

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Person/App ID:

Type of PAS Initial: Reassessment: Posthumous:

Intake Information

PAS Date/Time

Customer Name:

Age

Telephone Number

It is important to note the child's age in months. If the child is close to changing age groups, the PAS may need to be delayed to ensure assessment with the proper tool. These cases should be discussed with a supervisor.

DD Status: Not DD: Potential DD: DD in NF: DD:

Prior Quarter: Month 1: Month 2: Month 3:

1. Is customer currently hospitalized or in an intensive rehabilitation facility?

YES NO

2. If in an acute care facility, is discharge imminent (within 7 days)?

Projected discharge date: | YES NO

5. Number of Hospitalizations in **last year** for DD 0-5

Personal Contacts: Be sure to include the DD Support Coordinator here

Customers are determined by the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) to be eligible for their services. These are customers who have been diagnosed with Intellectual Cognitive Disability, Cerebral Palsy, Seizure Disorder or Autism, and have significant impairment in their functions. For children under six years of age, a diagnosis of developmental delay or the risk for developmental disability may serve as the qualifying diagnosis for DES/DDD.

The PAS process is intended to determine whether or not a customer's current functional and medical condition, resulting from a developmental disability, indicates a need for services at the ICF level.

Frequently Individuals with developmental disabilities will be eligible to receive services from DES/DDD but not be at risk of institutionalization at the ICF level and therefore not ALTCS eligible. ICF-IID (Intermediate Care Facility for Individuals with Intellectual Disability) = Provides 24 hour care, including nursing, medical support, training, and therapeutic support to the residents.

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In all cases, the applicant must be observed and preferably the interview would occur in the usual living arrangement. **It is important that the interview be conducted with caregiver(s) or others familiar with the applicant.** It is required that family or legal guardian be contacted to be present at the PAS interview if they choose. If the family member or legal guardian is not available to attend the PAS, the assessor should contact them to go over the information obtained at the interview. For school age children the interview may be done in the pre-school or after school setting with parent being interviewed at the home. It may also be necessary to speak to teachers, therapists or others familiar with the child.

KEEP IN MIND: All available, pertinent medical records, therapy notes, school records, etc., should be reviewed prior to completing the PAS scoring to supplement information gathered at the interview.

The tool is designed to assess gross motor skills, fine motor skills, communication, socialization, daily living skills and behaviors at different ages and therefore may show strengths and weaknesses within any section.

At the PAS interview, read all the questions completely to the parent(s) or caregiver(s). *Do not paraphrase the questions.* The questions are to be taken literally. Further explanation can be given if the question is not understood, however that should be done only after reading the full question as it is written.

If the parent or caregiver's response to the question is "**sometimes**" the assessor must ask more questions to determine what is meant by "sometimes" in order to determine how to score. If the child has just begun to perform the milestone but appears to be performing it the answer would be that they do it. They do not need to do it all the time for the response to be "Yes".

Note: For the physical developmental milestone questions #1-8, if the child is already crawling, walking, climbing, jumping, and/or running these will very likely be scored "Yes". The assessor should take time to explain the question and its intent to assure the caregiver understands it. If there is a specific limitation/medical condition not allowing the child to perform one or more of these tasks, even though they have more advanced versions of it, a comment should be entered explaining this.

***NOTE: Do NOT score PAS Areas in the field. Write down comments and observations ONLY.**

Be objective and professional.

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II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN - All developmental questions must be answered for all children in this age group.

FOR AGES SIX MONTHS AND OLDER

1. **Does your child lift their head when lying on their back?** Y N

Things to consider: Is the child able to lift their head even for a few seconds when on their back? Is the child starting to do this, but not all of the time? Please explain what the child does and how often in the comment section.

During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

2. **When your child is on their tummy, does s/he straighten both arms and push their whole chest off the bed or floor?** Y N

Things to consider: Does the child straighten both arms and push their whole chest off the bed/floor even for a few seconds? If the child is unable to be on their tummy due to medical/physical limitations, please include this in the comment.

During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

3. **If you hold both hands just to balance your child, does s/he support their own weight while standing? (That is, can s/he bear weight?)** Y N

Things to consider: Some children may never have performed the precursor skills but now have the advanced skills. The precursor questions need to be answered “yes” in these instances. Would be answered “Yes” if the child can bear weight and balance no matter how briefly. A typical child at six to nine months old cannot do this for long. If assessing an older child and they still cannot do this for very long, the answer would still be “Yes” with comments to explain anything that is atypical. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

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4. **Does your child reach for or grasp a toy?** Y N

Things to consider: If they do one and not the other the response would still be “Yes”. Comments should explain anything that is not typical for the age of the child being assessed. If an older child has a physical impairment and is unable to reach for an object, but does grasp, the “Yes” answer should be supported and explained with comments. If the child has the use of only one hand, but can complete the milestone with that hand, or has a “dominant” hand, the answer would be “Yes”. Comments should be included to clarify. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months old.

5. **Does your child try to pick up a crumb or Cheerio by using their thumb and all their fingers in a raking motion, even if they aren’t able to pick it up? (If they already pick up the crumb or Cheerio, check “yes” for this item.)** Y N

Things to consider: Please remember that this question is asking if the child attempts to do the task. If the child is not yet successful, but does try, please include this in the comment. If the child can do it briefly or “sometimes” please explain the specific/average frequency in the comment section. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

6. **Does your child make high-pitched squeals?** Y N

Things to consider: This may be a pre-cursor. If the child is now saying words or speaking in phrases/sentences, please ask additional questions to make sure this is answered accurately. Examples of follow up questions: Does the child scream when upset/scared? Does the child cry making a high pitched sound when sad/angry/scared? During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

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7. **Does your child show two or more emotions?** (i.e. laughs, cries, screams, etc.) Y N

Things to consider: If the child does not do this consistently, please include deviations in the comment section to clarify when it does happen. It is helpful to include in the comment examples of emotions the child shows. Other examples, startled, angry, surprised, sad, etc. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

8. **Does your child act differently toward strangers than s/he does with you and other familiar people?** (Reactions may include staring, frowning, withdrawing or crying.) Y N

Things to consider: It is helpful if the assessor includes information about how the child reacted to them during their encounter at the PAS interview. For example, if the child ignored assessor during the interview, even when attempts to engage, is this the same way the child reacts to parents or other familiar people? During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months old.

9. **Does your child stiffen and arch their back when picked up?** **REVERSE SCORING** Ye N
s o

Things to consider: A “Yes” answer to this question could be an indicator of a very serious neurological disorder or a severe gastrointestinal problem (please include medical condition in the comment section if applicable). It is important to understand that this question is not assessing if an older child does this on some occasions because they are upset and do not want to stop what they are doing or are for some reason just being resistive to being picked up. While we do not assess an older child based on how they functioned at an earlier age, the assessor does need to keep in mind the age range where the question is first asked to understand the intent of the question.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 6 months of age.

STOP Here If Child Is Less Than Nine Months Old

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II. FUNCTIONAL ASSESSMENT (continued)

A. DEVELOPMENTAL DOMAIN

FOR AGES NINE MONTHS AND OLDER

10. Does your child roll from their back to their tummy, getting both arms out from under them? Yes No

Things to consider: This is asking if the child does roll from their back to their tummy not from their tummy to their back. This may be a precursor if the child is now able to stand, crawl and/or walk. Please ask follow up questions to make sure this question is answered accurately. If the child does do it “sometimes,” please provide a specific/average frequency in the comment, and elaborate on when it is done if it’s only special situations or only with certain people. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months old.

11. When you stand your child next to furniture or the crib rail, does s/he stand, holding onto the furniture for support? Yes No

Things to consider: This is asking if once the caregiver stands the child next to a crib rail (or other type of furniture the child can hold on to), is the child standing and bearing his/her weight while holding onto that furniture for support without the caregiver holding on to him/her? Again, this may be a precursor skill and they may now have more advanced skills if the child is able to stand alone, walk, run, climb, etc. Therefore, the assessor should ask additional questions to make sure the parent understood the question and answers accurately. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months old.

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12. **Does your child creep or move on their stomach across the floor?** Yes No

Things to consider: If the child is walking, they have progressed beyond the creeping stage and the answer to question #12 would be “Yes” even though they may no longer creep or move across the floor on their stomach. Even if the parent or caregiver indicates they never crept, it would be inaccurate to indicate “No” to this question if they are now walking. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

13. **Does your child sit supported (for example, in a chair with pillows, etc.) for at least 1 minute?** Yes No

Things to consider: Include in the comment how long the child sits with support (pillow, special sitting devices for children, corner of the couch with sides supporting them, etc.) If the child sits without support for at least one minute, include that in the comment also. If after a minute the child falls or slides, etc., please include this in the comment. This may also be a precursor skill, if the child is now sitting independently. Therefore the assessor should ask additional questions to make sure the parent understood the question and answer accurately. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we’re assessing the child NOW, not if he/she was able to do this at 9months old.

14. **When a loud noise occurs, does your child respond?** (i.e. act startled, cry or turn toward the sound.) Yes No

Things to consider: If the response is “sometimes” (for example, act startled, cry or turn toward the sound), the answer would be “Yes”. Even if the child only reacts briefly, this should be “yes”. Please include in your comment how the child responds and when/to what. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

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15. **If you call your child when you are out of their line-of-sight, does s/he look in the direction of your voice?** Yes No

Things to consider: This is not asking if the child goes looking for them, or looks in their eyes once they find them. It is specifically asking if the child looks in the direction from where the voice is coming. If the child does this “sometimes” or briefly, this should be answered “Yes” with comments to explain. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

*Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

16. **Does your child make non-word sounds? (That is, babble or jabber.)** Pre-cursor Skill Yes No

Things to consider: The child who now has meaningful words probably no longer babbles. But it would be a misrepresentation of the child's development to answer question #16 "No," when item 36 is "Yes." In this case, the assessor does not need to determine whether the child did babble or can babble because s/he has moved beyond this stage to a higher level of development. In nearly all cases, if question #36 is answered "yes," question #16 should also be answered "yes".

During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

17. **Does your child look toward you (parent or caregiver) when hearing your (parent or caregiver's) voice?** Yes No

Things to remember: This question is not asking if the child makes eye contact/looks into their eyes. If the child looks in the direction of their parent/caregiver, this should be answered “Yes” even if the child does this inconsistently (please include an average/specific frequency) or briefly. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months.

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18. **Does your child enjoy playing peek-a-boo/pat-a-cake?** Yes No

Things to consider: This is asking if the child “enjoys” one of these games and is not asking if they physically participate. The parent may be doing all the activity, but the child still enjoys the game. A child who is older may no longer be interested in these types of games, but the assessor should ask follow-up questions to answer this question accurately. Did they enjoy peek-a-boo or pat-a-cake when they were younger but now are passed this stage and enjoy other interactive games/activities more appropriate for their age (Chutes and Ladders, Connect 4, etc.)? What are these types of games? Some children may never have performed the precursor skills but now have the advanced skills. The precursor questions need to be answered “yes” in these instances. (p16)
*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

19. **Does your child feed themselves a cracker or cookie?** Yes No

Things to consider: Can the child feed themselves any other types of finger foods? If the child can begin doing this, but then parent finishes, or child feeds self inconsistently, this would be answered “Yes” with comments to explain. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 9 months of age.

STOP! Here If Child Is Less Than Twelve Months Old

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II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

FOR AGES TWELVE MONTHS AND OLDER

20. Does your child walk around furniture while holding on with only one hand? Yes No

Things to consider: If the child does it, but falls, this would be answered “yes” with comment to explain. If the child is walking without holding onto anything, they have more advanced skills and this would be answered “Yes”. The question should still be reviewed with parent and explained. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

21. Does your child crawl at least 5 feet on hands and knees, without stomach touching the floor? Yes No

Things to consider: If the child is physically unable to perform this milestone, please include what the limitations are in the comment. You can also enter information about how they move (i.e. they scoot on their bottom, they only creep, parent moves them, etc.) The child may have advanced passed this milestone. If the child never crawled, but is now walking, running, or climbing, this should be answered yes, unless there is a physical impairment keeping them from being able to crawl on hands and knees (this should be noted in comments). During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

22. Does your child hold a bottle or cup? Yes No

Things to consider: They can also hold a “sippy cup”; it does not need to be an open cup. Some children may never have performed the precursor skills, but now have the advanced skills. The precursor questions need to be answered “yes” in these instances. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

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23. **Does your child move an object from one hand to the other?** Yes No

Things to consider: Are they able to coordinate the two sides of their bodies together? If they are unable to, describe what they do instead (i.e. do they turn their whole body to get the object to avoid crossing the midline? Or do they drop the object on the floor first and then pick it up with the other hand?).

