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# Functional Assessment of Children with Severe Disabilities

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Name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Tester: \_\_\_\_\_

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### Medical/Health Background

What is the child's primary disability?  
\_\_\_\_\_

What is the child's secondary disabilities?  
\_\_\_\_\_

Are there any movements or positions child should or cannot do? Describe.  
\_\_\_\_\_  
\_\_\_\_\_

Is the child on medication?  
If yes, describe type and purpose  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any allergies? Describe.  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have a feeding tube?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have a shunt?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have scoliosis?  
If yes, does the child have rods in his back?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any dislocations?  
If yes, where?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child receive PT and/or OT?  
If yes, how often and who is the PT/OT?  
\_\_\_\_\_  
\_\_\_\_\_

# Functional Position and Movement Analysis

## Lying on Back

	<u>cannot move</u>	<u>nonfunctional movements</u>	<u>some functional movements (best L/R/M)</u>	<u>functional movement (best L/R/M)</u>
head	_____	_____	_____	_____
left arm	_____	_____	_____	_____
right arm	_____	_____	_____	_____
left leg	_____	_____	_____	_____
right leg	_____	_____	_____	_____
grasp - left	_____	_____	_____	_____
release - left	_____	_____	_____	_____
grasp - right	_____	_____	_____	_____
release - right	_____	_____	_____	_____

## Lying on Stomach

	<u>cannot move</u>	<u>nonfunctional movements</u>	<u>some functional movements (best L/R/M)</u>	<u>functional movement (best L/R/M)</u>
head	_____	_____	_____	_____
left arm	_____	_____	_____	_____
right arm	_____	_____	_____	_____
left leg	_____	_____	_____	_____
right leg	_____	_____	_____	_____
grasp - left	_____	_____	_____	_____
release - left	_____	_____	_____	_____
grasp - right	_____	_____	_____	_____
release - right	_____	_____	_____	_____

**Lying on Stomach over Wedge**

cannot move

nonfunctional movements

some functional movements (best L/R/M)

functional movement (best L/R/M)

- head
- left arm
- right arm
- left leg
- right leg
- grasp - left
- release - left
- grasp - right
- release - right

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**Sitting in Wheelchair**

cannot move

nonfunctional movements

some functional movements (best L/R/M)

functional movement (best L/R/M)

- head
- left arm
- right arm
- left leg
- right leg
- grasp - left
- release - left
- grasp - right
- release - right

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**Standing in Stander**

	<u>cannot move</u>	<u>nonfunctional movements</u>	<u>some functional movements (best L/R/M)</u>	<u>functional movement (best L/R/M)</u>
head	_____	_____	_____	_____
left arm	_____	_____	_____	_____
right arm	_____	_____	_____	_____
left leg	_____	_____	_____	_____
right leg	_____	_____	_____	_____
grasp - left	_____	_____	_____	_____
release - left	_____	_____	_____	_____
grasp - right	_____	_____	_____	_____
release - right	_____	_____	_____	_____

**Standing in Gait Trainer**

	<u>cannot move</u>	<u>nonfunctional movements</u>	<u>some functional movements (best L/R/M)</u>	<u>functional movement (best L/R/M)</u>
head	_____	_____	_____	_____
left arm	_____	_____	_____	_____
right arm	_____	_____	_____	_____
left leg	_____	_____	_____	_____
right leg	_____	_____	_____	_____
grasp - left	_____	_____	_____	_____
release - left	_____	_____	_____	_____
grasp - right	_____	_____	_____	_____
release - right	_____	_____	_____	_____

**Sitting/Standing/Rolling**

**Sitting**

- sits independently for 30 seconds or more
- demonstrations righting response in sitting
- sits for 10 seconds independently
- sits for 5 seconds independently
- needs minimal support to sit
- needs significant support to sit

**Standing**

- stands on floor independently or with support from walker for 30 seconds or more
- demonstrates righting responses in standing
- stands on floor independently or with support from walker for 10 seconds or more
- stands on floor independently or with support from walker for 5 seconds or more
- stands on floor with support person
- cannot stand on floor even with support person

**Rolls Over**

- does complete log roll
- rolls from back to stomach independently
- rolls independently from side to side
- lifts head independently when placed on back
- attempts to lift head when placed on back

	Always	Usually	Sometimes	Never	Comments
sits independently for 30 seconds or more	_____	_____	_____	_____	_____
demonstrations righting response in sitting	_____	_____	_____	_____	_____
sits for 10 seconds independently	_____	_____	_____	_____	_____
sits for 5 seconds independently	_____	_____	_____	_____	_____
needs minimal support to sit	_____	_____	_____	_____	_____
needs significant support to sit	_____	_____	_____	_____	_____

	Always	Usually	Sometimes	Never	Comments
stands on floor independently or with support from walker for 30 seconds or more	_____	_____	_____	_____	_____
demonstrates righting responses in standing	_____	_____	_____	_____	_____
stands on floor independently or with support from walker for 10 seconds or more	_____	_____	_____	_____	_____
stands on floor independently or with support from walker for 5 seconds or more	_____	_____	_____	_____	_____
stands on floor with support person	_____	_____	_____	_____	_____
cannot stand on floor even with support person	_____	_____	_____	_____	_____

	Always	Usually	Sometimes	Never	Comments
does complete log roll	_____	_____	_____	_____	_____
rolls from back to stomach independently	_____	_____	_____	_____	_____
rolls independently from side to side	_____	_____	_____	_____	_____
lifts head independently when placed on back	_____	_____	_____	_____	_____
attempts to lift head when placed on back	_____	_____	_____	_____	_____

# Functional Mobility

## Independent Walking

walks independently, avoids obstacles, can  
 change directions, can stop and start  
 takes 10 or more independent, reciprocal steps  
 takes 3-7 independent, reciprocal steps

Always	Usually	Sometimes	Never	Comments
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

## Gait Trainer

walks independently, avoids obstacles, can  
 change directions, can stop and start  
 takes 10 or more independent, reciprocal steps  
 takes 5-10 independent, reciprocal steps  
 takes 1-2 independent, reciprocal steps  
 tries to move legs or moves legs with assistance

Always	Usually	Sometimes	Never	Comments
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

## Electric Wheelchair

moves chair independently, avoids obstacles,  
 changes directions, stops and starts  
 moves chair forward 20' or more independently  
 moves chair forward 5-10' or more independently  
 moves chair forward 1-5' or more independently  
 places hands on control of chair independently  
 places hand on controls of chair with assistance

Always	Usually	Sometimes	Never	Comments
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

## Manual Wheelchair

moves chair independently, avoids obstacles,  
 changes directions, stops and starts  
 moves chair forward 20' or more independently  
 moves chair forward 5-10' or more independently  
 moves chair forward 1-5' or more independently  
 places hands on rims of chair independently  
 places hand on rims of chair with assistance

Always	Usually	Sometimes	Never	Comments
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

# Functional Physical Fitness

	Adequate	Needs Improvement	Significantly Inadequate	Not Observed
<u>Functional upper body strength</u> (e.g., throw things, hold things, carry things)	_____	_____	_____	_____
<u>Functional lower body strength</u> (e.g., kicking a ball, jumping, walking)	_____	_____	_____	_____
<u>Functional flexibility</u> (e.g., bend to pick up objects, ROM to perform simple activities requiring stretching, bending)	_____	_____	_____	_____
<u>Functional endurance</u> (e.g., does not get tired doing simple, repetitive activities in PE, does not need to sit and rest)	_____	_____	_____	_____
<u>Body composition</u> (e.g., general appearance – too heavy or too trim)	_____	_____	_____	_____

Comments regarding functional fitness: \_\_\_\_\_

# Ball Skills

**Grasp/Release/Toss**      \_\_\_ in gait trainer or stander      \_\_\_ from wheelchair      \_\_\_ lying on back      \_\_\_ lying on stomach

	Always	Usually	Sometimes	Never	Comments
grasps then tosses object independently 2'	_____	_____	_____	_____	_____
grasps then tosses object independently 1-2'	_____	_____	_____	_____	_____
grasps then tosses object independently 5-10"	_____	_____	_____	_____	_____
grasps then tosses object independently 1-3"	_____	_____	_____	_____	_____
grasps, holds, and drops object away from body	_____	_____	_____	_____	_____
grasps, holds, and drops object independently	_____	_____	_____	_____	_____
grasps and holds object; inconsistent release	_____	_____	_____	_____	_____
grasps and holds object; cannot release	_____	_____	_____	_____	_____
grasp and holds object for 10-15 seconds	_____	_____	_____	_____	_____
grasps and holds object for less than 10 seconds	_____	_____	_____	_____	_____
grasps and holds object with assistance	_____	_____	_____	_____	_____

**Kicking**      \_\_\_ in gait trainer or stander      \_\_\_ from wheelchair      \_\_\_ lying on back      \_\_\_ lying on stomach

	Always	Usually	Sometimes	Never	Comments
kicks ball forward 5-10'	_____	_____	_____	_____	_____
kicks ball forward 3-5'	_____	_____	_____	_____	_____
kicks ball forward 1-2'	_____	_____	_____	_____	_____
puts foot next to ball and pushes ball forward	_____	_____	_____	_____	_____
puts foot next to ball and touches ball	_____	_____	_____	_____	_____
needs assistance to put foot on ball	_____	_____	_____	_____	_____

