(Please complete in ink only)

REPORT AND CLIENT INFORMATION

Report and Client Identifier

1. |_____| 2. |_____| 3. |_____| 4. |___| 5. |___|

Client Locator

6. |_____| 7. |_____| 8. |_____| 9. |_____| 10. |_____|

DEVELOPMENTAL DIAGNOSTIC INFORMATION

Mental Retardation

11. |_____| • |___| 12a. |_____| • |_____| 12b. |_____| • |_____| 13. |_____|

14. |_____| 15. |___| 16. |__|

Cerebral Palsy

17. |__| 18a. |_____| • |_____| 18b. |_____| • |_____| 19. |__| 20. |__| 21. |__| 22. |__|

Autism

23. |__| 24a. |_____| • |_____| 24b. |_____| • |_____| 25. |_____| 26. |__|

Epilepsy/Seizure Disorder

27a. |__| 28a. |__| 29a. |__| 27b. |__| 28b. |__| 29b. |__| 27c. |__| 28c. |__| 29c. |__|

30a. |_____| • |_____| 30b. |_____| • |_____| 31. |__| 32. |__|

Other Type of Developmental Disability

33a. |_____| • |_____| 33b. |_____| • |_____| 34a. |_____| • |_____| 34b. |_____| • |_____|

Risk Factors

35. |__| 36. |__| 37. |__| 38. |__| 39. |__| 40. |__| 41. |__| 42. |__| 43. |__| 44. |__|

45. |__| 46. |__| 47. |__| 48. |__| 49. |__|

Mental Disorders

50a. |_____| • |_____| 50b. |_____| 50c. |__| 51a. |_____| • |_____| 51b. |_____| 51c. |__|

52a. |_____| • |_____| 52b. |_____| 52c. |__| 53a. |_____| • |_____| 53b. |_____| 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

Confidential
Client Information
See W&I Code, Section 4514

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. |___| 95. |___|

96. |___| 97. |___| 98. |___| 99. |___| 100. |___|

THE CDER EVALUATION INFORMATION

Motor Domain

1. |___| Rolling and sitting
2. |___| Hand use
3. |___| Arm use
4. |___| Crawling and standing

5. |___| Ambulation
6. |___| Climbing stairs
7. |___| Wheelchair mobility

Independent Living Domain

8. |___| Food preparation
9. |___| Bedmaking
10. |___| Washing dishes
11. |___| Household chores
12. |___| Basic medical self-help
13. |___| Self-medication
14. |___| Eating
15. |___| Toileting
16. |___| Level of bladder control
17. |___| Level of bowel control

18. |___| Personal hygiene
19. |___| Bathing
20. |___| Dressing
21. |___| Movement in familiar setting
22. |___| Movement in unfamiliar setting
23. |___| Transportation in community
24. |___| Money handling
25. |___| Making purchases
26. |___| Ordering food in public

Social Domain

27. |___| One-to-one interaction with peers
28. |___| One-to-one interaction with other than peers
29. |___| Friendship formation
30. |___| Friendship maintenance

31. |___| Participation in social activities
32. |___| Participation in group projects
33. |___| Unacceptable social behavior

Emotional Domain

34. |___| Aggression
35. |___| Frequency of self-injurious behavior
36. |___| Severity of self-injurious behavior
37. |___| Smearing
38. |___| Destruction of property
39. |___| Running/wandering away
40. |___| Depressive-like behavior
41. |___| Reaction to frustration

42. |___| Repetitive body movements
43. |___| Inappropriate undressing
44. |___| Hyperactivity
45. |___| Temper tantrums
46. |___| Resistiveness
47. |___| Adjustment to changes in social relationships
48. |___| Adjustment to changes in physical environment

Cognitive Domain

49. |___| Auditory perception
50. |___| Visual perception
51. |___| Associating time with events and actions
52. |___| Number awareness
53. |___| Writing skills

54. |___| Reading skills
55. |___| Attention span
56. |___| Safety awareness
57. |___| Remembering instructions and demonstrations

Communication Domain

58. |___| Word usage
59. |___| Expressive nonverbal communication
60. |___| Receptive nonverbal communication
61. |___| Receptive language
62. |___| Expressive language

63. |___| Receptive sign language
64. |___| Expressive sign language
65. |___| Expressive communication with aids
66. |___| Clarity of speech

CLIENT DEVELOPMENT EVALUATION REPORT
ANSWER SHEET