During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

24. **Does your child pick up a small object with thumb and fingers?** Yes No

Things to consider: If parent is not sure what that means, assessor can ask if the child can pick up a small object using a pincer grasp and show them what that means. If the child has the use of only one hand, but does complete the task with that hand, the answer would be “Yes”. Comments should be included to explain.

During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

25. **Does your child coo or laugh or make other sounds of pleasure?** Yes No

Things to consider: How does the child show excitement/happiness to those they are comfortable around? If caregiver reports they do not, ask them what child does instead and explain in comments. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

26. **Does child reach for familiar person when person holds out arms to them?** Yes No

Things to consider: If the child does it with only some familiar people, or sometimes, briefly, this would be answered “yes” but include comments to explain. If the parent reports the child does this “sometimes” please ask and include a more specific/average frequency and explain under what circumstances child might not do it (when they are mad, when they are busy, etc.) During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

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27. **Does your child play with a doll or stuffed animal by hugging it?** Yes No

Things to consider: The child could hug a blanket or other toy and this would still be indicated as “Yes” with comments to explain. If the child hugs a doll/stuffed animal only because parent tells them to do it, but does not initiate it on their own, would score as “No” with comments explaining this. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

28. **Does your child suck or chew on finger foods?** (i.e. crackers, cookies, toast, etc.) Yes No

Things to consider: This is an “OR” question. The child does not need to do both (suck and chew) in order to answer “Yes”. If the child can do one but not the other, answer “Yes” but include a comment to explain. If child is only tube fed and unable to consume any food orally, would answer “No” with comment to explain. Or if child can only consume a meal that has to be altered (pureed) to avoid choking/swallowing issues would answer “No” with comment to explain. During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 12 months of age.

STOP! Here If Child Is Less Than Eighteen Months

FOR AGES EIGHTEEN MONTHS AND OLDER

29. **Does your child stand up in the middle of the room by themselves and take several steps forward?** Yes No

Things to consider: The question is asking if they begin to do it. If the child takes several steps but then falls, answer “Yes” with comment to explain. This may be a precursor skill if child is now able to walk independently, climb, jump and/or run. The question should still be asked but give clarification if parent does not understand. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

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30. **Does your child climb on furniture?** Yes No
Things to consider: Follow up questions: how does child get on and off bed, sofa, and/or chair? *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

31. **Does your child turn the pages of a board, cloth or paper book by him/herself?** Yes No
(S/he may turn more than one page at a time.)
Things to consider: This can include any type of book and child does not need to turn pages one at a time to answer “Yes”. Comment however, should explain what child does and how they do it.
*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

32. **Without showing them how, does your child scribble back and forth when you give them a crayon (or pencil or pen)?** Yes No
Things to consider: If the child no longer scribbles because they can now write letters/words or make shapes they have surpassed this milestone and now have a more advanced version of it, therefore would score “Yes” with comment to explain. The child can make any types of back and forth scribbles, does not need to make shapes, write a word, etc. It also does not affect the scoring if child grabs the writing object with whole hand. Comment to describe can be included but if the child can scribble this would be answered “yes”.
*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

33. **Does your child stack a small toy, block, cup, dish or other object on top of another one?** Yes No
Things to consider: If there are other things the child can stack, please list it (i.e. Legos). This is not asking if they can do a specific amount or can do it for a long duration. If child is beginning to do it, does it briefly, or inconsistently this would be answered “Yes” with comments to explain. If question #49 is answered “Yes” it would be incorrect to answer this one “No”, please ensure consistency throughout the PAS. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

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34. **Does your child respond to their name when you call?** Yes No

Things to consider: The question is asking if the child responds (turns to, speaks in response to, does a half turn in response to, etc.) **The child does not need to respond to their name every single time they are called in order to answer “Yes”.** They can respond verbally or by turning toward speaker (does not need to make eye contact). **If child does this ‘sometimes’ a comment should be included to describe how often and reasons why child might not respond** (i.e. not turning because they are engaged in something else, are being disciplined, etc.) **but would still be answered “yes” with comments to explain.** *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

35. **When playing with sounds, does your child make grunting, growling or deep-toned sounds?** *(Examples may include a car, a motor, a train, an animal.)* Yes No

Things to consider: This is an “OR” question the child does not need to do all in order to score “Yes”. The focus is on whether or not the child makes the sounds, rather than what s/he is doing when making the sounds. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

36. **Does your child say “Da-da” or “Ma-ma” or another name for parent or caregiver** (including parent’s or caregiver’s first name or nickname)? **Pre-cursor Skill** Yes No

Things to consider: The child who now has meaningful words probably no longer babbles. But it would be a misrepresentation of the child's development to answer question #16 "No," when item 36 is "Yes." In nearly all cases, if question #36 is answered "yes," question #16 should also be answered "yes". Confirm the scoring is consistent and correct.

On questions pertaining to language and communication, if the child uses Sign Language or other methods of communication this should be considered in the scoring.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

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37. **When you ask your child to point to their nose, eyes, hair, feet, ears and so forth, does your child correctly point to at least one body part?** (They can point to themselves, someone else, or a doll.) Yes No

Things to consider: if the child points to only one body part this should be answered “yes”. If the child is starting to do it, but does not get it right all the time, you can add this to the comment, but would still score “Yes”.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

38. **If you point at a toy across the room, does your child look at it?** Yes No

Things to consider: It is typical for the parent to be speaking to the child when pointing and not the intent of this question to be asking if they are only pointing and not speaking.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

39. **Does your child ever use their index finger to point, to indicate interest in something?** Yes No

Things to consider: Specifically means the index finger. If the child points with their whole hand the answer would be “No” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

40. **Does your child ever bring objects over to you?** Yes No

Things to consider: The question is really about showing interest in the item. So if the child takes the parent over to the object to show them, it would be answered “Yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

41. **Does your child imitate you?** (i.e. If you make a face, will your child imitate it?) Yes No
Things to consider: The child can imitate other people and still score “yes” with comments to explain. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

42. **Does your child take an interest in other children?** (Includes siblings.) Yes No
Things to consider: it is important to ensure the child is not just interested in an object another child may be holding (like a toy) and showing no interest in the other child. The assessor must ask enough questions of the parent(s)/caregiver(s) to determine accurate scoring. (This is important throughout the Developmental Domain.)

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

43. **Does your child eat solid foods?** (i.e., cooked vegetables, chopped meats, etc.) Yes No
Things to consider: if child is only eating pureed/baby foods or fed via feeding tube, would score No with comments to explain. If child is a picky eater and only eating specific solid food, can score Yes, but include comment to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

44. **Does your child like being hugged or cuddled?** Yes No

Things to remember: If child likes being hugged/cuddled only by specific people (i.e. only mom, only dad, etc.) would score “Yes” with comment to explain. If child allows it occasionally or only when s/he is happy, would score “Yes” with comments explaining this. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 18 months of age.

