Alternatives Worksheet

Assess functional needs, compare alternatives, and document recommendation status.

Client name	Date

Primary condition / diagnosis

FUNCTIONAL DOMAINS

- ☐ Mobility
- ☐ Safety
- ☐ Emotional Regulation
- ☐ Community Integration
- ☐ ADLs / IADLs
- ☐ Vocational Functioning
- ☐ Other: _____

01 FUNCTIONAL LIMITATION BEING EVALUATED

Describe the specific functional limitation and its severity / impact:

Where does this limitation occur?

- ☐ Home
- ☐ Community
- ☐ School
- ☐ Work
- ☐ Transportation
- ☐ Medical appointments
- ☐ Other: _____

How often does the limitation occur?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Intermittently
- ☐ Unknown
- ☐ Other: _____

02 PROPOSED SERVICE DOG TASK

What trained task is being considered?

How would this task address the documented limitation?

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Alternatives Review | Part 1

Record the specific options considered, trial status, effectiveness, and limitations.

EVIDENCE SUPPORTING THE PROPOSED TASK

- ☐ Medical records
- ☐ Therapy records
- ☐ Mental health records
- ☐ Rehabilitation records
- ☐ Vocational records
- ☐ School records
- ☐ Provider input
- ☐ Caregiver input
- ☐ Direct observation
- ☐ Trainer / program documentation
- ☐ Self-report only
- ☐ Other: _____

03 ALTERNATIVES CONSIDERED

Alternative category	Specific alternative	Tried?	Effective?	Limitations or concerns
Medical treatment		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Therapy / rehabilitation		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Adaptive equipment		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Assistive technology		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Human assistance		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Environmental modification		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Safety planning		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Community support		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
School / work accommodations		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Coping / self-management strategies		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	
Other		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Partial / Unknown	

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04 SUMMARY OF ALTERNATIVES

Which alternatives appear effective or partially effective?

Which alternatives appear insufficient, unavailable, unrealistic, or incomplete?

Are any alternatives recommended in addition to the service dog?

☐ Yes ☐ No ☐ Unknown / pending

Explain:

Conclusion & Recommendation

Record the adequacy of alternatives and any remaining information needed.

05 ALTERNATIVE REVIEW CONCLUSION

Based on the available information, the alternatives considered are:

☐ Adequate without a service dog
☐ Partially adequate, but additional support may be needed
☐ Insufficient to address the documented functional limitation
☐ Appropriate to use alongside a service dog
☐ Unable to determine without additional information

06 RECOMMENDATION STATUS

Based on the review of alternatives, the proposed service dog task is:

☐ Fully Supported
☐ Supported with Conditions
☐ Partially supported
☐ Not Supported
☐ Insufficient Information

ADDITIONAL INFORMATION NEEDED, IF ANY

☐ Treating provider clarification
☐ Trainer or program verification
☐ Direct observation
☐ Updated medical records
☐ Caregiver input
☐ Vocational or school information
☐ Home assessment
☐ Public access / handler readiness information
☐ Other: _____

Final notes:

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