

# OPTIMA ASSESSMENT

## Individual To Individual Abuse

EIM incident #: \_\_\_\_\_ Registration County/Joinder: \_\_\_\_\_  
 (The EIM # is a number we get when the incident is filed. The point person will add it.)

Target's Initials: \_\_\_\_\_ Human Resources Center/Staff Initials: \_\_\_\_\_  
 (Individual Causing the Abuse)

Date Completed: \_\_\_\_\_

<b>O</b> OTHER PEOPLE present ( <b>initials of staff &amp; other clients</b> ) and their position in the area (e.g., seated at table or back seat of vehicle)	
<b>P</b> PLACE (e.g., what area of what room or vehicle – couch, bathroom, or front seat of car)	
<b>T</b> TIME & DATE	
<b>I</b> INDIVIDUAL ASSAULTED (i.e. <b>full name of victim</b> )	
<b>M</b> MEDICAL CONCERNS (e.g., Blood Sugar, Seizure, Pain, or current illness)	
<b>A</b> ACTIVITY AT THE TIME (e.g., Music, TV, Conversation, or Mealtime)	

Does target have a behavioral plan? Yes  No

Was the behavioral plan followed? Yes  No  If no, why not? \_\_\_\_\_

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Are the staff trained to carry out the behavioral plan? Yes  No

Were there any obvious triggers to the incident?

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Is there a pattern? Yes  No  If yes, what is the pattern?

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Recommendations/Plan of action:

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When completed please forward to Jen Tomaino @ [jen.tomaino@hrcinc.org](mailto:jen.tomaino@hrcinc.org)