

CLIENT DEVELOPMENT EVALUATION REPORT
DS 3753 (3/86) (Electronic Version)

DIAGNOSTIC ELEMENT

REPORT AND CLIENT INFORMATION

Report and Client Identifier

(See Manual pg. VI.1.1)

1. **Reporting Date**

M	M	D	D	Y	Y

2. **Client Identifier**

--	--	--	--	--	--	--

3. **Client Birthdate**

M	M	D	D	Y	Y

4. **Sex**

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M=Male
F=Female

5. **Height**

--	--

inches

6. **Weight**

--	--	--

pounds

7. **Date Weighed**

--	--	--	--

M M Y Y

Client Locator

(See Manual pg. VI.3.1)

8. **Program**

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9. **Section**

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10. **Unit**

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FORM PREPARATION INFORMATION

Physician: _____
 Name Signature Title

Psychologist: _____
 Name Signature Title

CPC/Team Leader
 or other person
 completing form: _____
 Name Signature Title

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DEVELOPMENTAL DIAGNOSTIC INFORMATION

DEVELOPMENTAL DISABILITIES

Record in this section specified diagnosis(es) of the client's disability(ies). Pertinent diagnoses include levels and types, and etiologic factors (causes) of the disabilities. Code the diagnoses using ICD-9-CM and Risk Factor codes, as applicable, according to manual instructions for each specific item.

MENTAL RETARDATION

Level of Retardation (See Manual pg. VI.5.2)

(ICD-9-CM Code)
 11.

- 000.0 No Retardation
- 317 Mild
- 318.0 Moderate
- 318.1 Severe
- 318.2 Profound
- 319 MR unspecified (level)

Etiology

(ICD-9-CM Code)

12a.

12b.

13.

Date of Last Evaluation

 M M Y Y

DEVELOPMENTAL CENTER CLIENTS ONLY

Intelligence Quotient

14.

Intelligence Test

15.

Adaptive Behavior Rating

- 0 Normal
- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Profound
- 5 Unknown

16.

CEREBRAL PALSY (See Manual pg. VI.6.1)

If the client has Cerebral Palsy or other type of motor dysfunction (code "1" in Item 17), enter the ICD-9-CM etiology code(s) in Items 18a/18b for either condition (CP or "other motor dysfunction")

17. **Presence of Cerebral Palsy**
 0 No CP or other significant motor dysfunction
 1 Has CP or other significant motor dysfunction

Etiology
(ICD-9-CM Code)

18a.

18b.

19. **Level of Motor Dysfunction**
 1 Mild, doesn't limit activity
 2 Moderate, in between mild and severe
 3 Severe, significantly impairs or precludes activity
 9 CP suspected, level undetermined

20. **Type of Motor Dysfunction**
 1 Spasticity (includes Hypertonia, and Rigidity)
 2 Ataxia
 3 Dyskinesia (includes Athetosis, and Dystonia)
 4 Hypotonia
 5 Other (includes mixed)

21. **Location of Motor Dysfunction**
 1 Monoplegia
 2 Hemiplegia
 3 Diplegia
 4 Triplegia
 5 Paraplegia
 6 Quadriplegia
 7 Other

22. **Condition Impact**

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OTHER TYPE OF DEVELOPMENTAL DISABILITY (See Manual pg. VI.9.1)

Use this section to identify any developmental disability(ies) other than those listed above (mental retardation, cerebral palsy, etc.). "Other" developmental disabilities are conditions which are similar or closely related to mental retardation or which require treatment similar to that required for mentally retarded individuals.

		Type of Other Disability (ICD-9-CM Code)			Etiology (ICD-9-CM Code)
33a.		.			.
	(Specify)				34a.
33b.		.			.
	(Specify)				34b.

RISK FACTOR (for use in Etiology Items 12a-b, 18a-b, 24a-b, 30a-b, and 34a-b) (See Manual pg. VI.10.1)

1 = Yes 2 = No 9 = Unknown

Indicate whether each of the following factors was associated with the client's developmental disability(ies), as specified above. Code "1" for Yes if there are reasonable data to suggest the disability was associated with or significantly impacted by the factor. Code "2" for No if the factor does not pertain to the disability and Code "9" for an unknown association.

