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 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.
- ☐ 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?

- ☐ 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.
- ☐ 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?

- ☐ Yes
- ☐ No

Notes:

Transfers: The physical ability to move between surfaces. For example: 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. Does **not** refer to a child's challenges related to transitions.
(☒ 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?

☐ Yes
☐ No

Notes:

⇒ **If directed by specific responses within a domain, go to pages 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

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 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?

- ☐ Yes
- ☐ No

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:

Transfers: The physical ability to move between surfaces. For example: 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. Does **not** refer to a child's challenges related to transitions.

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? 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:

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 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 (for example: "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?

- ☐ Yes
- ☐ No

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:

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):

- ☐ Does not connect a familiar action with an expected outcome (for example: 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?

- ☐ Yes
- ☐ No

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?

- ☐ Yes
- ☐ No

Notes: