

(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.

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 | |