

2011 Prescreen Documentation for DD and ICF/MR Level of Care

Diagnoses:

Identify: Age, Height, and Weight:

Describe (1) Current functional abilities, and (2) Type of assistance needed from a caregiver to complete activities in these 5 areas:

(1) Self-care

Bathing:

Describe the bathing activities that the child can complete independently:

Describe the bathing activities that require caregiver assistance:

What type of bathing assistance is required?

Verbal prompts required for:

Hand over hand assistance required for:

Caregiver completely does:

Grooming:

Describe the child's ability to independently:

Brush hair:

Brush teeth:

Others?

What type of grooming assistance is required?

Verbal prompts required for:

Hand over hand assistance required for:

Caregiver must complete:

Dressing:

Describe dressing activities that the child can complete independently:

What type of dressing assistance is required?

Verbal prompts required for:

Hand over hand assistance required for:

Caregiver must complete:

Toileting:

Are diapers used? Yes No Number of hours per day: _____

Describe the toileting activities that the child can independently complete:

What type of toileting assistance is required?

Verbal prompts required for:

Hand over hand assistance required for:

Caregiver must complete:

Eating:

Describe the eating activities that the child can independently complete:

What type of eating assistance is required?

Verbal prompts required for:

Hand over hand assistance required for:

Caregiver must complete:

(2) Understanding and Use of Language:

Based on testing: date of testing and summary of testing description of grade/age level of functioning:

Describe the school-based services currently provided for language development and any current goals for receptive and expressive language (including speech therapy):

(3) Learning:

Based on testing: date of testing and summary of test description of grade/age level of functioning:

Current Special Education Classification:

Type of current school placement:

Current Functional Academic Performance in math, reading, and writing

Hours in School:

(4) Mobility:

Describe the child's capacity for independent mobility:

Describe the child's use of a wheelchair, walker, or other device for mobility.

Can the child transfer independently? Yes No

If no, describe the type of assistance needed for transfers:

Other mobility assistance required:

(5) Self-direction:

Describe the child's current capacity to express preferences for activities and ability to take action to complete the activities.

Describe the assistance needed that is greater than that expected for a child of this age.