

CHILD'S FUNCTIONAL ASSESSMENT

Name of child being evaluated: _____ Date of Birth _____

Soc. Sec. No. _____ Date of Assessment _____

A. State the child's medical problems: _____

B. Describe how the impairment(s) affects the child's development and performance of age appropriate activities in the following domains and behaviors. Summarize the evidence that supports your descriptions of functional limitations. Indicate the level of severity of functional impairments in the developmental domains and behaviors. A "marked" limitation means an impairment or impairments that interferes seriously with the ability to independently initiate, sustain, or complete activities. An "extreme" limitation interferes very seriously and does not necessarily mean a total lack of ability to function. Combined effects of multiple impairments may result together in a marked limitation when the interactive and cumulative effects of the impairments limit several activities.

1. COGNITIVE/COMMUNICATIVE DEVELOPMENT FUNCTION: (CHECK ONE) (The ability to retain and apply knowledge through reason, perceptions, and intuition).

No Evidence of Limitation

Less than Marked

Marked

Extreme

2. MOTOR DEVELOPMENT/FUNCTION: (CHECK ONE) (The ability to use gross and fine motor skills to relate to the environment and to serve physical needs).

No Evidence of Limitation

Less than Marked

Marked

Extreme

3. SOCIAL FUNCTION: (CHECK ONE) (The ability to form, develop, and sustain personal and social relationships. This includes responding appropriately and according to the mores and manners of a particular social group).

No Evidence of Limitation

Less than Marked

Marked

Extreme

4. PERSONAL/BEHAVIORAL FUNCTION: (CHECK ONE) (The ability to engage in self-help, self-improvement, self-protection, self-regulation, and self-control).

No Evidence of Limitation

Less than Marked

Marked

Extreme

5. CONCENTRATION, PERSISTENCE OR PACE: (CHECK ONE) (The ability to concentrate, pay attention to, or complete tasks at an age-appropriate rate).

No Evidence of Limitation

Less than Marked

Marked

Extreme

C. Check the following factors which affect the child's ability to function. Please give examples of how the child's functions are affected.

CHRONIC ILLNESS

SIDE-EFFECTS OF MEDICATION

NEED FOR STRUCTURED SETTING

NEED FOR ADAPTATIONS

SCHOOL ATTENDANCE

NEED FOR MULTI-DISCIPLINARY THERAPY

NEED FOR REGULAR TREATMENT

OTHER

EVALUATOR SIGNATURE: _____ DATE _____

EVALUATOR NAME (Please Print): _____

FACILITY OR CLINIC: _____