STOP! Here If Child Is Less Than Twenty-Four Months

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

FOR AGES TWENTY-FOUR MONTHS AND OLDER

45. **Does your child run?** Yes No

Things to consider: This is specific to running, not walking fast. The child may be clumsy or may fall, but answer specifically as to whether or not they run.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring. *Please remember we are assessing the child NOW, not if he/she was able to do this at 24 months of age.

46. **Does your child jump, with both feet leaving the floor at the same time? (That is, can s/he jump up?)** Yes No

Things to consider: The assessor can ask the child to perform the task during the interview to assess, if parent is not sure. If child only does a gallop or tries, but both feet do not leave the floor this would be answered “No” with comment to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

47. **Does your child flip light switches off and on?** Yes No

Things to consider: If parent says child is too short and can't reach, the assessor can ask a follow up question and ask if the child can flip light switches off and on if picked up to help them reach switch. Can ask parent if they can try during interview.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

48. **Does your child put a small object in a cup and dump it out? (You may show them how.)** Yes No

Things to consider: Please note the Assessor can demonstrate this to the child and then ask them to do it. If the child is unable to dump, what are they doing instead? (i.e. they will not dump, instead child will put hand in cup to take object out)

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

49. **Does your child stack at least four small toys, blocks, cups, dishes or other objects on top of each other?** Yes No

Things to consider: Please note this is asking for a specific quantity (4 or more). If the child is stacking some, but not 4 yet, please include the # in the comment to support the score. Please remember to reference back to question #33 to insure consistency.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

50. **Does your child name at least three objects?** (i.e., bottle, dog, favorite toy, etc.) Yes No

Things to consider: On questions pertaining to language and communication, if the child uses Sign Language or other methods of communication this should be considered in the scoring. Thus, if the child signs the name of at least three objects, this would be answered “Yes”. The assessor can include in the comment the average amount of words the child has and/or examples of words they use. *****Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.**

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

51. **Does your child follow instructions with one action and one object?** (For example, “Bring me the book”; “Close the door”; etc.) Yes No

Things to consider: If the child does it, but not every time, this should be answered “Yes”. The assessor should add comments explaining circumstances under which child may not do it (i.e. when they are being asked to do a non-preferred task, when they are busy doing something else, etc.). **If child only follows instructions with a picture schedule, but does follow instructions this way instead of (or better than) verbal commands, this would still be answered “Yes” with comments to explain.**

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

52. **Does your child demonstrate understanding of the meaning of no, or word or gesture with the same meaning?** (i.e. stops current activity briefly, looks at you, etc.) Yes No

Things to consider: If child stops briefly, argues back, asks why, etc. this should be answered “Yes”. This is not asking if they actually stop, but if they understand No. If the child uses the word “No” in the right context then this should be answered “yes” with comments to explain. If the child does not use word “No”, but uses other words (Nope, stop, etc.) with the same meaning this should be answered “Yes” with a comment explaining.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

53. **Does your child copy the activities you do, such as wipe up a spill, sweep, shave or comb hair?** Yes No

Things to consider: If the child copies the activities with prompts this would be answered “Yes” with comment to explain. If the child copies some activities but not others, it would still be scored “Yes” with comments to explain what happens.

54. **Does your child play near another child, each doing different things?** Yes No

Things to consider: if the child plays near their siblings, but not near other children, it would be “Yes” with comments to explain. The child does not need to initiate play or interact. This is asking if the child will tolerate playing close to another child, even if they are each doing something different and not interacting.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

55. **Does your child hold and drink from a cup or glass? (Includes “sippy” cups.)** Yes No

Things to consider: If this question is answered “Yes” then #22 should also be “Yes” to ensure consistency throughout the PAS

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

56. **Does your child look at you when you talk to them?** Yes No

Things to consider: Similar to #17. In most cases the response will be “sometimes” as the child will not always look at the parent or caregiver, especially if the child is being disciplined or is being asked to do something they do not want to do. If the child does it “sometimes” please ask for a more specific/average frequency to put in the comment and add information about when the child might not do it (when being disciplined, when too engaged in another activity). This would be scored “yes” with comments to explain deviations. If the child does it for a brief moment, would score “Yes”; duration is not a factor.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

STOP! Here If Child Is Less Than Thirty Months Old (2.5yrs old)

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

FOR AGES THIRTY MONTHS AND OLDER

57. **While standing, does your child throw a ball or toy?** Yes No

Things to consider: This is asking if the child can stand and throw. It is not asking if the child can throw the object far or straight.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

58. **Does your child ask questions beginning with *what* or *where*?** (For example, "What's that?"; "Where doggie go?" etc.) Yes No

Things to consider: On questions pertaining to language and communication, if the child uses Sign Language or other methods of communication this should be considered in the scoring. **Please assess if the child uses these questions in the right context. If the child is just repeating out of memory and it's not actually their intent to ask a question, this should be answered "No" with comments to explain. ***Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

59. **Does your child call themselves "I" or "me" more often than their own name?** (For example, "I do it" more than "Mary (John) do it".) Yes No

Things to consider: On questions pertaining to language and communication (e.g.36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in the scoring. If the child uses both I/me and their first name, ask to get a more specific frequency to determine the best scoring (what do they use more often?). Add comments to explain what is done. ***Stereotypical, repetitive, echolalic sounds that are not for communication, or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

Yes No

60. **Does your child take off clothing that opens in the front** (for example, a coat or sweater)? **(Does not have to unbutton or unzip the clothing.)**

Things to consider: If the child needs hands on help to initiate/finish the task (more than unfastening the zipper/buttons), would answer “No” with comment to explain. If the child can perform the task with prompts, but no hands on help, then would answer “Yes” but again explain that in comments.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

61. **Does your child use a spoon to feed him/herself?**

Yes No

Things to consider: if a child can use a fork but not a spoon, answer “No”, including this information in the comment. If the child requires hand over hand feeding with the spoon all the time this would be scored “No” explaining this in the comment section. If the child starts the meal by spoon feeding self independently or can use spoon, but prefers to use hands or uses hands more often than spoon, then answer “Yes” with comments to explain. Also, if the parent/Caregiver puts the food in the spoon and then child feeds him/herself with the spoon, would score “Yes” with comments to explain what is done.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

62. **Does your child sleep at least 8 hours in a 24-hour period?**

Yes No

Things to consider: If the child is not sleeping through the night, ask if s/he takes a nap later that day to make up the time? Include in the comment how long child sleeps in the full 24 hour period (including naps).