# Sensory Processes and Sensitivity

## Visual Abilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Excellent: vision is primary mode for information  
Good but minimal deficits; vision is primary mode for information  
Fair but moderate deficit; vision is used but misses some information  
Poor with moderate deficit, residual vision is used but minimally  
Severe deficit; vision is not used at all

## Visual Sensitivity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enjoys visual stimulation  
Mildly sensitive to visual stimulation  
Severely sensitive to visual stimulation

## Hearing Abilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Excellent: hearing is used for information  
Good but minimal deficits; hearing is used mode for information  
Fair but moderate deficit; hearing is used but misses some information  
Poor with moderate deficit, residual hearing is used but minimally  
Severe deficit; hearing is not used at all

## Hearing Sensitivity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enjoys auditory stimulation  
Mildly sensitive to auditory stimulation  
Severely sensitive to auditory stimulation

## Kinesthetic Abilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Excellent: sense of touch; can tell if he/she is being touched  
Good but minimal deficits; hearing is used mode for information  
Fair but moderate deficit; hearing is used but misses some information  
Poor with moderate deficit, residual hearing is used but minimally  
Severe deficit; hearing is not used at all

## Kinesthetic Sensitivity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enjoys being touched  
Mildly sensitive to touch  
Severely sensitive to touch

# Communication

## Receptive Language

- understands all types of verbal commands
- understands simple verbal commands
- understands one word verbal commands
- written words
- picture symbols
- real pictures
- environmental cues (e.g., foot prints)
- gestures
- demonstrations
- physical assistance

Always	Usually	Sometimes	Never	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Expressive Language

- understands all types of verbal commands
- understands simple verbal commands
- understands one word verbal commands
- written words
- picture symbols
- real pictures
- environmental cues (e.g., foot prints)
- gestures
- demonstrations
- physical assistance

Always	Usually	Sometimes	Never	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Play Behaviors and Awareness of Others

## Play Behaviors (with others)

- Cooperative play with others
- Associative (interactive) play with others
- Parallel play with others
- Exploratory or sensory play
- Autistic or unoccupied play

## Play Behaviors (with objects)

- Shares objects with others; plays appropriately
- Parallel play with objects; plays appropriately
- Plays alone, appropriate exploratory/sensory play
- Plays alone, inappropriate use of objects

## Awareness of Others

- Is aware of peers and seeks out peers
- Is aware of peers; will play with peers if asked
- Is aware of peers; prefers to play alone
- Wants to be alone; resists playing with peers

## Other Behaviors

- Enjoys following directions; tries his/her best
- Will follow directions; usually gives good effort
- Needs extra cues/incentives to follow directions but will follow directions 50% of time
- Needs extra cues/incentives to follow directions but will follow directions 25% of time
- Does not follow directions even with incentives
- May run wander or run away when given directions
- May become aggressive when given directions

	Always	Usually	Sometimes	Never	Comments
Cooperative play with others	_____	_____	_____	_____	_____
Associative (interactive) play with others	_____	_____	_____	_____	_____
Parallel play with others	_____	_____	_____	_____	_____
Exploratory or sensory play	_____	_____	_____	_____	_____
Autistic or unoccupied play	_____	_____	_____	_____	_____

	Always	Usually	Sometimes	Never	Comments
Shares objects with others; plays appropriately	_____	_____	_____	_____	_____
Parallel play with objects; plays appropriately	_____	_____	_____	_____	_____
Plays alone, appropriate exploratory/sensory play	_____	_____	_____	_____	_____
Plays alone, inappropriate use of objects	_____	_____	_____	_____	_____

	Always	Usually	Sometimes	Never	Comments
Is aware of peers and seeks out peers	_____	_____	_____	_____	_____
Is aware of peers; will play with peers if asked	_____	_____	_____	_____	_____
Is aware of peers; prefers to play alone	_____	_____	_____	_____	_____
Wants to be alone; resists playing with peers	_____	_____	_____	_____	_____

	Always	Usually	Sometimes	Never	Comments
Enjoys following directions; tries his/her best	_____	_____	_____	_____	_____
Will follow directions; usually gives good effort	_____	_____	_____	_____	_____
Needs extra cues/incentives to follow directions but will follow directions 50% of time	_____	_____	_____	_____	_____
Needs extra cues/incentives to follow directions but will follow directions 25% of time	_____	_____	_____	_____	_____
Does not follow directions even with incentives	_____	_____	_____	_____	_____
May run wander or run away when given directions	_____	_____	_____	_____	_____
May become aggressive when given directions	_____	_____	_____	_____	_____

