

Functional Assessment of Children with Severe Disabilities

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Name: _____ School: _____ DOB: _____ Date: _____ Tester: _____

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

<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 in Wheelchair

<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 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

Sittings

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
rocks independently from side to side
lifts head independently when placed on back
attempts to lift head when placed on back

[illegible][illegible][illegible]

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

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

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

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[illegible][illegible][illegible]

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

	Always	Usually	Sometimes	Never	Comments
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					

Expressive Language

	Always	Usually	Sometimes	Never	Comments
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					

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