63. **Does your child do things over and over and can't seem to stop? (Examples are rocking, hand flapping or spinning.) *REVERSE SCORING***

Yes No

Things to consider: We are generally looking for repeated behaviors. We are not assessing a one time or rare occurrence which most children might have. We are looking at behaviors that go beyond normal 'bad days', 'terrible two's', sibling rivalry or accidents.

Please describe the behavior in detail: what the child does, how often, under what circumstances, and the intervention to stop it. If there is no intervention, an explanation as to why no intervention is used (i.e. behavior escalates) should be included in the comment also. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

64. Does your child destroy or damage things on purpose? *REVERSE SCORING* Yes No

Things to consider: We are generally looking for repeated behaviors. We are not assessing a one time or rare occurrence which most children might have. We are looking at behaviors that go beyond normal 'bad days', 'terrible two's', sibling rivalry or accidents. There has to be actual damage done intentionally (not an accident), please describe this in the comment section. Is the behavior occurring repeatedly? Describe in comments what is done, when, how often it happens, how long it takes to stop, and what is done to prevent it from happening or to stop it when it does happen.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

65. Does your child hurt themselves on purpose? *REVERSE SCORING* Yes No

Things to consider: Please describe in detail what the child is doing to hurt self, how often and what is done to prevent/stop/decrease it. There has to have been injury (draws blood, bruises, red marks, taken to ER/doctor for medical attention, etc.) **Relates to intentional behavior, and not something that happened inadvertently.**

The intervention for these behaviors will help determine whether it fits the intent of the question and the intervention should be described in comments.

If the child did experience injuries, but no longer has injuries because the intervention prevents it (example no longer bruises face because CG puts a pillow between child's head and floor to prevent it) would score "Yes" with comments to explain.

STOP! Here If Child Is Less Than Thirty-six Months (3 years) Old

FOR AGES THIRTY-SIX MONTHS AND OLDER

66. Does your child stand (balance) on one foot for about 1 second without holding onto anything? Yes No

Things to consider: If the parent is unsure, the assessor can demonstrate and ask the child to do it to assess. The child should not hold on to someone or any one else when being assessed. If the child can do it independently for 1 second but not for 2+ seconds would still score "Yes" but with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

67. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) S/he may hold onto the railing or wall. Yes No

Things to consider: If the child is unable to use only one foot on each step while going up stairs, please describe how s/he does moves up stairs in the comment section. If child is able to move up stairs alternating feet AND not holding onto anything, reflect back on #66 to see if answers are consistent.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

68. Does your child turn the pages of a book one at a time? Yes No

Things to consider: If this question is answered “Yes” then #31 should also be “Yes” since this is a more advanced version of that previous skill. If the child turns pages of any type of book (cloth, board, paper, magazine) this should be answered “Yes” with comment to explain what is done.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

69. Does your child use simple words to describe things? (*dirty, pretty, big, loud, etc.*) Yes No

Things to consider: On questions pertaining to language and communication (e.g.36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in the scoring, and described in comment.

**Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

70. Does your child state their own first name or nickname? Yes No

Things to consider: Again, if the child uses Sign Language or other methods of communication this should be considered in the scoring, and mentioned in the comment.

This is an “OR” question, the child does not need to state both his first name and nickname in order to consider this a “yes”. If he can do one or the other, this would be scored “Yes”.

Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

71. **Does your child follow instructions with two actions or an action and two objects?** (For example, “Bring me the crayons and the paper”; “Sit down and eat your lunch”; etc.) Yes No

Things to consider: It is important that the assessor is determining that the child is following two step instructions and not just always doing these activities together, and therefore associating the activities by rote rather than following the instructions. Parents may give examples that indicate the child is really not following two step instructions, but could appear to in some cases such as “put on your shoes and socks”.

If the child can follow two step commands using a visual board (i.e. PEC schedule illustrating 2 step instructions), this would be answered “Yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

72. **Does your child pretend objects are something else?** (For example, does your child hold a cup to their ear, pretending it is a telephone? Does s/he put a box on their head, pretending it is a hat? Does s/he use a block or small toy to stir food?) Yes No

Things to consider: this is asking if the child can pretend an object is something else and does not ask if the child can play pretend games. Please clarify with parent to assure they understand this question. For example, if the child pretends a banana is a phone but does not pretend s/he is a teacher, this would be answered “Yes” with comment to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

73. **Does your child know if s/he is a boy or a girl?** Yes No

Things to consider: if the parent is unsure or the parent says the child is non-verbal and does not know how to ask, the assessor can ask the child. For example, child could point to the their answer when given options, or shake her head to indicate which gender they are when asked if a boy or girl.

If the parent, answers by saying “Yes” because the child prefers “pink”, ask more questions to assure the child actually understands gender and not just enjoys the color, or toys, etc.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)

Customer Name _____ Person ID _____

74. **Does your child pull up clothing with elastic waistbands?** (For example, underwear or sweatpants) Yes No
Things to consider: If the child has hands on help to initiate/complete the task, this should be answered “No” with comments explaining. If the child performs the task with verbal prompts, this would be answered “yes” with comments to explain.

75. **Does your child suck from a straw?** Yes No
Things to consider: If the parent holds the cup so the child sucks from the straw, this would be scored “yes”. The size of the straw does not matter (thick vs regular/thin). If the child performs the task with any type of straw, the answer would be scored “Yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

76. **Does your child cry, scream or have tantrums that last for 30 minutes or longer?** *REVERSE SCORING* Yes No

Things to consider: Please describe the tantrum (throws self on floor, screams, cries, etc.). Please include the duration of each episode (has to be 30 minutes or more to score). How often is this happening? What is being done to decrease, prevent and/or stop this behavior? If no intervention is done, please explain the reason (i.e. when parent intervenes the behavior escalates, etc.), and how the child stops eventually.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

77. **Does your child act physically aggressive?** (For example, hits, kicks, bites, etc.) **Yes No**
REVERSE SCORING

Things to consider: We are generally looking for repeated behaviors. We are not assessing a one time or rare occurrence which most children might have. We are looking at behaviors that go beyond normal 'bad days', 'terrible two's', sibling rivalry or accidents. **Is the aggression intentional (non-accidental), is it occurring repeatedly? How often? What does it look like and who is it directed toward (who do they hurt)? What is being done to decrease/prevent/stop the behavior? Are they causing injury? If so, what happens and how is it dealt with?**

78. **Does your child have eating difficulties?** (For example, eats too fast or too slowly, hoards food, overeats, refuses to eat, etc.) **Yes No**
REVERSE SCORING

Things to consider: A "yes" would indicate an atypical performance and a problem behavior. Many kids may eat a little too fast or slowly at times, or refuse certain foods and be 'picky eaters'.

