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- Instructions:**
- 1) Members of the Department of Developmental Services assessment team may use this form to make a report to the court in conjunction with a petition for the appointment of a guardian of a person with intellectual disability. The report shall contain specific information regarding the severity of the intellectual disability of the respondent and those specific areas, if any, in which the respondent needs the supervision and protection of a guardian and shall state the reasons for such opinions.
 - 2) The report should be filed in the requesting court at least three days before the hearing on the appointment of a guardian of the person.
 - 3) For more information, see C.G.S. sections 45a-674.
 - 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 respondent.	Respondent's Date of Birth
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Assessment Team Members (Names, job titles and telephone numbers.)	DDS Region
1.	Date of Evaluation
2.	Date of Evaluation

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

Is the respondent a person with intellectual disability as defined in C.G.S. Section 1-1g? Yes No

Is your conclusion supported by a psychological evaluation? Yes No If "yes," please attach.

Provide specific information regarding the severity of the intellectual disability of the respondent:

Is the respondent 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 respondent 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.

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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 respondent's capacity to meet essential requirements.

Does the respondent 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.

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Condition of the Respondent.

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

Additional Comments.

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

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
