Child's Name: _____ Child's DOB: _____

Screener's Name: _____ Screen Date: _____

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 18 - 24 Months

Activities of Daily Living Section:

Choose only **one** response—the most representative need in each area. Choosing multiple responses will delay the final determination and result in the Functional Ability Screening Tool being returned. A detailed description of the child's strengths and needs in each domain is **required** in the "Notes" section.

If you select **"None of the above apply**," you **must** include comments related to the 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 and fully wash and 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?

- ☐ Yes
- ☐ No

Notes:

Dressing: The ability to dress as necessary—does **not** include 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.
- ☐ None of the above apply.

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

- ☐ Yes
- ☐ No

Notes:

Eating: The ability to eat and drink by finger feeding or using routine and/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 Total Parenteral Nutrition (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?

- ☐ Yes
- ☐ No

Notes:

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

- ☐ Requires a stander or someone to support the child's weight in a standing position.
- ☐ Uses wheelchair or other mobility device not including a single cane.

  ⇒If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Mobility on page 4.
- ☐ Unable to take steps holding on to furniture.
- ☐ None of the above apply.

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

- ☐ Yes
- ☐ No

Notes:

⇒ If directed by specific responses within a domain, go to page 4 to complete all applicable sections of Supplemental Screening Questionnaire.

If Supplemental Screening Questionnaire is not applicable, skip to page 6 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: 18 - 24 Months

The Supplemental Screening Questionnaire provides additional information related to previous responses in the Activity of Daily Living section of the Functional Ability Screening Tool. **Only** complete the Supplemental Screening Questionnaire if you are prompted to in the Functional Ability Screening Tool.

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

If, "uses wheelchair or other mobility device 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.

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: 18 - 24 Months

Instrumental Activities of Daily Living Section:

The sections below provide information to help determine the need for Children's Personal Care Services.

Choose as many options as apply. A description of the child's strengths and needs in each domain is **required** in the "Notes" section. If you select **"None of the above apply**," you **must** include comments related to the child's functioning in the "Notes" section. 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:

Assessment Tool:

(See list of **"Norm-References 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:

Assessment Tool:

(See list of **"Norm-References 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.

Communication (continued):

- ☐ Does not respond to simple requests (for example: no, stop, come here, give me, look).
- ☐ Does not point to or look at familiar objects or people when asked.
- ☐ Does not use more than 10 meaningful words or word approximations.
- ☐ Does not imitate environmental sounds through any means.
- ☐ None of the above apply.

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

- ☐ Yes
- ☐ No

Notes:

Learning:

- ☐ 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:

Assessment Tool:

(See list of **"Norm-References 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.

Learning (continued):

- ☐ Cannot imitate gestures or activities (for example: wave bye-bye, clap hands, make faces).
- ☐ Does not know body parts on self or others.
- ☐ Does not place objects in containers during play.
- ☐ None of the above apply.

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

- ☐ Yes
- ☐ No

Notes:

Social Competency:

- ☐ **Does not play simple interactive game (for example: So Big, Peek-a-Boo, Pat-a- Cake).**
  Does not respond to other's attempts to engage in playful exchange.
- ☐ **Does not enjoy interacting with immediate family members.**
  Does not like family time, looking at books, listening to songs, or rough and tumble play.
- ☐ **Does not like to be around other child.**
  Prefers to spend time alone even when other children are around.
- ☐ 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?

- ☐ Yes
- ☐ No

Notes: