

PASRR Level II Check List - ID

Name _____

Evaluation Time Frames Met:

Date of Referral _____

Date Verbal Given _____

Date Report Sent _____

If Evaluation Time Frames NOT Met:

Letter of Explanation attached to Computer Summary Sheet?

Evaluation Performed by Approved Personnel:

PASRR certified evaluator

Physician's review and signature for medical/physical

Psychological evaluation for intellectual disability

All sections of evaluation completed

Individual/Guardian Rights:

Individual/Guardian signature obtained

Informed of appeal procedures

Complete Evaluation Report Sent To:

Individual

Legal Guardian (if applicable)

Nursing Facility

Cover Sheet and Review of Findings Sent To:

Attending Physician

Discharging Hospital (if applicable)

If Specialized Services Needed:

Evaluation sent to DBHDID for review by PASRR Committee

Licensed psychologist counter-signature obtained for intellectual disability

Completed Computer Summary Form Sent to DBHDID