

Child's Name:

Child's DOB:

Screener's Name:

Screen Date:

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 24-36 Months

Activities of Daily Living Section:

Choose only ONE response—the most representative need in each area. Choosing multiple responses may delay the final determination and/or result in the Functional Ability Screening Tool being returned. Please provide additional detail/comments to describe strengths and need.

If you select "None of the Above Apply", you must include comments related to child's functioning in the "Notes" section. Be sure to indicate if the functional impairment is expected to last for at least one year, in each domain.

BATHING: The ability to shower or bathe—does not include hair care. Does include the ability to get in or out of the tub, turn faucets on or off, regulate temperature & fully wash & dry. (☒ Mark only one choice)

- Needs adaptive equipment
- Becomes agitated requiring alternative bathing methods
- None of the above apply

Is the bathing functional impairment expected to last for at least one year from the date of screening?

- Y
- N

Notes:

Child's Name:

Child's DOB:

Screen Date:

DRESSING: The ability to dress as necessary; does not include the fine motor coordination for fasteners. (Mark only one choice)

- Does not assist with dressing by helping to place arms in sleeves or legs into pants
- Unable to pull off hats, socks, and mittens
- None of the above apply

Is the dressing functional impairment expected to last for at least one year from the date of the screening?

- Y
- N

Notes:

EATING: The ability to eat & drink by finger feeding or using routine &/or adaptive utensils; includes ability to swallow sufficiently to obtain adequate intake. Does NOT include cooking food or meal set-up. (Mark only one choice)

- Receives tube feedings or TPN
- Requires more than three hours per day of feeding or eating
- None of the above apply

Is the eating functional impairment expected to last for at least one year from the date of the screening?

- Y
- N

Notes:

Child's Name:

Child's DOB:

Screen Date:

MOBILITY: The ability to move between locations within environments, including home, school & the community. This includes walking, crawling & wheeling oneself. (☒ Mark only one choice)

- Requires a stander or someone to support the child's weight in a standing position
- Does not walk or needs physical help to walk
⇒ **If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Mobility on page 5**
- Uses wheelchair or other mobility device as primary method of mobility not including a single cane
⇒ **If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Mobility on page 5**
- None of the above apply

Is the mobility functional impairment checked expected to last for at least one year from the date of the screening?

- Y
- N

Notes:

Child's Name:

Child's DOB:

Screen Date:

TRANSFERS: The physical ability to move between surfaces: e.g., from bed/chair to wheelchair, walker or standing position. Does not include transfer into bathtub or shower, on/off toilet, or in/out of vehicle. (☒ Mark only one choice)

- Needs to be transferred
⇒ If this is the most appropriate response, please complete the **Supplemental Screening Questionnaire related to Transfers on page 6**
- None of the above apply

Is the transfers (does not include bathtub or shower) functional impairment expected to last for at least one year from the date of this screening?

- Y
- N

Notes:

⇒ If directed by specific responses within a domain, go to page 5-6 to complete all applicable sections of Supplemental Screening Questionnaire.

If Supplemental Screening Questionnaire is not applicable, skip to page 7 to return to Functional Ability Screening Tool to complete Instrumental Activities of Daily Living portion.

Children's Personal Care Services—Supplemental Screening Questionnaire

Age Cohort: 24-36 Months

To be completed to provide additional information related to previous responses in ADL section of the Functional Ability Screening Tool. Respond **only** to these additional questions if prompted to within the Functional Ability Screening Tool.

MOBILITY: The ability to move between locations within environments, including home, school & the community. This includes walking, crawling & wheeling oneself.

If "uses wheelchair or other mobility device as primary method of mobility (not including a single cane)" was selected, does the child:

- Self-propel manual wheelchair for primary mobility
- Drive power wheelchair for primary mobility
- Require extensive assistance to operate the wheelchair and/or device

If "does not walk or needs physical help to walk" was selected, does the child:
Walk with assistance for primary mobility?

- Y
- N

If yes, what method and level of support does the child require:

Method:

- Hand held
- Cane
- Walker
- Crutches
- Orthotics
- Other (**must specify**):

Level of Support:

- Supervision
- Minimal Assist
- Moderate Assist

If the child does not walk with assistance, please specific child's individual needs/challenges below.

