(Please complete in ink only)

REPORT AND CLIENT INFORMATION

Report and Client Identifier

1. |___|___|___|___|___|___| (M M D D Y Y) 2. |___|___|___|___|___|___|___| 3. |___|___|___|___|___|___| (M M D D Y Y) 4. |___| 5. |___|___|

Client Locator

6. |___|___|___| 7. |___|___|___|___|___|___| (M M D D Y Y) 8. |___|___|___| 9. |___|___|___| 10. |___|___|___|

DEVELOPMENTAL DIAGNOSTIC INFORMATION

Mental Retardation

11. |___|___|___|.|___| 12a. |___|___|___|.|___|___| 12b. |___|___|___|.|___|___| 13. |___|___|___|___|___|___| (M M D D Y Y)

14. |___|___|___| 15. |___|___| 16. |___|

Cerebral Palsy

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

Autism

23a. |___| 23b. |___| 24a. |___|___|___|.|___|___| 24b. |___|___|___|.|___|___| 25. |___|___|___|___|___|___| (M M D D Y Y) 26. |___|

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. |___|___|___|___|___|___| (M M D D Y Y) 50c. |___| 51a. |___|___|___|.|___|___| 51b. |___|___|___|___|___|___| (M M D D Y Y)

51c. |___| 52a. |___|___|___|.|___|___| 52b. |___|___|___|___|___|___| (M M D D Y Y) 52c. |___| 53a. |___|___|___|.|___|___|

53b. |___|___|___|___|___|___| (M M D D Y Y) 53c. |___|

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. |___| Using hands
2. |___| Walking
3. |___| Using a wheelchair
4. |___| Taking prescription medication
5. |___| Eating
6. |___| Toileting
7. |___| Bladder and bowel control
8. |___| Personal care
9. |___| Dressing
10. |___| Safety awareness
11. |___| Focusing on tasks and activities
12. |___| Verbal communication
13. |___| Nonverbal communication
14. |___| Social interaction

CHALLENGING BEHAVIORS

15. |___| Disruptive social behavior
16. |___| Aggressive social behavior
17. |___| Self-injurious behavior
18. |___| Destruction of property
19. |___| Running or wandering away
20. |___| Emotional outbursts

PERSONAL OUTCOMES ELEMENT

PHYSICAL AND SOCIAL ENVIRONMENT
School and Work

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

Community and Social Life

9. |___| Community outings
10. |___| How many friends

Out-of-Home Living

11. |___| Home-others with disabilities
12. |___| Moved last 2 years
13. |___| Home-others speak primary language

HEALTH AND SAFETY

14. |___| See physician last 12 months
15. |___| See dentist last 12 months
16. |___| Medical or dental condition

CONSUMER SURVEY

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