35.		Low birth weight or preterm labor with complications	43.		Drug or alcohol abuse
36.		Teenage pregnancy (17 years and younger)	44.		Psychosocial (environmental) deprivation
37.		Maternal age 35 years or older at time of delivery	45.		Family history of mental retardation
38.		Accidents of near drowning	46.		Child abuse or neglect
39.		Accidents involving an automobile	47.		Other Causes
40.		Accidents involving other types of vehicles	48.		
41.		Accidents of other types	49.		
42.		Environmental toxins (pesticides, lead, etc.)			

MENTAL DISORDERS (See Manual pg. VI.11.1)

If applicable, enter below the diagnosis(es) that describes the client's mental disorder. If the client does not have a mental disorder, enter 000.00 in Item 50a and leave 51a-53c blank. Use DSM-III codes for the mental disorders as Axes I and II. Do not enter developmental disability diagnosis(es), including Autism.

Type of Mental Disorder (DSM-III Code)

Axis I		Date of Last Evaluation	Condition Impact
50a.	.		
		M M Y Y	50c.
51a.	.		
		M M Y Y	51c.
Axis II		Date of Last Evaluation	Condition Impact
52a.	.		
		M M Y Y	52c.
53a.	.		
		M M Y Y	53c.

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CHRONIC MAJOR MEDICAL CONDITION(S) (See Manual pg. VI.12.1)

List below major chronic, recurrent medical problems, other than developmental disability, that have significant impact on the client's service provision (i.e., diabetes, heart condition, chronic U.R.I., hepatitis, etc.). If there is no medical condition, enter 000.00 in Item 54a and leave Items 55a-59b blank.

	Condition Type(s) (Specify)	Condition (ICD-9-CM Code)	Condition Impact
54a.	_____	.	54b.
55a.	_____	.	55b.
56a.	_____	.	56b.
57a.	_____	.	57b.
58a.	_____	.	58b.
59a.	_____	.	59b.

OTHER DIAGNOSTIC INFORMATION

HEARING (See Manual pg. VI.13.1)

60. | | Level of Hearing Loss Uncorrected

- 0 Hearing within normal limits
- 1 Mild to moderate hearing loss (hard of hearing)
- 2 Severe hearing loss
- 3 Profound hearing loss
- 4 Hearing loss, one ear
- 9 Hearing loss suspected, severity undetermined

61. | | Level of Hearing Loss Corrected

- 0 Hearing within normal limits
- 1 Mild to moderate hearing loss
- 2 Severe hearing loss
- 3 Profound hearing loss
- 8 Correction not possible
- 9 Hearing not corrected

VISION (See Manual pg. VI.14.1)

62. | | Level of Vision Loss Uncorrected

- 0 Vision within normal limits
- 1 Mild impairment
- 2 Moderate impairment
- 3 Severe impairment (legally blind)
- 4 Total blindness (no light perception)
- 5 Vision loss, one eye
- 9 Vision loss suspected, severity undetermined

63. | | Level of Vision Loss Corrected

- 0 Vision within normal limits
- 1 Mild impairment
- 2 Moderate impairment
- 3 Severe impairment
- 8 Correction not possible
- 9 Vision not corrected

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BEHAVIOR MODIFYING DRUGS (See Manual pg. VI.15.1)

Types of Prescribed Medication for Maladaptive Behavior

1 = Yes 2 = No

64. Antipsychotic

65. Antidepressant

66. Antianxiety

67. Sedative / Hypnotic

68. Stimulant

69. Other Psychotropic Drug

70. **History of Prescribed Medication for Maladaptive Behavior**

(Do not include medications given only for seizures, sedatives given for examinations or clinics, etc., or medications given on an infrequent PRN basis.)

- 1 Currently receiving one or more prescribed medication(s)
- 2 Medication(s) discontinued within six months
- 3 Medication(s) discontinued more than six months but less than one year
- 4 Medication(s) discontinued more than one year but less than four years
- 5 Has not received medication(s) during past four years
- 6 No known documented history of receiving medication(s)

ABNORMAL INVOLUNTARY MOVEMENTS (See Manual pg. VI.16.1)

(COMPLETE FOR DEVELOPMENTAL CENTER CLIENTS ONLY)

Types of Involuntary Movements

1 = Yes 2 = No

71. Parkinsonism

72. Dystonia

73. Dyskinesia

74. Akathisia

75. Paroxysmal

SPECIAL HEALTH CARE REQUIREMENTS (See Manual pg. VI.17.1)

If the client has special health care requirements, enter the codes for these requirements in Items 76-85. Up to 10 special health care requirements can be entered. If the client has no special health care requirements, enter "00" in Item 76 and leave Items 77-85 blank.

