

Department of Developmental Services Southbury Training School Fire Department Evacuation Score Survey Form

RESIDENT INFORMATION for _____ (Facility Name)

Resident Name: _____ / _____ (COMPLETE FIRST & LAST NAME) / (DDS #)			Remarks: _____ (WHEELCHAIR, WALKER, ETC...)	
I. Risk of Resistance (CHECK ONE ONLY)	Minimal Risk of Resistance <input type="checkbox"/> SCORE = 0	Risk of Mild Resistance <input type="checkbox"/> SCORE = 6	Risk of Strong Resistance <input type="checkbox"/> SCORE = 20	
II. Impaired Mobility (CHECK ONE ONLY)	Self Starting <input type="checkbox"/> SCORE = 0	Slow <input type="checkbox"/> SCORE = 3	Needs Limited Assistance <input type="checkbox"/> SCORE = 6	Needs Full Assistance or very slow <input type="checkbox"/> SCORE = 20
III. Impaired Consciousness (CHECK ONE ONLY)	No Significant Risk <input type="checkbox"/> SCORE = 0	Partially Impaired <input type="checkbox"/> SCORE = 6	Totally Impaired <input type="checkbox"/> SCORE = 20	
IV. Need for Extra Help (CHECK ONE ONLY)	Needs at Most One Staff <input type="checkbox"/> SCORE = 0	Needs Limited Assistance from 2 staff <input type="checkbox"/> SCORE = 30	Needs Full Assistance from 2 staff <input type="checkbox"/> SCORE = 40	
V. Response to Instructions (CHECK ONE ONLY)	Follows Instructions <input type="checkbox"/> SCORE = 1	Requires Supervision <input type="checkbox"/> SCORE = 3	Requires Considerable Attention/ Might not Respond <input type="checkbox"/> SCORE = 10	
VI. Waking Response to Alarm (CHECK ONE ONLY)	Response Probable <input type="checkbox"/> SCORE = 0	Response Not Probable <input type="checkbox"/> SCORE = 6		
VII. Response to Fire Drills (Without Guidance from Staff)	Initiates and Completes Evacuation Promptly		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 8
	Chooses and Completes back-up Strategy		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 4
	Remains at Designated Location		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 6

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