Notes:

Child's Name:

Child's DOB:

Screen Date:

TRANSFERS: The physical ability to move between surfaces: e.g., from bed/chair to wheelchair, walker or standing position. Does not include transfer into bathtub or shower, on/off toilet, or in/out of vehicle.

If "needs physical help with transfers" was selected to best describes the child's need:

What method and level of support does the child require? Please choose only one in each category:

Method:

- Stand pivot
- Lateral
- Sliding board
- Other (**must specify**):

Level of Support:

- Supervision
- Minimal Assist
- Moderate Assist

Is the assistance:

- One-person
- Two-person
- Mechanical lift
- Other (**must specify**):

Notes:

⇒Return to Functional Ability Screening Tool to complete Instrumental Activities of Daily Living Section

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 24-36 Months

Instrumental Activities of Daily Living Section:

Categories included below provide information for determining the need for Children's Personal Care Services, as well as for screening and referral determination for other supports.

Choose as many options as apply. Please provide additional detail/comments to describe strengths and needs. If you select "None of the Above Apply", **you must** include comments related to child's functioning in the "Notes" section. Be sure to indicate if the functional impairment is expected to last for at least one year, in each domain.

COMMUNICATION:

- A norm-referenced assessment in receptive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean)

Assessment Date: _____ (mm/dd/yyyy)

Assessment Tool: _____

See list of "Norm-Referenced Assessment Tools for **Communication** and **Growth and Development**"

- Within normal limits
- Less than 30% delay
- Greater than or equal to 30% delay
- Less than 2 Standard Deviations (SD) below the norm
- Greater than or equal to 2 Standard Deviations (SD) below the norm

- A norm-referenced assessment in expressive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean)

Assessment Date: _____ (mm/dd/yyyy)

Assessment Tool: _____

See list of "Norm-Referenced Assessment Tools for **Communication** and **Growth and Development**"

- Within normal limits
- Less than 30% delay
- Greater than or equal to 30% delay
- Less than 2 Standard Deviations (SD) below the norm
- Greater than or equal to 2 Standard Deviations (SD) below the norm

Child's Name:

Child's DOB:

Screen Date:

COMMUNICATION (cont'd):

- Does not follow two-step instructions that are related and are not routine
- Does not point to or look at 3 familiar objects or people when asked
- Does not use more than 10 meaningful words or word approximations
- Does not join familiar words into phrases (e.g., "me drink", "red trucks", "baby cry", "no juice")
- None of the above apply

Is this communication functional impairment expected to last for at least one year from the date of the screening?

- Y
- N

Notes:

LEARNING:

- Has a valid full-scale IQ (a substantial functional impairment is defined by a full-scale IQ of 75 or less)

IQ Test: _____ Score: _____

- A norm-referenced assessment in expressive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean)

Assessment Date: _____ (mm/dd/yyyy)

Assessment Tool: _____

See list of "Norm-Referenced Assessment Tools for **Communication** and **Growth and Development**"

Within normal limits

Less than 30% delay

Greater than or equal to 30% delay

Less than 2 Standard Deviations (SD) below the norm

Greater than or equal to 2 Standard Deviations (SD) below the norm

Child's Name:

Child's DOB:

Screen Date:

LEARNING (cont'd):

- Does not connect a familiar action with an expected outcome (e.g., starting the water means bath or shower)
- Does not know at least 3 body parts
- Cannot match any basic shapes
- Cannot identify objects in pictures by naming or pointing
- None of the above apply

Is the learning functional impairment expected to last for at least one year from the date of the screening?

- Y
- N

Notes:

SOCIAL COMPETENCY:

- Does not make sure his/her parents are nearby when exploring new places**
Approaches new environments without fear or caution
- Does not enjoy interacting with non-family members**
Would prefer to avoid trusted adults or children outside of his/her immediate family
- Does not show interest in a variety of toys**
Does not enjoy playing with a number of toys designed for his/her developmental level
- None of the above apply

Is the social competency functional impairment expected to last for at least one year from the date of the screening?

- Y
- N

Notes: