in your findings and recommendations.

1.	Please tell me about (Name). What is his/her personality like? What kinds of things does s/he like? Dislike?
1A.	
2.	How long have you worked with (Name)?
2A.	
3.	How often are you able to visit with (Name)? What do you like to do together?
3A.	
4.	What are the biggest medical issues that s/he has?
4A.	
5.	What choices does (Name) make on his/her own?
5A.	
6.	What choices do you make for (Name)? How do you determine how s/he feels about these decisions?
6A.	

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7.	How often do you attend the ISP meetings and team meetings?
7A.	
8.	The Vision for (Name) to accomplish in the next 3 years or so is “_____” (describe vision). Can you tell me how you and the team determined that this would be a good vision? <b>Note: Enter the visions below prior to the interview, then note the answers as they are asked.</b>
8A.	Live Vision: _____ Answer: _____ Work/Learn Vision: _____ Answer: _____ Relationships/Fun Vision: _____ Answer: _____ Other Vision: _____ Answer: _____
9.	What new skills did (Name) master last year? This year?
9A.	
10.	Did (Name) make any progress in areas outside the ISP over the past year? If so, would you please describe the progress.
10A.	
11.	What do you personally see (Name) accomplishing in the next few years?
11A.	
12.	What, if any, behavioral issues is (Name) faced with? How are these addressed?
12A.	
13.	Are there any services that (Name) needs that are not in place now? (If missing services are identified ask <ul style="list-style-type: none"> <li>▪ Has anything been done to assure that his/her needs are met in this area?</li> </ul>
13A.	
14.	Tell me how you communicate with other team members between meetings.
14A.	
15.	Have you ever questioned or had concerns about services and supports? What happened?
15A.	
16.	Has there been any situation where your opinion has been different from that of (Name)? What happened?
16A.	
17.	Have there been situations in which the team failed to reach a consensus on the person’s service and support needs? <b>If Yes</b> , what was the disagreement(s) and how were they resolved?
17A.	
18.	Can you tell me about any special equipment s/he uses, for example, glasses, hearing aids, wheelchair, walker, shower chair, etc.?
18A.	
19.	Are there any issues which adversely impact on health, such as refusal of medical treatment, refusal to wear glasses, dentures, or hearing aids? If so, how is the team addressing those?
19A.	
20.	Are any chemical restraints (such as pre-sedation medication) or mechanical restraints utilized for medical or dental appointments? If so, when did the team discuss

## GUARDIAN INTERVIEW

	these and what was decided? What is the plan to reduce reliance on these?
<b>20A.</b>	
<b>21.</b>	Does (Name) have a current Person Centered Assessment? <i>Note: You may have to explain that this is a time when (Name) and Team members talk about his/her background, interests, strengths, ways to be more integrated into the community or identifying different things he/she would like to do. This is in addition to the regular ISP.</i>
<b>21A.</b>	
<b>22.</b>	Did you personally participate in the Person Centered Assessment? If so, how?
<b>22A.</b>	
<b>23.</b>	Has (Name) identified what type of work or volunteer activities he/she would like to do?
<b>23A.</b>	
<b>24.</b>	Has (Name) been offered the opportunity to participate in work or job exploration activities including volunteer work and/or trial work opportunities? <b>If yes,</b> a. When the opportunities, and what has been done? b. Are these new experiences clearly documented in the ISP Work, Education and/or Volunteer History section? <b>If no,</b> Is (Name) trying new experiences in the community to determine interests, abilities, skills and needs? <b>If No,</b> Why not?
<b>24A.</b>	
<b>25.</b>	Is (Name) engaged in the Informed Choice Project?
<b>25A.</b>	
<b>26.</b>	Have you had the opportunity to gain information on how (Name) responded during times when he/she was exploring different kinds of work experiences or volunteering experiences?
<b>26A.</b>	
<b>27.</b>	Has (Name) received information regarding the different kinds of jobs that might 'fit' his/her interests and abilities? <b>If Yes,</b> when and what was shared?
<b>27A.</b>	
<b>28.</b>	Have you received information regarding the different kinds of jobs that might work for (Name) based on what he/she likes to do and can do? <b>If Yes,</b> when and what was shared?
<b>28A.</b>	
<b>29.</b>	If there are things that worry you about employment or that you see as barriers to employment, has the Team addressed how to overcome those barriers so that (Name) likes what he/she does and is successful?
<b>29A.</b>	
<b>30.</b>	Do you support him/her working or trying to find something that he/she would like to do? If not, why not?
<b>30A.</b>	
<b>31.</b>	Is (Name) Working? <b>If Yes,</b> Does (Name) demonstrate that he/she likes their job? <b>Also,</b> a. How many hours per week does (Name) work?

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	b. How much does s/he make per hour? c. Where does s/he work? d. Is this an integrated setting?
<b>31A.</b>	
<b>32.</b>	What are (Name's) personal and/or cultural preferences? How are these accommodated?
<b>32A.</b>	
<b>33.</b>	What information and guidance have been provided to you and (Name) about healthcare decision-making and end-of-life directives? What did you decide?
<b>33A.</b>	
<b>34.</b>	During the past year, have there been any allegations of abuse, neglect or exploitation related to (Name)? If yes, ask what happened.
<b>34A.</b>	
<b>35.</b>	If you were to suspect abuse, neglect, or exploitation, or note suspicious injury or environmental hazards, how would you report it?
<b>35A.</b>	
<b>36.</b>	Do you find the Case Manager helpful?
<b>36A.</b>	
<b>37.</b>	Have you been provided a copy of (Name's) current ISP?
<b>37A.</b>	
<b>38.</b>	How would you make a complaint about services if you had one?
<b>38A.</b>	
<b>39.</b>	Overall, how do you feel about the services (Name) receives?
<b>39A.</b>	
<b>40.</b>	Is there anything that you or (Name) would like changed in his/her life?
<b>40A.</b>	
	<b>Add any additional person-specific questions you have here.</b>