

PEDIATRIC FUNCTIONAL ASSESSMENT TOOL

ASSESSMENT COMPLETED BY:

RELATION TO CHILD:

DATE COMPLETED:

CHILD'S DATE OF BIRTH:

ADDRESS:

CHILD'S MEDICAL HISTORY: (birth to present)

FATIGUE:

- 1. How much does fatigue interfere with daily or school functioning? (check one below)**

Fatigue is not a problem	Fatigue mildly limits activities	Fatigue moderately limits activities	Fatigue severely limits activities

2. Please indicate number of naps patient takes daily: _____
 3. Please indicate typical duration of naps: _____
 4. Please indicate typical number of hours of sleep patient gets each night: _____
 5. Does patient takes medication to help sleep? YES NO
 6. Does patient take medication(s) during the day that may cause drowsiness? YES NO
- NAME OF
MEDICATION(S): _____

COGNITIVE-COMMUNICATIVE ABILITIES:

Please check the appropriate boxes below.

ABILITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Concentrating for short periods of time				
Concentrating for extended periods of time				
Concentrating when there is noise or other distractions				
Concentrating on more than one thing at a time				
ABILITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Mental endurance to get through the day at home or school				
Feeling overwhelmed or anxious in large crowds or noisy environments – avoid them or leave early				
Feeling overwhelmed or anxious in large or visually stimulating places (i.e.,				

department store, mall)				
Paying attention to what time it is				
Paying attention to what is happening in surrounding environment				
Initiating to participate in daily activities or interactions				
Putting tasks in order of priority – anticipating own needs				
Following through with tasks to completion				
Being flexible to change plans if other priorities arise				
Being able to transition between activities				
Generating solutions to problems				

ABILITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Anticipating positive & negative consequences of actions				
Considering needs of self and/or others when making decisions				
Avoiding activities that are unsafe or restricted by parents/caregivers				
Remembering daily schedule				

Remembering play time & interactions				
Remembering day to day events				
Recalling familiar names				
Remembering faces				
Self-organizing items needed for school				
Organizes own clothes				
Eager to read				
Comprehending when reading				
Comprehending when reading chapters of a book				
Staying focused while reading a book or magazine				
Remembering what was read				
Understanding speech when someone is talking				
ABILITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Understanding speech when on the phone				
Understanding conversation in a group of people				
Enunciating speech sounds				
Thinking of words to express self				
Organizing thoughts to express ideas clearly and				

concisely				
Accessing more complex vocabulary to express self				
Spelling/writing for homework needs				

BEHAVIOR AND SOCIAL INTERACTION:

Please check the appropriate boxes below.

BEHAVIORS, FEELINGS, AND INTERACTIONS	No Problem	Mild Problem	Moderate Problem	Severe Problem
Gets frustrated easily				
Yelling at others				
Hitting others				
Hitting walls or objects				
Acting dangerously				
Overreacting to situations				

BEHAVIORS, FEELINGS, AND INTERACTIONS	No Problem	Mild Problem	Moderate Problem	Severe Problem
Crying more than usual – particularly at times when stressed or overwhelmed				
Laughing more than usual or at the wrong time – particularly at times when stressed or overwhelmed				
Withdrawing from others when overwhelmed				
Appropriate use of personal				

space				
Withdraws from activities that are perceived to be too hard				
Tolerates loud or unexpected noise stimulus				
Initiating to talk to others – to start conversations				
Talking too much – rambles on....				
Jumping from one topic to another while talking – forgetting the original topic at times				
Interrupting others when they are in the middle of speaking				
Forgetting to make eye contact when talking to others or being talked to				
Tolerates light/deep touch				
Tolerates warm/cold temperatures				
Causes harm to self				
Causes harm to others				
Damages property				

ACTIVITIES OF DAILY LIVING:

Please check the appropriate boxes below.

ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Getting in & out of tub/shower				

Bathing thoroughly				
Grooming thoroughly				
Dressing upper body				
Dressing lower body				
Paying attention to the left side of body/space				
Paying attention to the right side of body/space				
Getting on & off the toilet				
Initiating to use the toilet				
Bladder continence				
Bowel continence				
Brushing teeth				
Combing/brushing hair				
Opening food containers				
Pouring self a drink				
ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Helping with household chores as directed				
Initiate play activities with sibling or peer group				
Able to cut foods				
Able to lay the table				
Able to manipulate straw into juice pouch/box				
Walking on even surfaces				

Walking on grass, sand, or other uneven surface				
Walking up and down stairs				
Maintaining balance to walk within the home				
Keeps up with peers in physical activities				
Physical endurance to get around the community				
Running/jogging/sports				
Using feeding utensils				
Getting hand to mouth for feeding				
Preparing a snack				
Limited repertoire of foods (please list on back of sheet)				
Avoids certain textures (please list on back of sheet)				
ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Tolerates loose clothing				
Tolerates form fitting clothing (i.e. socks)				
Prefers snacking to sit down meals				
Tolerates hot/cold foods				
May choke/gag during eating				
Makes a mess when eating				
Avoids mess when eating				

Able to clear spoon bowl (clean spoon) with lips when eating soft foods i.e.pudding				
Able to sit still at the table during mealtimes				
Takes 20+ minutes to complete a meal				
Takes less than 10 mins to complete a meal				
May become upset at mealtimes if routine changes				
May choke during drinking				
Frequent runny nose				
Presents with allergies?				
Often chews on non-food items (i.e. pencil tops/shirt collars)				
Responds to verbal discipline				
ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Responds to time out				
Responds to cause and effect (binary choice)				

ACADEMIC SKILLS:

Please check the appropriate boxes below.

ACADEMIC SKILL	No Problem	Mild Problem	Moderate Problem	Severe Problem
Understanding classes				

Understanding teacher instructions for assignments				
Paying attention in class				
Concentrating when reading				
Frequently loses place when reading				
Skips words when reading				
Sounding out words when reading				
Identifying meaning of words when reading				
Remembering content of what is read				
Understanding more abstract language when reading				
Keeping homework and class notes organized				

ACADEMIC SKILL	No Problem	Mild Problem	Moderate Problem	Severe Problem
Remembering to complete homework assignments				
Remembering to turn in homework and projects				
Self-initiating to complete homework, projects, or prepare for tests/quizzes				
Learning and retaining what is learned to take tests/quizzes				
Motivation toward school				

Does your child have a history of:

Dyslexia? ___YES ___NO

Nonverbal Learning Disorder? _YES ___NO

Specified Learning Disorder (SLD)? ___YES ___NO

Learning Delay? ___YES ___NO

Concussion During Sports? ___YES ___NO

Prematurity? ___YES ___NO

Did your child reach developmental milestones on time for speech, language, and motor skills? ___YES ___NO

Give examples: i.e. walked at: _____, crawled: _____ etc.

List current classes and grades for each:

Class:	Grade:	Class:
Grade:		

Class:	Grade:	Class:
Grade:		

Class:	Grade:	Class:
Grade:		

List extracurricular activities (sports, clubs, playtime, etc):

Thank you for taking the time to complete this assessment. Please add any additional comments below
