

Child's Name:

Child's DOB:

Screener's Name

Screen Date:

## Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 9 years-12 years

### **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
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task)
- Needs physical help with bathing tasks
- Needs to be lifted in and out of bathtub or shower
- Needs step-by-step cueing to complete the task
- Lacks an understanding of risk and must be supervised for safety
- 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

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**Notes:**

**GROOMING: Brushing teeth, washing hands & face. Due to variation in hair care by culture, length of hair, etc., hair care is NOT considered. (☒ Mark only one choice)**

- Is combative during grooming (e.g., flails, clamps mouth shut, takes 2 caregivers to accomplish task)
- Unable to wash hands
- Needs physical help with grooming tasks
- Needs step-by-step cueing to complete the task
- 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?*

- Y
- N

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**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?*

- Y
- N

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**Notes:**

Child's Name:

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**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
- 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?*

- Y
- N

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**Notes:**

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

- Incontinent of bowel and/or bladder
- Needs physical help, step-by-step cues, or toileting schedule
- None of the above apply

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

- Y
- N

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**Notes:**

Child's Name:

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**MOBILITY: The ability to move between locations within environments, including home, school & the community. This includes walking, crawling & 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 checked expected to last for at least one year from the date of the screening?*

- Y
- N

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**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 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?*

Y

N

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**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.**

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## **Children's Personal Care Services—Supplemental Screening Questionnaire Age Cohort: 9 years-12 years**

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.

**DRESSING: The ability to dress as necessary; does not include the 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?

- Y  
 N

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

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**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.**

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.

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**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**):

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**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: 9 years-12 years**

## **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 3-step instructions that are related and are not routine
- Does not follow 2 single-step instructions given at the same time that are unrelated and not routine
- Does not use language to share information other than basic needs or wants
- Is not understood by familiar people that have infrequent contact with the child
- 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:**

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## 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:

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## LEARNING (cont'd):

- Is two or more grade levels behind in two academic subjects
- Cannot tell time on a digital clock or watch
- Cannot identify coins by name
- Cannot provide primary phone number
- 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

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**Notes:**

## SOCIAL COMPETENCY:

- Does not make transitions from one activity to another without disrupting others**  
*Unable to make transitions without having his/her discomfort affect others in the group*
- Does not question rules or punishments viewed as unfair**  
*Unable to express his/her sense of unfairness or simple doesn't care when things are unfair*
- Does not control his/her temper in disagreements with other children**  
*Cannot disagree with peers without escalating into a temper tantrum or running away from the situation*
- 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

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**Notes:**