Facility:
Date:
Surveyor:

Survey Summary Sheet
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Please fill in the appropriate number for each item.

Item	Number
Summary of Individual Observations	
• Number of observations for members of the sample	
• Total time spent observing members of the sample	
• Number of observations for other individuals of the facility	
• Total time spent observing other individuals	
Number of Interviews Conducted With:	
• Individuals	
• Families	
• Guardians	
• Direct Care Staff	
• Supervisory Staff	
• Qualified Intellectual Disabilities Professionals (QIDPs)	
• Professional Staff	
• Consultants/Educators	
• Administrative Staff	
• Other	