

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS
Probate Division**

IN THE MATTER OF

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An Alleged Disabled Person

Case Number _____

EVALUATION REPORT

1. The undersigned, being a physician licensed to practice medicine in all its branches in the State of Illinois, examined _____, hereinafter called the Respondent, on _____, 20_____.

2. The following is an assessment, based on my examination, of the Respondent's disability and how such disability impacts on the ability of the Respondent to make decisions or to function independently: _____

3. The following is my evaluation of the Respondent's physical and educational condition, adaptive behavior and social skills:
 - a) Mental condition: _____

 - b) Physical condition: _____

 - c) Educational condition: _____

 - d) Adaptive behavior: _____

 - e) Social Skills: _____

4. Based on my examination and evaluation of the Respondent, it is my opinion that:

Guardianship is not needed.

Guardianship is needed, and the type and scope of the guardianship needed and the reasons therefore are as follows:_____

5. My recommendations as to the most appropriate treatment or habitational plan and living arrangement for the Respondent and the reasons therefore are as follows:_____

6. The signatures of all persons who performed the evaluation upon which this report is based, one of whom shall be a licensed physician, as well as a statement of the certification, license or other credentials which qualify any evaluators. The evaluations were performed within three (3) months of the filing of the petition:

PREPARER OF REPORT:

Name Profession/Credentials Date of evaluation

PERFORMERS OF EVALUATION UPON WHICH THIS REPORT IS BASED:

Name Profession/Credentials Date of evaluation

Name Profession/Credentials Date of evaluation

Name Profession/Credentials Date of evaluation