Does this behavior put them at risk or disrupt the family? How? Is it being treated by a physician and/or a nutritionist? How? (any speech therapy for this specifically?)

Additional questions will often need to be asked to get the full picture to determine how to most accurately answer this question and provide the necessary clarification in comments.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

79. Does your child sometimes stare at nothing or wander with no purpose? Yes No

REVERSE SCORING

Things to consider: Please describe the behavior in detail. How often does it occur, how long does it last and what is done to decrease/prevent/stop behavior?

If no intervention is needed, please explain the reason for this.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

STOP! Here if Child Is Less Than Forty-eight Months (4years) Old

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

FOR AGES FORTY-EIGHT MONTHS AND OLDER

80. Does your child hop up and down on one foot? Yes No

Things to consider: If the child only hops up and down a few times and then falls, score “yes” with comment to explain. If the child only performs task while holding on to someone or something else would score “No” with comments explaining.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

81. Does your child pedal a tricycle or other three-wheeled toy at least 6 feet? Yes No

Things to consider: Please remember this is asking if the child pedals and it is asking for a specific distance of at least 6 feet. If the child moves on tricycle by using their feet on the floor, but is not yet pedaling, answer “No” with comments to explain that.

If child is starting to pedal, but can only go 1-5 feet, answer “No” with comments to explain. If child starts to go 6 feet or more, but not consistently, would score “Yes” with comments to explain. If child is now riding a bicycle with or without training wheels, the child has reached a more advanced milestone and this should be answered “Yes” with comments explaining what is done. _____

82. Does your child walk down stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) S/he may hold onto the railing or wall. Yes No

Things to consider: If the child is unable to use one foot on each step while going down stairs, please described how s/he does moves up stairs in the comment section. Look back to #67 to see if answers are consistent, or explained if different.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

83. **Does your child wiggle their thumb, for example when using a TV remote or video game controller?** Yes No

Things to consider: This question is asking for the customer’s functional use of the thumb. If they are doing other tasks that involve the thumb, or they move their thumb in a purposeful manner (press something, move something), then it is more consistent with a Yes. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

84. **Does your child unbutton one or more buttons, or unfasten one or more Velcro straps?** Your child may use their own clothing or a doll’s clothing. Yes No

Things to consider: This is an “Or” question. The child does not need to do both, undo buttons and unfasten Velcro strap. If they do one, but not the other, score “Yes” with comments to explain. If the child can only do 1 button, but not the rest, or unfasten one Velcro strap, but not the rest, score “Yes” explaining the additional information in the comment section.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

85. **Does your child use *in, on or under* in phrases or sentences?** (For example, “Ball go under chair”; “Put it on the table”; etc.) Yes No

Things to consider: On questions pertaining to language and communication (e.g. #s 36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in scoring, and added to the comment.

****Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.**

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

86. **Does your child say their first and last name?** Yes No

Things to consider: On questions pertaining to language and communication (e.g. 36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in scoring, and added to the comment.

Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

Please remember this is asking if child can say both, first and last name. It is not asking if they pronounce it accurately or if they do it on their own. The child can be asked what their name is, and then respond accurately, and that would be scored “Yes” with comments to explain.

If the child does not answer the question, but has been heard to say their first and last name in the right context on their own, would be “Yes” with comments to explain. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

87. **Does your child follow instructions in “if-then” form?** (For example, “If you want to play outside, then put your things away”; etc.) Yes No

Things to consider: If the child only follow’s the instruction when it is a preferred activity, but other times does not follow because they are unmotivated by the “then” part, this would still be answered “Yes” with comments to explain. The child does not need to do it all the time in order to consider this milestone to be a “Yes”.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

88. **Does your child share toys or possessions when asked?** Yes No

Things to consider: If the child shares, but is mad (cries, sad) while they do it, would score “Yes” and include that in the comment. If the child only shares with certain playmates/siblings when asked, would score “yes” and include this information in the comment.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

89. **Does your child tell you the names of two or more playmates, including brothers and sisters?** (Ask this question **without** providing help by suggesting names of playmates or friends.) Yes No

Things to consider: On questions pertaining to language and communication (e.g. 36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in the scoring and added to comment. This is not asking if the child can say their name accurately; if he says their nickname or an approximation of it and is understood, score “yes” with comment to explain. Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response. *During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

90. **Does your child brush their teeth?** Yes No

Things to consider: If the child only performs the task with hand over hand assistance, score “No” with comment to explain. If the child starts the task (only brushes front) or child does the task, but then parent re-does it because they do not do a good job, would score “Yes” with comment to explain.

91. **Does your child urinate in a toilet or potty chair?** Yes No

Things to consider: The child does not need to urinate in the potty only. They may still have some accidents and this would be considered a “Yes”. If the child urinates in the potty with prompts, would score “Yes”. If the child urinates in potty but does not “aim” well would still score “yes”. Parents may sit child on the toilet, and if child urinates, score a Yes.

92. **Does your child defecate in a toilet or potty chair?** Yes No

Things to consider: The child does not need to defecate in the potty only. They may still have some accidents and this would be considered a “Yes”. If the child defecates in the potty with prompts, would score “Yes”. Parents may sit child on the toilet, and if child defecates, score a Yes.

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Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

93. **Does your child put on clothing that opens in the front (for example a coat or sweater)? (Does not have to button or zip the clothing.)** Yes No

Things to consider: If the child needs hands on help to initiate/complete the task this should be answered “No” with comments explaining. If the child can perform the task with verbal prompts, this would be answered “yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

STOP! Here If Child Is Less Than Sixty Months (5 years) Old

FOR AGES SIXTY MONTHS AND OLDER

94. **Does your child open doors by turning door knobs?** (Includes doors that open/close with levers rather than traditional round knobs.) Yes No

Things to remember: If the child is unable to reach the knobs, does child do it once picked up? If the child turns some types of door knobs/levers but not all, would score “Yes” with comments to explain. If the child is being taught and only does it with hand over hand assistance, this would be “No” with comments to explain. But if the child can do it “sometimes” would score “Yes” explaining the frequency and/or deviations in the comment.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

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95. **Does your child identify and name most common colors** (that is, red, blue, green, yellow)? Yes No

Things to consider: On questions pertaining to language and communication (e.g. 36, 50, 58, 59, 69, 70, 85, 86, 89, 95), if the child uses Sign Language or other methods of communication this should be considered in the scoring. **If the child points to and signs the most common colors, question #95 would be answered “Yes” and included in the comment to explain what is done.** ***Stereotypical, repetitive, echolalic sounds that are not for communication or do not indicate social intent may require a negative response to questions regarding language and communication. Comments should also clearly describe this type of behavior and explain the scoring response.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

96. **Does your child follow three-part instructions?** (For example, “Brush your teeth, get dressed and make your bed”; etc.) Yes No

Things to consider: If the instructions have to be broken down and given one at a time in order for the child to be able to follow it, score “No” with comments to explain. If the child follows some three part instructions and understands them (not just doing by rote memory) but not others, would score “Yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

97. **Does your child take turns when asked while playing games or sports?** Yes No

Things to consider: The question specifies “when asked”, so the child does not need to initiate the turn taking, they can be cued/prompted to do so and this would be scored “yes”. If child only takes turns in some games but not others, score “Yes” with comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

98. **Does your child play informal group games?** (For example, hide-and-seek, tag, jump rope, catch, etc.) Yes No

Things to consider: If the child plays/participates in these types of games, but will not initiate or caregivers/friends have to tell him what to do, score “Yes” and include comments to explain.

*During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records, to ensure accurate scoring.

99. **Does your child put shoes on correct feet?** (Does not need to tie laces.) Yes No

Things to consider: If the child physically performs the task, but is unable to identify which is the correct one and therefore has to be told/cued, this should be scored “No” with comments to explain.

100 **Does your child wash their hands using soap and water?** (May be reminded.) Yes No

Things to remember: This is not asking if the child does it well. If the child starts and/or finishes the task, but the parent re-washes to assure hands are truly clean, would score “yes” with comments to explain. If the child is unable to open the water faucet and caregiver has to do that part for them, this would still be scored “Yes” including this information in the comment section. Also, if the child cannot reach and needs a step or has to be picked up, but then washes their hands, this would be a “Yes”. If the child’s hands are only washed with hand over hand assistance, score “No” with comments explaining this.

101 **Does your child use the toilet by themselves?** (S/he goes to the bathroom, sits on the toilet, wipes and flushes. May be reminded.) Yes No

Things to consider: Make sure to include what parts of the task the child is unable to perform independently if this is scored “No”, and explain how they are being helped and by whom.

IMPORTANT!!!

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

Please review all medical records as soon as they become available. If any discrepancies are noted between the caregiver/rep report and these records, the customer/rep should be contacted to clarify each discrepancy in detail so the assessor can determine how best to score.

If the customer has had recent previous PAS's, these should be reviewed prior to the PAS interview and any changes since the last PAS (if reasonably recent) should be addressed and clarified with the customer/rep in order for the assessor to determine how best to score.

The clarification(s) can be added to the summary or each individual comment area. If the customer/rep is contacted after the PAS interview for clarification, a dated addendum will need to be added to the summary.

Please be objective and professional.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

III. MEDICAL ASSESSMENT

"Acute" An active condition having a sudden onset, lasting a short time and requiring intervention. The condition may still be considered acute if the customer is in a convalescent stage of an acute illness.

"Chronic" A condition which is either always present or occurs periodically, or is marked by a long duration. If a customer is being treated for a condition over a long period, the condition would probably be considered chronic. For example, a seizure disorder that is controlled with medication would be considered chronic rather than historical.

"History" A condition which occurred in the past, may or may not have required treatment, but is not currently active. If possible, the approximate date of the condition should be noted for historical diagnoses. If the date is not available, then it must be documented in the comments approximately how long ago the condition occurred.

This section is used to record **only** the diagnoses and specific medical conditions that have a relationship to the customer's **current** developmental/ILS status, cognitive, mood and behavior status, medical treatments, skilled nursing care or risk of death.

The assessor should review each category of medical conditions listed to ensure that no **significant** diagnoses are omitted. Comment fields are provided to clarify any diagnosis indicated.

Comments should always be included for any condition marked which would be considered a general category. For example, items such as (16.d.) Behavior Disorders, or (6.I.) Congenital Anomalies should have a clarifying comment as to the specific condition.

As previously mentioned, conditions that are marked as historical must be explained with a date or with an approximate time frame, such as "about 4 years ago".

DO NOT list surgical procedures (V codes) as diagnoses. These may be recorded in the summary.

The customer's DD qualifying diagnosis MUST always be indicated as a major diagnosis.

NOTE: It's helpful to include WHO made each diagnosis and WHEN.

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

A. MEDICAL CONDITIONS

Neurological/Congenital/Developmental Conditions

Comments

1. Cerebral Palsy

- a. Diplegia _____
- b. Hemiplegia _____
- c. Quadriplegia _____
- d. Paraplegia _____
- e. Unspecified Cerebral Palsy _____

2. Epilepsy/Seizure Disorder

- a. **Generalized non-convulsive** (absence, petit mal, minor, akinetic, atonic) _____
- b. **Generalized convulsive** (clonic, myoclonic, tonic, tonic-clonic, grand mal, major) _____
- c. **Unspecified** (complex partial, psychomotor, temporal lobe, simple partial, Jacksonian, epilepsy partialis continual) _____

***INCLUDE FREQUENCY & TYPE, and the date of the last seizure, in the comment.**

3. Intellectual Disability

- a. Mild Intellectual Disability _____
- b. Moderate Intellectual Disability _____
- c. Severe Intellectual Disability _____
- d. Profound Intellectual Disability _____
- e. Unspecified Intellectual Disability _____
- f. Borderline Intelligence _____

Autism, PDD, Autistic-Like Behaviors

Comments

4. Autism

- a. Autism _____
- b. Pervasive Developmental Disorder _____
- c. Autistic-Like Behaviors _____

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

5. Attention Deficit Disorder (ADD)

- a. ADD with Hyperactivity _____
- b. ADD without Hyperactivity _____

6. Other Neurological / Congenital / Developmental Conditions

- a. Prematurity _____
- b. Fetal Alcohol Syndrome _____
- c. Developmental Delays _____
- d. Hydrocephaly _____
- e. Macrocephaly _____
- f. Microcephaly _____
- g. Meningitis _____
- h. Encephalopathy _____
- i. Spina Bifida _____
- j. Genetic Anomalies _____
- k. Down's Syndrome _____
- l. Congenital Anomalies _____
- m. Near Drowning _____
- n. Head Trauma _____
- o. Dementia (Organic Brain Syndrome) _____

Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)

Customer Name _____ Person ID _____

III. MEDICAL ASSESSMENT

A. MEDICAL CONDITIONS (continued)

Other Medical Conditions

Comments

7. Hematologic

- a. Anemia
- b. HIV Positive
- c. AIDS
- d. Leukemia
- e. Hepatitis

8. Cardiovascular

- a. CHF
- b. Hypertension
- c. Congenital Anomalies of Heart
- d. Cardiac Murmurs
- e. Rheumatic Heart Disease

9. Musculoskeletal

- a. Arthritis
- b. Fracture
- c. Contracture
- d. Anomalies of Spine (Kyphoscoliosis, Scoliosis, Lordosis)
- e. Paralysis

10. Respiratory

- a. Asthma
- b. Bronchitis
- c. Pneumonia
- d. Respiratory Distress Syndrome

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

III. MEDICAL ASSESSMENT

A. MEDICAL CONDITIONS (continued)

COMMENTS

10. Respiratory (continued)

- e. Bronchopulmonary Dysplasia
- f. Cystic Fibrosis
- g. Reactive Airway Disease
- h. Tracheomalacia
- i. Congenital Pulmonary Problems

11. Genitourinary

- a. Urinary Tract Infection

12. Gastrointestinal

- a. Constipation
- b. Ulcers
- c. Hernia
- d. Esophagitis
- e. Gastroesophageal Reflux

13. EENT

- a. Blindness
- b. Cataract
- c. Hearing Deficit
- d. Ear Infection
- e. Disorders of Eye Movements
(Exotropia, Strabismus,
Nystagmus)
- f. Glaucoma

14. Metabolic

- a. Hypothyroidism
- b. Hyperthyroidism
- c. Diabetes Mellitus
- d. Pituitary Problem

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

III. MEDICAL ASSESSMENT

A. MEDICAL CONDITIONS (continued)

Other Medical Conditions (Cont'd)

Comments

15. Skin Conditions

- a. Decubitus
- b. Acne

16. Psychiatric

- a. Major Depression
- b. Bipolar Disorder
- c. Schizophrenia
- d. Behavioral Disorders
- e. Conduct Disorder
- f. Alcohol Abuse
- g. Drug Abuse

Diagnosis

ICD-9	a.					
ICD-9	b.					
ICD-9	c.					
ICD-9	d.					
ICD-9	e.					

Category

Condition

Diagnosis

MAJOR DIAGNOSES

_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

III. MEDICAL ASSESSMENT

B. MEDICATIONS/TREATMENTS

(Include PRN medications/treatments received in last thirty (30) days and any other current medications/treatments).

Include dosage, frequency, duration, route (by mouth, injection, etc.), form for each medication and average use of major PRN medications.

MEDICATIONS / TREATMENTS / COMMENTS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Comments: _____

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

SERVICES AND TREATMENTS

If a Need is indicated, the assessor must explain in comments. The determination of need should be based on documentation, such as physician order, the recommendation of a therapist, or a clearly defined medical condition for which the service is routine treatment.

Indicate the frequency of services by selecting (C) for Continuously, (D) for Daily to several times daily, (W) for Weekly to 3 times a week (if more often than 3 times a week consider daily), and (M) for Monthly or greater. An ongoing service or treatment which lasts several hours or more may be considered continuous (e.g., tube feeding or oxygen at night only).

(Circle appropriate answers) Provide explanation when (N) is circled

Frequency of Service

1. Injections/IV	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Intravenous Infusion Therapy	R	N	C	D	W	M
b. Intramuscular/Subcutaneous Injections	R	N	C	D	W	M

Comments: _____

2. Medications/Monitoring	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Drug Regulation	R	N	C	D	W	M
b. Drug Administration	R	N	C	D	W	M

Comments: _____

3. Dressings	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Decubitus Care	R	N	C	D	W	M
b. Wound Care	R	N	C	D	W	M
c. Non-Bladder/Bowel Ostomy Care	R	N	C	D	W	M

Comments: _____

4. Feedings	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Parenteral Feedings/TPN	R	N	C	D	W	M
b. Tube Feedings	R	N	C	D	W	M

Comments: _____

5. Bladder/Bowel	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Catheter Care	R	N	C	D	W	M
b. Ostomy Care	R	N	C	D	W	M
c. Bowel Dilatation	R	N	C	D	W	M

Comments: _____

Frequency of Service

**Pre-Admission Screening
Developmentally Disabled/Physically Disabled
0 – 5 (Under Age 6)**

Customer Name _____ Person ID _____

6. Respiratory	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Suctioning	R	N	C	D	W	M
b. Oxygen	R	N	C	D	W	M
c. SVN	R	N	C	D	W	M
d. Ventilator	R	N	C	D	W	M
e. Trach Care	R	N	C	D	W	M
f. Postural Drainage	R	N	C	D	W	M
g. Apnea Monitor	R	N	C	D	W	M

Comments: _____

7. Therapies	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Physical Therapy	R	N	C	D	W	M
b. Occupational Therapy	R	N	C	D	W	M
c. Speech Therapy	R	N	C	D	W	M
d. Respiratory Therapy	R	N	C	D	W	M
e. Alcohol/Drug Treatment	R	N	C	D	W	M
f. Vocational Rehabilitation	R	N	C	D	W	M
g. Individual/Group Therapy	R	N	C	D	W	M
h. Behavioral Modification Program	R	N	C	D	W	M

Comments: _____

8. Rehabilitative Nursing	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Teaching/Training Program	R	N	C	D	W	M
b. Bowel/Bladder Retraining	R	N	C	D	W	M
c. Turning & Positioning	R	N	C	D	W	M
d. Range of Motion	R	N	C	D	W	M
e. Other Rehab Nursing (specify)	R	N	C	D	W	M

Comments: _____

9. Other	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Peritoneal Dialysis	R	N	C	D	W	M
b. Hemodialysis	R	N	C	D	W	M
c. Chemotherapy/Radiation	R	N	C	D	W	M
d. Restraints	R	N	C	D	W	M
e. Fluid Intake/Output	R	N	C	D	W	M
f. Other (specify)	R	N	C	D	W	M

Comments: _____

**III. MEDICAL ASSESSMENT
D. MEDICAL STABILITY**