76.

77.

78.

79.

80.

81.

82.

83.

84.

85.

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SPECIAL CONDITIONS OR BEHAVIORS (See Manual pg. VI.18.1)

OPTIONAL: For use in rate justification for out-of-home or day program placement; complete for clients as necessary. Code 1 = Yes **ONLY** if external documentation of the given condition / behavior exists. If the answer to a particular item is unknown, use code 3.

1 = Yes 2 = No 3 = Unknown

86. Does the client display maladaptive sexual behavior?
87. Has the client engaged in any assaultive behaviors that have or could have resulted in serious bodily injury or death?
88. Has the client attempted suicide in the past five years?
89. Does the client habitually engage in theft?
90. Has the client participated in acts of vandalism or other acts of property destruction?
91. Has the client been convicted of any substance-abuse or alcohol-abuse related offenses?
92. Does the client have a recent history of abusing drugs or alcohol?
93. Does the client have a history of habitual lying?
94. Does the client display behaviors which could result or have resulted in fire setting?

SPECIAL LEGAL CONDITIONS (See Manual pg. VI.18.4)

Please complete for each client.

1 = Yes 2 = No

95. Is the client currently on probation, county or state parole, or commitment under Penal Code or Welfare and Institutions Code sections relating to a criminal offense?
96. Is the client currently on Diversion pursuant to Penal Code sections 1001.20 et seq.?
97. Is the client currently a person within the provisions of Welfare and Institutions Code sections 6500 et seq. (dangerous mentally retarded individual committed by the court)?
98. Is the client currently under a Lanterman-Petris-Short (mental health) conservatorship?
99. Is the client currently a conservatee under the Probate Code (conserved because client is unable to make informed application and consent to treatment)?
100. Is the client currently a dependent child of the Court (Welfare and Institutions Code section 300 et seq.)?

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CDER EVALUATION ELEMENT

MOTOR DOMAIN

- 1. 9 Rolling and Sitting**
- 1= Does not lift head when lying on stomach
 - 2= Lifts head when lying on stomach
 - 3= Lifts head and chest using arm support when lying on stomach
 - 4= Rolls from side to side
 - 5= Rolls from front to back only
 - 6= Rolls from front to back and back to front
 - 7= Maintains sitting position with minimal support for at least five (5) minutes
 - 8= Sits without support for at least five (5) minutes
 - 9= Assumes and maintains sitting position independently
- 2. 9 Hand Use**
- 1= No functional use of hand
 - 2= Uses raking motion or grasps with hand
 - 3= Uses thumb and fingers of hand in opposition
 - 4= Uses fingers independently of each other
- 3. 9 Arm Use**
- 1= No functional use of arm
 - 2= Moves arm from shoulder but does not extend or flex arm (i.e., does not have control of elbow joint)
 - 3= Partially extends arm
 - 4= Fully extends arm
- 4. 9 Crawling and Standing**
- 1= Does not crawl, creep or scoot
 - 2= Crawls, creeps, or scoots
 - 3= Pulls to a standing position
 - 4= Stands with support for at least one (1) minute
 - 5= Stands unsteadily alone for at least one (1) minute
 - 6= Stands well alone, balances well for at least five (5) minutes
- 5. 9 Ambulation**
- 1= Does not walk
 - 2= Walks with support
 - 3= Walks unsteadily alone at least ten (10) feet
 - 4= Walks well alone at least twenty (20) feet, balances well
- 6. 9 Climbing Stairs**
(rate use of ramps for persons using wheelchairs)
- N= No opportunity to use stairs (or ramps)
 - 1= Does not move up or down stairs (or ramps)
 - 2= Moves up and down stairs (or ramps) with help
 - 3= Moves up and down stairs (or ramps) with handrail independently
 - 4= Moves up and down stairs (or ramps) without need for handrail
- 7. 9 Wheelchair Mobility**
- N= Does not use wheelchair
 - 1= Sits in wheelchair, does not move wheelchair by self
 - 2= Assists in moving wheelchair
 - 3= Moves self with some bumping and/or difficulty in steering
 - 4= Moves or guides wheelchair independently and smoothly
-

