

Child's Name:

Child's DOB:

Screeners's Name:

Screen Date:

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 4 Years - 6 Years

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.

Is combative during bathing (for example: flails, takes 2 caregivers to accomplish task).

Needs to be lifted in and out of bathtub or shower.

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:

Child's Name:

Child's DOB:

Screen Date:

Grooming: Brushing teeth, washing hands and face. Due to variation in hair care by culture, length of hair choice; hair care is **not** considered. (☒ Mark only **one** choice).

Is combative during grooming (for example: flails, clamps mouth shut, takes 2 caregivers to accomplish task).

Unable to wash hands.

None of the above apply.

Is the grooming (brushing teeth, washing hands and face) functional impairment expected to last for at least one year from the date of the screening?

Yes

No

Notes:

Dressing: The ability to dress as necessary—does **not** include fine motor coordination for fasteners. (☒ Mark only **one** choice).

Needs physical assistance with getting clothes on. This does **not** include fasteners such as buttons, zippers, and snaps.

None of the above apply.

⇒ If “none of the above apply” is the most accurate response, please complete the Supplemental Screening Questionnaire related to Dressing on page 6.

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

Yes

No

Notes:

Child's Name:

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Screen Date:

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.

Needs to be fed.

Needs one-on-one monitoring to prevent choking, aspiration, or other serious complication.

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:

Toileting: The ability to use a toilet/urinal, transferring on/off a toilet and pulling down/up pants. Does **not** include behavioral challenges involving voiding and/or defecating. (☒ Mark only **one** choice).

Incontinent during the day (of bowel and/or bladder).

Needs physical help (other than wiping).

None of the above apply.

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

Yes

No

Notes:

Child's Name:

Child's DOB:

Screen Date:

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).

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 7.

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 7.

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:

Child's Name:

Child's DOB:

Screen Date:

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 physical help with transfers.

⇒ If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Transfers on page 8.

Uses a mechanical lift.

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 6-8 to complete all applicable sections of Supplemental Screening Questionnaire.

If Supplemental Screening Questionnaire is not applicable, skip to page 9 to return to Functional Ability Screening Tool to complete Instrumental Activities of Daily Living portion.

Child's Name:

Child's DOB:

Screen Date:

Children's Personal Care Services—Supplemental Screening Questionnaire

Age Cohort: 4 Years - 6 Years

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.

Dressing: The ability to dress as necessary; does **not** include fine motor coordination for fasteners.

If “none of the above apply”, was selected, is the child's need best described as:
Needs step-by-step cueing to complete the task?

Yes

No

If no, specify child's individual needs/challenges below:

Notes:

Child's Name:

Child's DOB:

Screen Date:

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:

Level of Support:

Hand held.

Supervision.

Cane.

Minimal Assist.

Walker.

Moderate Assist.

Crutches.

Orthotics.

Other (must specify):

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. 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: 4 Years - 6 Years

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.

Child's Name:

Child's DOB:

Screen Date:

Communication (continued):

Does not follow two-step instructions that are related and are not routine.

Does not understand at least 3 prepositions in unfamiliar single step instruction (for example: in, on, under).

Does not ask for objects by naming them.

Does not combine 3 or more words into a meaningful sentence.

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.

Child's Name:

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Learning (continued):

Cannot accurately identify at least 7 colors.

Cannot accurately identify at least 5 shapes.

Cannot count 3 objects.

Cannot group objects by category.

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 take turns in play.

Does not share toys or wait turn in a group game.

Does not insist on trying to do things independently.

Willingly allows others to help in all activities throughout the day.

Does not have an awareness of another child's need for help or feelings.

Does not recognize when another child is happy, sad or hurt.

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: