

**(Please complete in ink only)**

**REPORT AND CLIENT INFORMATION**

**Report and Client Identifier**

1. | | | | | | | | | | 2. | | | | | | | | | | 3. | | | | | | | | | | 4. | | 5. | | | |  
M M D D Y Y M M D D Y Y

**Client Locator**

6. | | | | | 7. | | | | | | | | | | 8. | | | | | 9. | | | | | 10. | | | | |  
M M D D Y Y

**DEVELOPMENTAL DIAGNOSTIC INFORMATION**

**Intellectual Disability**

11. | | | | | | | | | | 12a. | | | | | | | | | | 12b. | | | | | | | | | | 13. | | | | | | | | | |  
M M D D Y Y  
14. | | | | | 15. | | | | | 16. | | | | |

**Cerebral Palsy**

17. | | 18a. | | | | | | | | | | 18b. | | | | | | | | | | 19. | | 20. | | 21. | | 22. | |

**Autism Spectrum Disorder**

23a. | | 24a. | | | | | | | | | | 24b. | | | | | | | | | | 25. | | | | | | | | | | 26. | | | | |  
M M D D Y Y

**Epilepsy/Seizure Disorder**

27a. | | 28a. | | 29a. | | 27b. | | 28b. | | 29b. | | 27c. | | 28c. | | 29c. | |  
30a. | | | | | | | | | | 30b. | | | | | | | | | | 31. | | 32. | |

**Other Type of Developmental Disability**

33. | | 33a. | | | | | | | | | | 33b. | | | | | | | | | | 34a. | | | | | | | | | | 34b. | | | | | | | | | |

**Risk Factors**

35. | | 36. | | 37. | | 38. | | 39. | | 40. | | 41. | | 42. | | 43. | | 44. | |  
45. | | 46. | | 47. | | 48. | | 49. | |

**Psychiatric Disorders**

50a. | | | | | | | | | | 50b. | | | | | | | | | | 50c. | | 51a. | | | | | | | | | | 51b. | | | | | | | | | |  
M M D D Y Y M M D D Y Y  
51c. | | 52a. | | | | | | | | | | 52b. | | | | | | | | | | 52c. | | 53a. | | | | | | | | | |  
M M D D Y Y  
53b. | | | | | | | | | | 53c. | |  
M M D D Y Y

**Chronic Major Medical Conditions**

54a. | | | | | | | | | | 54b. | | 55a. | | | | | | | | | | 55b. | | 56a. | | | | | | | | | | 56b. | |  
57a. | | | | | | | | | | 57b. | | 58a. | | | | | | | | | | 58b. | | 59a. | | | | | | | | | | 59b. | |

**OTHER DIAGNOSTIC INFORMATION**

**Hearing Vision Behavior Modifying Drugs**

60. | | 61. | | 62. | | 63. | | 64. | | 65. | | 66. | | 67. | | 68. | | 69. | | 70. | |

**Types of Involuntary Movements**

71. | | 72. | | 73. | | 74. | | 75. | |

Prepared by ▶ \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT DEVELOPMENT EVALUATION REPORT ANSWER SHEET**

**OTHER DIAGNOSTIC INFORMATION (Continued)**

**Special Health Care Requirements**

76.  77.  78.  79.  80.  81.  82.  83.   
84.  85.

**Special Conditions or Behaviors**

86.  87.  88.  89.  90.  91.  92.  93.  94.

**Special Legal Conditions**

95.  96.  97.  98.  99.  100.

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**CDER EVALUATION ELEMENT**

**SKILLS DEMONSTRATED IN DAILY LIFE**

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> Using hands                    | 2. <input type="checkbox"/> Walking                           | 3. <input type="checkbox"/> Using a wheelchair    |
| 4. <input type="checkbox"/> Taking prescription medication | 5. <input type="checkbox"/> Eating                            | 6. <input type="checkbox"/> Toileting             |
| 7. <input type="checkbox"/> Bladder and bowel control      | 8. <input type="checkbox"/> Personal care                     | 9. <input type="checkbox"/> Dressing              |
| 10. <input type="checkbox"/> Safety awareness              | 11. <input type="checkbox"/> Focusing on tasks and activities | 12. <input type="checkbox"/> Verbal communication |
| 13. <input type="checkbox"/> Nonverbal communication       | 14. <input type="checkbox"/> Social interaction               |   |

**CHALLENGING BEHAVIORS**

- |   |   |  |
|---|---|--|
| 15. <input type="checkbox"/> Disruptive social behavior | 16. <input type="checkbox"/> Aggressive social behavior | 17. <input type="checkbox"/> Self-injurious behavior |
| 18. <input type="checkbox"/> Destruction of property    | 19. <input type="checkbox"/> Running or wandering away  | 20. <input type="checkbox"/> Emotional outbursts     |

**PERSONAL OUTCOMES ELEMENT**

**PHYSICAL AND SOCIAL ENVIRONMENT**

**School and Work**

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> Type of school attended     | 2. <input type="checkbox"/> School-others w/o disability           | 3. <input type="checkbox"/> School-others speak primary language           |
| 4. <input type="checkbox"/> Type of work or day program | 5. <input type="checkbox"/> Work/Day Program-others w/o disability | 6. <input type="checkbox"/> Work/Day Program-others speak primary language |
| 7. <input type="checkbox"/> Hours paid for work         | 8. <input type="checkbox"/> Paid per hour                          |  |

**Community and Social Life**

- |   |   |
|---|---|
| 9. <input type="checkbox"/> Community outings | 10. <input type="checkbox"/> How many friends |
|---|---|

**Out-of-Home Living**

- |  |   |   |
|--|---|---|
| 11. <input type="checkbox"/> Home-others with disabilities | 12. <input type="checkbox"/> Moved last 2 years | 13. <input type="checkbox"/> Home-others speak primary language |
|--|---|---|

**HEALTH AND SAFETY**

- |   |   |  |
|---|---|--|
| 14. <input type="checkbox"/> See physician last 12 months | 15. <input type="checkbox"/> See dentist last 12 months | 16. <input type="checkbox"/> Medical or dental condition |
|---|---|--|

**CONSUMER SURVEY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Global Survey Answers                 | 17. <input type="checkbox"/> Likes living situation           | 18. <input type="checkbox"/> Likes people who help at home    |
| 19. <input type="checkbox"/> Wants to stay in living situation | 20. <input type="checkbox"/> Likes school/day program         | 21. <input type="checkbox"/> Likes people who help at program |
| 22. <input type="checkbox"/> Wants to continue school/program  | 23. <input type="checkbox"/> Communicates to when sad/unhappy | 24. <input type="checkbox"/> Feels safe or afraid             |
| 25. <input type="checkbox"/> Feels happy or sad                | 26. <input type="checkbox"/> Communicates wants/desires       |   |