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INDEPENDENT LIVING DOMAIN

8. **9 Food Preparation**
 N= Client is in a service setting in which he/she is prevented from preparing food
 1= Does not prepare food
 2= Prepares simple foods without cooking (sandwich, cold cereal, etc.)
 3= Cooks simple foods (eggs, soup, frozen dinners, etc.)
 4= Prepares complete meal
9. **9 Bedmaking**
 N= Client is in a service setting which he/she is prevented from bedmaking
 1= Does not make bed
 2= Attempts bedmaking but does not complete
 3= Makes bed completely but not neatly, (sheets and blankets appear wrinkled, bedspread is on crooked, etc.)
 4= Completes bedmaking neatly and independently
10. **9 Washing Dishes**
 N= Client is in a service setting which he/she is prevented from dishwashing
 1= Does not wash dishes
 2= Attempts dishwashing but does not complete
 3= Completes dishwashing but with unacceptable results (water left on counter, or floor, dishes chipped, etc.)
 4= Completes dishwashing neatly and independently
11. **9 Household Chores**
 (other than food preparation, bedmaking, washing dishes)
 N= Client is in a service setting in which he/she is prevented from doing household chores
 1= Does not do household chores
 2= Attempts household chores but does not complete
 3= Does household chores, but not neatly (leaves dirt on floor, spills garbage, etc.)
 4= Completes household chores neatly and independently
12. **9 Basic Medical Self-Help**
 (first aid, nonprescription medication)
 N= Client is in a service setting in which he/she is prevented from performing basic medical self-help skills
 1= Does not display any medical self-help skills
 2= Seeks aid in treatment of minor injuries
 3= Performs simple first aid tasks (applies bandages, ice to a burn)
 4= Has basic medical self-help skills and uses nonprescription medications (aspirin, cough drops, etc.) appropriately
13. **9 Self-Medication**
 N= Does not require any routine prescription medication or is in a service setting in which he/she is prevented from self-medication
 1= Does not take any medication by self
 2= Takes own medication with supervision and/or assistance
 3= Takes own medication if reminded of time and/or dosage
 4= Independently takes own medication as prescribed

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- 14. 9 Eating**
- 1= Does not feed self, must be fed completely
 - 2= Attempts to finger feed but needs assistance
 - 3= Finger feeds self without assistance
 - 4= Feeds self using spoon, with spillage
 - 5= Feeds self using fork and spoon, with spillage
 - 6= Uses eating utensils with no spillage

- 15. 9 Toileting**
- 1= Not toilet trained or habit trained
 - 2= Is habit trained
 - 3= Indicates need to toilet self and/or must be placed on toilet or bedpan
 - 4= Goes to toilet by self, needs assistance to complete toileting
 - 5= Goes to toilet by self, completes by self

- 16. 9 Level of Bladder Control**
- 1= No control
 - 2= Some bladder control, accidents during waking hours (once a week or more)
 - 3= Control during day, wets at night
 - 4= Complete control

- 17. 9 Level of Bowel Control**
- 1= No control
 - 2= Some bowel control, accidents during waking hours (once a week or more)
 - 3= Control during day, soils at night
 - 4= Complete control

- 18. 9 Personal Hygiene**
(brushing teeth, washing, and behaviors specifically related to gender and age, such as shaving, hair care, menses, use of deodorant)
- 1= Does not tend to own personal hygiene
 - 2= Tends to some personal hygiene needs but does not complete
 - 3= Tends to and completes some but not all personal hygiene tasks
 - 4= Tends to own personal hygiene independently

- 19. 9 Bathing**
- 1= Does not bathe or shower self
 - 2= Performs some bathing or showering tasks, but not all
 - 3= Bathes or showers self independently

- 20. 9 Dressing**
- 1= Does not put on any clothing by self
 - 2= Cooperates in putting on clothes (raises arms etc.)
 - 3= Puts on some clothes by self
 - 4= Puts on all clothes but does not tie shoes, close all fasteners or attend to other details
 - 5= Dresses self completely including all fasteners and other details (buttons, zippers, shoes)

- 21. 9 Movement in Familiar Setting**
- 1= Does not move about in a familiar setting
 - 2= Moves about in a familiar setting but does not successfully move around obstructions or from room to room
 - 3= Moves about in a familiar setting and successfully moves around objects but has difficulty going from room to room
 - 4= Knows way around and moves about successfully in a familiar setting

