

Child's Name:

Child's DOB:

Screeener'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 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
- 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
- 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?

- Y
- N

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

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 Screen.

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 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:

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 respond to simple requests (e.g., no, stop, come here, give me, look)
- Does not point to or look at family 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?

- Y
- N

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: _____ (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):

- Cannot imitate gestures or activities (e.g., 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?

- Y
- N

Notes:

SOCIAL COMPETENCY:

- Does not play simple interactive game (e.g., 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 took 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?

- Y
- N

Notes: