DDS Professional or Assessment Team Report/ Guardianship of Person with Intellectual Disability/Review
PC-770A Rev. 1/18

RESET

CONNECTICUT PROBATE COURTS

CONFIDENTIAL

RECEIVED:

Instructions: 1) A Department of Developmental Services professional or an assessment team may use this form to make a report to the court in conjunction with a review of the appointment of a guardian of a person with intellectual disability.
2) The report should be filed within 45 days of observing or examining the protected person and not later than 45 days after court's request.
3) For more information, see C.G.S. sections 45a-674 and 45a-681.
4) Type or print the form in ink.

Probate Court Name	**District Number**

In the Matter of (Name and present address.) Hereinafter referred to as the protected person.	**Protected Person's Date of Birth**

Department of Developmental Services Professional or Assessment Team Members (Name(s) and telephone numbers.)	**DDS Region**
1.	**Date of Evaluation**
2.	**Date of Evaluation**

The undersigned DDS professional or members of the assessment team state that they have personally observed or examined the protected person and submit the following report:

Is the protected person functioning adaptively and intellectually within the severe or profound range of intellectual disability? ☐ Yes ☐ No

Complete the following sections regarding the specific areas, if any, in which the protected person needs the support and protection of a guardian, together with the reasons for your opinion. Provide specific examples, if possible.

1. A place of abode outside of the natural family home.

2. Specifically designed educational, vocational or behavioral programs.

3. The release of clinical records and photographs.

4. Routine, elective and emergency medical and dental care.

5. Other specific services necessary to develop or regain to the maximum extent possible the protected person's capacity to meet essential requirements.

Does the protected person need the support and protection of a guardian with respect to the management of finances? If so, state the reasons for your opinion and provide specific examples.

Pertinent History Since the Last Report.

Condition of the Protected Person.

Medications (List any medications the protected person may be taking and the common side effects.)

Additional Comments.

In my opinion, the guardianship should be ☐ continued ☐ modified ☐ terminated. (Give reasons for your opinion.)

I/We certify that I/we were appointed by the Commissioner of the Department of Developmental Services or his or her designee, and I/we have personally observed or examined the protected person on the date listed above.

For Completion by DDS Professional

Signature of DDS Professional	
Type or Print Name	
Title	
Connecticut Professional License Number, if applicable	
Date	

For Completion by Assessment Team Members

Signature of Assessment Team Member	
Type or Print Name	
Title	
Connecticut Professional License Number, if applicable	
Date	

Signature of Assessment Team Member	
Type or Print Name	
Title	
Connecticut Professional License Number, if applicable	
Date	