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- 22. 9 Movement in Unfamiliar Setting**
- 1= Does not move about in unfamiliar settings
 - 2= Moves about in unfamiliar setting but does not successfully move around obstructions or from place to place
 - 3= Moves about in unfamiliar setting and successfully moves around objects but has difficulty going from place to place
 - 4= Finds way around and moves about successfully in an unfamiliar setting

- 23. 9 Transportation About Community**
- N= No public transportation available
- 1= Does not use public transportation
 - 2= Uses public transportation with physical assistance and/or accompaniment
 - 3= Uses public transportation independently for a simple direct trip
 - 4= Uses public transportation independently for a complex route

- 24. 9 Money Handling**
- 1= Does not use money
 - 2= Uses money, but is unable to provide appropriate amount (gives 10¢ to purchase any item in store, etc.)
 - 3= Uses money, but does not usually make and/or count change correctly
 - 4= Adds coins of various denominations, makes and/or counts change to \$1
 - 5= Makes and/or counts change, any amount

- 25. 9 Making Purchases**
- 1= Does not make purchases
 - 2= Identifies items desired to purchase, but does not make purchase
 - 3= Manages purchases with some difficulty
 - 4= Manages purchases independently

- 26. 9 Ordering Food in Public**
- 1= Does not order food at public eating places
 - 2= Orders snacks (ice cream, hot dogs, tacos, etc.)
 - 3= Orders simple meals (hamburgers and fries, tacos and beans, etc.) may require assistance
 - 4= Orders complete meals independently

SOCIAL DOMAIN

- 27. 9 One-to-One Interaction with Peers**
(friends, classmates, co-workers, etc.)
- 1= Does not enter into interaction
 - 2= Enters into interaction only when others initiate
 - 3= Initiates interaction in familiar or previously successful situations or settings
 - 4= Initiates interaction in both familiar and unfamiliar situations or settings

- 28. 9 One-to-One Interaction with Persons Other than Peers**
(store clerks, foster parents, teachers, bus drivers, etc.)
- 1= Does not enter into interaction
 - 2= Enters into interaction only when others initiate
 - 3= Initiates interaction in familiar or previously successful situations or settings
 - 4= Initiates interaction in both familiar and unfamiliar situations or settings

- 29. 9 Friendship Formation**
(close social relationships)
- 1= Does not form friendships
 - 2= Potential friends must initiate friendships
 - 3= Initiates and establishes friendships

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EMOTIONAL DOMAIN

30. **9 Friendship Maintenance**
(for at least three months)
- 1= Does not maintain friendships
 - 2= Maintains friendships only in stable or familiar settings (classroom, residence, etc.)
 - 3= Maintains friendships in many different settings
31. **9 Participation in Social Activities**
- 1= Does not participate in social activities
 - 2= Participates in social activities only with considerable encouragement
 - 3= Participates in social activities with some encouragement
 - 4= Does not need encouragement to participate in social activities
32. **9 Participation in Group Projects**
- 1= Does not participate in group projects
 - 2= Participates in group projects but efforts do not contribute to group effort
 - 3= Participates in group projects but efforts only partially contribute to group effort
 - 4= Participates in group projects and efforts contribute to the completion of the project
33. **9 Unacceptable Social Behavior**
(stealing, excessive screaming, teasing, lying, etc.)
- 1= Unacceptable social behaviors prevent social participation
 - 2= Unacceptable social behaviors often disrupt social participation
 - 3= Unacceptable social behaviors seldom interfere with social participation
 - 4= Unacceptable social behaviors do not occur or do not interfere with social participation
34. **9 Aggression**
- 1= Has had one or more violent episodes, causing serious physical injury within past year
 - 2= Has had one or more violent episodes, causing minor physical injury within past year
 - 3= Resorting to verbal abuse and threats are typical of client's behavior, but client has not caused physical injury within past year
 - 4= Episodes of displaying anger are undetected or rare and appropriate to the situation
35. **9 Frequency of Self-Injurious Behavior**
(biting, scratching, putting inappropriate objects into ear, mouth, etc.)
- 1= Displays self-injurious behavior at least once a day and/or may require restraint as a preventive measure
 - 2= Displays self-injurious behavior at least once a week
 - 3= Displays self-injurious behavior at least once a month
 - 4= Displays self-injurious behavior not more than three (3) times a year
 - 5= Rarely or never displays self-injurious behavior

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- 36. 9 Severity of Self-Injurious Behavior**
(biting, scratching, putting inappropriate objects into ear, mouth, etc.)
- 1= Self-injurious behavior causes severe injury at least once per week which requires a physician's attention
 - 2= Self-injurious behavior causes severe injury at least once a month which requires a physician's attention and/or minor injury at least once per week which requires first aid
 - 3= Self-injurious behavior causes severe injury at least once a year which requires a physician's attention and/or minor injury at least once per month which requires first aid
 - 4= Behavior exists but no apparent injury occurs
 - 5= Rarely or never displays self-injurious behavior

- 37. 9 Smear Feces**
- 1= Smears feces at every opportunity unless prevented
 - 2= Smears feces once per week or more
 - 3= Smears feces not so often as once a week
 - 4= Smears feces only when agitated or nervous
 - 5= Never smears feces

- 38. 9 Destruction of Property**
- 1= Has caused serious property damage within the past year
 - 2= Has caused minor property damage on six (6) or more occasions within the past year
 - 3= Has caused minor property damage on two (2) to five (5) occasions within the past year
 - 4= Has caused minor property damage once during the past year
 - 5= Does not damage property

- 39. 9 Running or Wandering Away**
- 1= Running or wandering away occurs daily unless prevented
 - 2= Running or wandering away occurs weekly but not daily unless prevented
 - 3= Running or wandering away occurs at least once a month
 - 4= Running or wandering away occurs at least once every three months
 - 5= Running or wandering away occurs at least once a year
 - 6= Running or wandering away is threatened but not attempted
 - 7= Does not run or wander away

- 40. 9 Depressive-like Behavior**
(listlessness, excessive crying and weeping, suicidal threats, etc.)
- Y= Client is too young to display this type of behavior
 - D= Client is too disabled to display this type of behavior
 - 1= Depressive-like behavior inhibits all functions (prevents interaction with others, daily activities, etc.)
 - 2= Depressive-like behavior substantially affects all functions (limits communication and typical performance in daily activities, etc.)
 - 3= Depressive-like behavior has minimal effect on functioning (attends to daily activities with slight decrease in performance etc.)
 - 4= No evidence of depressive-like behavior (maintains typical daily activities, etc.)

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- 41. 9 Reaction to Frustration**
- Y= Client is too young to display this type of behavior
- D= Client is too disabled to display this type of behavior
- 1= Becomes aggressive or hostile in most daily situations when thwarted, hindered or obstructed
- 2= Becomes aggressive or hostile at least once a week when thwarted, hindered or obstructed
- 3= Becomes aggressive or hostile less often than once a week when thwarted, hindered or obstructed
- 4= Deals effectively with frustrating situations; rarely becomes aggressive or hostile when thwarted, hindered or obstructed

- 42. 9 Repetitive Body Movements**
(hand flapping, rocking and other stereotypic behaviors)
- Y= Client is too young to display this type of behavior
- D= Client is too disabled to display this type of behavior
- 1= Repetitive body movements occur continuously (without cessation) during waking hours
- 2= Repetitive body movements occur continuously but client can be distracted from behavior (when attending to task, etc.)
- 3= Some repetitive body movements occur daily regardless of situation
- 4= Repetitive body movements occur only under conditions of excitement and/or stress
- 5= No apparent repetitive body movements

- 43. 9 Inappropriate Undressing**
- Y= Client is too young to display this type of behavior
- D= Client is too disabled to display this type of behavior
- 1= Undresses self inappropriately in shopping centers, playgrounds, schoolrooms, etc.
- 2= Undresses self in residence inappropriately more than once per week
- 3= Undresses self in residence inappropriately not more than once per week
- 4= Does not undress self inappropriately

- 44. 9 Hyperactivity**
(as manifested by over-excitability, restlessness, constant movement; excludes CNS spastic movements)
- D= Client is too disabled to display this type of behavior
- 1= Is hyperactive in all environments even with individual attention (one-to-one supervision)
- 2= Is hyperactive except when given individual attention (one-to-one supervision)
- 3= Is hyperactive only in stressful situations (when in groups of unfamiliar people, when being reprimanded, etc.); hyperactivity is otherwise controlled by behavior modification techniques and/or medication
- 4= Hyperactivity is controlled by behavior modification techniques and/or medication
- 5= No apparent hyperactivity

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45. **9 Temper Tantrums**
(emotional outbursts)
- D= Client is too disabled to display this type of behavior
 - 1= Typically displays temper tantrums daily and/or may require restraint as a preventive measure
 - 2= Typically displays temper tantrums at least once a week but not daily
 - 3= Typically displays temper tantrums at least once a month but not weekly
 - 4= Displays temper tantrums not more than three (3) times a year
 - 5= Does not display temper tantrums

46. **9 Resistiveness**
(inappropriately stubborn and uncooperative)
- Y= Client is too young to display this type of behavior
 - D= Client is too disabled to display this type of behavior
 - 1= Is resistive in all situations
 - 2= Is resistive in one or more situations
 - 3= Is resistive *only* in stressful situations (when in groups of unfamiliar people, when being reprimanded, etc.)
 - 4= Is not resistive

47. **9 Adjustments to Changes in Social Relationships**
(change of caretaker, disruption of friendship group)
- D= Client is too disabled to display this type of behavior
 - 1= Changes in social relationships cause disruption of typical functioning which extends over at least a 3-month period
 - 2= Changes in social relationships cause disruption of typical functioning but there is improvement within one month
 - 3= Changes in social relationships do not appear to disrupt typical functioning
 - 4= Changes in social relationships appear to lead to improvement and personal growth

48. **9 Adjustment to Changes in Physical Environment**
- D= Client is too disabled to display this type of behavior
 - 1= Changes in physical environment cause disruption of typical functioning which extends over at least a 3-month period
 - 2= Changes in physical environment cause disruption of typical functioning but there is improvement within one month
 - 3= Changes in physical environment do not appear to disrupt typical functioning
 - 4= Changes in physical environment appear to lead to improvement and personal growth

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COGNITIVE DOMAIN

- 49. 9 Auditory Perception**
(hearing aid may be worn)
- 1= Does not react to sounds
 - 2= Demonstrates startle response to loud sounds
 - 3= Turns head or eyes towards sound source
 - 4= Responds differently to voices compared to others sounds (by smiling or paying attention to the voices)
 - 5= Responds to voices of familiar people differently from strangers' voices
 - 6= Recognizes words that sound different ("cat" and "door")
 - 7= Recognizes words that sound the same ("hit" and "sit")

- 50. 9 Visual Perception**
(glasses may be worn)
- 1= Does not explore visually (includes continuous staring)
 - 2= Some visual exploration, but does not follow moving objects
 - 3= Eyes follow moving objects
 - 4= Rotates head and inspects surroundings (if no motor limitations)
 - 5= Searches for object which disappears from sight
 - 6= Responds differently to grossly different objects (a ball and a pencil)
 - 7= Responds differently to similar objects (a cat and a dog)
 - 8= Responds differently to objects (based on differences of color, size or shape)

- 51. 9 Associating Time with Events and Actions**
- 1= Does not associate events and actions with time
 - 2= Associates regular events with morning, noon, or night
 - 3= Associates regular events with a specific hour (dinner is at six)
 - 4= Associates events with specific time in past, present and future (the ball game is at six tomorrow)

- 52. 9 Number Awareness**
- 1= Does not count
 - 2= Counts, but inaccurately or by rote
 - 3= Counts to 10 and associates single-digit numbers with quantities
 - 4= Counts to 10 and understands relative values (8 is larger than 3)
 - 5= Counts, including use of multi-digit numbers, and associates multi-digit numbers with quantities

- 53. 9 Writing Skills**
(including Braille and typing)
- 1= Does not copy or trace
 - 2= Copies from model or traces
 - 3= Prints (no model) single letters or name only
 - 4= Prints single words only
 - 5= Prints words and sentences legibly
 - 6= Uses longhand for words and sentences

- 54. 9 Reading Skills**
(including Braille)
- 1= Does not read
 - 2= Recognizes single letters
 - 3= Reads simple words but does not comprehend
 - 4= Reads and comprehends simple words
 - 5= Reads and comprehends simple sentences
 - 6= Reads and comprehends complex sentences and stories

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COMMUNICATION DOMAIN

55. **9 Attention Span**
- 1= Does not keep attention focused on a single activity
 - 2= Keeps attention focused on a single activity for less than one minute
 - 3= Keeps attention focused on a single activity between one and five minutes
 - 4= Keeps attention focused on a single activity between five and fifteen minutes
 - 5= Keeps attention focused on a single activity between fifteen and thirty minutes
 - 6= Keeps attention focused on a single activity for more than thirty minutes

56. **9 Safety Awareness**
(following safety rules and avoiding hazardous situations)
- 1= Frequently endangers self, must be supervised at all times
 - 2= Occasionally endangers self, requires supervision on a daily basis
 - 3= Endangers self only in unfamiliar situations or settings
 - 4= Typically does not endanger self

57. **9 Remembering Instructions and Demonstrations**
- 1= Does not display memory of instructions or demonstrations
 - 2= Displays memory of instructions or demonstrations if they are repeated three or more times and the client is prompted in recall
 - 3= Displays memory of instructions or demonstrations if they are given once and the client is prompted in recall
 - 4= Displays memory of instructions or demonstrations without prompting if they are given once

58. **9 Word Usage**
- 1= No use of words
 - 2= Uses simple (one-syllable) words and associates words with appropriate objects
 - 3= Uses complex words and associates words with appropriate objects, but has limited vocabulary
 - 4= Has a broad vocabulary, understands meaning of words and uses them in appropriate contexts

59. **9 Expressive Nonverbal Communication**
(not including sign language or communication aids)
- 1= No expressive nonverbal communication
 - 2= Expresses needs or reactions by squirming, returning smiles, etc.
 - 3= Communicates by pointing, shaking head, leading by hand, etc.
 - 4= Gestures with hands, uses facial expressions for communication

60. **9 Receptive Nonverbal Communication**
(not including sign language)
- 1= Does not demonstrate understanding of gestures (tactile or visual) or facial expressions
 - 2= Demonstrates understanding of simple gestures ("yes," "no," pointing to an object)
 - 3= Demonstrates understanding of complex gestures
 - 4= Demonstrates understanding of a series of gestures (tactile or visual)

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- 61. 9 Receptive Language**
- 1= Does not understand speech
 - 2= Understands simple words
 - 3= Understands simple phrases or instructions
 - 4= Understands meaning of simple conversation and combination of verbal instructions
 - 5= Understands meaning of story plot and complex conversation

- 62. 9 Expressive Language**
- 1= Makes no sound
 - 2= Babbles but says no words
 - 3= Says simple words
 - 4= Says two-word sentences ("I go," "Give me," etc.)
 - 5= Says sentences of three or more words
 - 6= Carries on basic conversation
 - 7= Carries on more complex conversation

- 63. 9 Receptive Sign Language**
- N= Skills not needed
 - 1= Does not respond to signs or fingerspelling
 - 2= Responds to one to nine signed basic survival words (stop, restroom, come, etc.) as well as other common signs (simple commands, food, clothing, etc.)
 - 3= Responds to signed complex commands made up of two or more parts ("Go to the bathroom and bring me a towel")
 - 4= Responds to signed complex commands, directions, and explanations with a combination of signs and simple fingerspelling
 - 5= Responds to signed questions (3 or more words) with a combination of signs and fingerspelling

- 64. 9 Expressive Sign Language**
- N= Skills not needed
 - 1= Does not sign or imitate signs
 - 2= Imitates sign language but makes no meaningful signs
 - 3= Makes one to nine signs independently to indicate a need
 - 4= Makes ten or more signs independently to indicate needs
 - 5= Makes twenty or more signs independently to indicate needs and/or simple conversation
 - 6= Makes fifty or more signs, fingerspells simple words and makes simple sentences
 - 7= Signs and fingerspells independently in carrying on conversations as well as expressing needs

- 65. 9 Expressive Communication With Aids**
(includes all types of specialized devices which allow or facilitate communication)
- N= Aids not needed
 - 1= Does not communicate with aids
 - 2= Communicates single words or ideas
 - 3= Forms short sentences; combines subject and verb
 - 4= Communicates combinations of sentences and groups of ideas together

- 66. 9 Clarity of Speech**
- 1= Makes no sounds
 - 2= No intelligible speech
 - 3= Speech understood only by those who know the client well
 - 4= Speech understood by strangers with some difficulty
 - 5= Speech is readily understandable to a stranger