

# OPTIMA ASSESSMENT

## Individual To Individual Abuse

Direct Care Staff Observation For: \_\_\_\_\_

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

Staff Name: \_\_\_\_\_

<b>O</b> OTHER PEOPLE present 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	
<b>I</b> INDIVIDUAL ASSAULTED	
<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)	