







Customer Name \_\_\_\_\_ Person ID \_\_\_\_\_

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

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
30.	Does your child climb on furniture?	Yes	No
31.	Does your child turn the pages of a board, cloth or paper book by himself/herself? (S/he may turn more than one page at a time.)	Yes	No
32.	Without showing them how, does your child scribble back and forth when you give them a crayon (or pencil or pen)?	Yes	No
33.	Does your child stack a small toy, block, cup, dish or other object on top of another one?	Yes	No
34.	Does your child respond to their name when you call?	Yes	No
35.	When playing with sounds, does your child make grunting, growling or deep-toned sounds?	Yes	No
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)?	Yes	No
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 <i>one</i> body part? (They can point to themselves, you or a doll.)	Yes	No
38.	If you point at a toy across the room, does your child look at it?	Yes	No
39.	Does your child ever use their index finger to point, to indicate interest in something?	Yes	No
40.	Does your child ever bring objects over to you?	Yes	No
41.	Does your child imitate you? For example, you make a face – will your child imitate it?	Yes	No
42.	Does your child take an interest in other children?	Yes	No
43.	Does your child eat solid foods? (For example, cooked vegetables, chopped meats etc.)	Yes	No
44.	Does your child like being hugged or cuddled?	Yes	No

Comments: \_\_\_\_\_  
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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
46.	Does your child jump, with both feet leaving the floor at the same time? (That is, can s/he jump up?)	Yes	No
47.	Does your child flip light switches off and on?	Yes	No
48.	Does your child put a small object in a cup and dump it out? (You may show them how.)	Yes	No
49.	Does your child stack at least four small toys, blocks, cups, dishes or other objects on top of each other?	Yes	No
50.	Does your child name at least three objects? (For example, bottle, dog, favorite toy etc.)	Yes	No
51.	Does your child follow instructions with one action and one object? (For example, "Bring me the book"; "Close the door" etc.)	Yes	No
52.	Does your child demonstrate understanding of the meaning of <i>no</i> , or word or gesture with the same meaning? (For example, stops current activity briefly.)	Yes	No
53.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave or comb hair?	Yes	No
54.	Does your child play near another child, each doing different things?	Yes	No
55.	Does your child hold and drink from a cup or glass? (Includes "sippy" cups.)	Yes	No
56.	Does your child look at you when you talk to them?	Yes	No

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Customer Name \_\_\_\_\_ Person ID \_\_\_\_\_

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

FOR AGES THIRTY MONTHS AND OLDER

57.	While standing, does your child throw a ball or toy?	Yes	No
58.	Does your child ask questions beginning with <i>what</i> or <i>where</i> ? (For example, "What's that?"; "Where doggie go?" etc.)	Yes	No
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
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.)	Yes	No
61.	Does your child use a spoon to feed themselves?	Yes	No
62.	Does your child sleep at least 8 hours in a 24-hour period?	Yes	No
63.	Does your child do things over and over and can't seem to stop? (Examples are rocking, hand flapping or spinning.) <b>REVERSE SCORING</b>	Yes	No
64.	Does your child destroy or damage things on purpose? <b>REVERSE SCORING</b>	Yes	No
65.	Does your child hurt themselves on purpose? <b>REVERSE SCORING</b>	Yes	No

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Customer Name \_\_\_\_\_ Person ID \_\_\_\_\_

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

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
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
68.	Does your child turn the pages of a book one at a time?	Yes	No
69.	Does your child use simple words to describe things? (For example, <i>dirty, pretty, big, loud</i> etc.)	Yes	No
70.	Does your child state their own first name or nickname?	Yes	No
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
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
73.	Does your child know if s/he is a boy or a girl?	Yes	No
74.	Does your child pull up clothing with elastic waistbands? (For example, underwear or sweatpants)	Yes	No
75.	Does your child suck from a straw?	Yes	No
76.	Does your child cry, scream or have tantrums that last for 30 minutes or longer? <b>REVERSE SCORING</b>	Yes	No
77.	Does your child act physically aggressive? (For example, hits, kicks, bites etc.) <b>REVERSE SCORING</b>	Yes	No
78.	Does your child have eating difficulties? (For example, eats too fast or too slowly, hoards food, overeats, refuses to eat etc.) <b>REVERSE SCORING</b>	Yes	No
79.	Does your child sometimes stare at nothing or wander with no purpose? <b>REVERSE SCORING</b>	Yes	No

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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
81.	Does your child pedal a tricycle or other three-wheeled toy at least 6 feet?	Yes	No
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
83.	Does your child wiggle their thumb, for example when using a tv-remote controller or video game controller?	Yes	No
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
85.	Does your child use <i>in</i> , <i>on</i> or <i>under</i> in phrases or sentences? (For example, "Ball go under chair"; "Put it on the table" etc.)	Yes	No
86.	Does your child say their first and last name?	Yes	No
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
88.	Does your child share toys or possessions when asked?	Yes	No
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
90.	Does your child brush their teeth?	Yes	No
91.	Does your child urinate in a toilet or potty chair?	Yes	No
92.	Does your child defecate in a toilet or potty chair?	Yes	No
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

Comments: \_\_\_\_\_  
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Customer Name \_\_\_\_\_ Person ID \_\_\_\_\_

II. FUNCTIONAL ASSESSMENT

A. DEVELOPMENTAL DOMAIN (continued)

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
95.	Does your child identify and name most common colors (that is, red, blue, green, yellow)?	Yes	No
96.	Does your child follow three-part instructions? (For example, "Brush your teeth, get dressed and make your bed" etc.)	Yes	No
97.	Does your child take turns when asked while playing games or sports?	Yes	No
98.	Does your child play informal group games? (For example, hide-and-seek, tag, jump rope, catch etc.)	Yes	No
99.	Does your child put shoes on correct feet? (Does not need to tie laces.)	Yes	No
100.	Does your child wash their hands using soap and water? (May be reminded.)	Yes	No
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

Comments: \_\_\_\_\_  
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Customer Name \_\_\_\_\_ Person ID \_\_\_\_\_

**ASSESSOR  
RECOMMENDATION  
(BASED ON ICF/MR LEVEL-  
OF-CARE – see definition)**

<input type="checkbox"/>	<b>Eligible</b>
<input type="checkbox"/>	<b>Ineligible</b>
<input type="checkbox"/>	<b>Borderline (Explain in comments)</b>

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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**ICF/MR Definition**

Institution for persons with mental retardation means an institution (or distinct part of an institution) that –

1. Is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related conditions; and
2. Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.