Reset Form

INLAND REGIONAL CENTER

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INDEPENDENCE · INCLUSION · EMPOWERMENT

REGIONAL CENTER ELIGIBILITY DETERMINATION

Date of Review: 10/02/2026

Name: Sample, Kai
UCI: 0000105
DOB: 11/11/2019

The following Applicant/Family Conference(s) were held to review data in the applicant's case record and/or following intake review and assessment(s):

☐ In-person meeting / ☐ Telephone contact on _____ with the following attendees (*list name/relationship*):

_____ _____
_____ _____
_____ _____

Eligibility cannot be determined on _____ as more information is needed. The intake counselor will coordinate another Eligibility Review upon receipt of the following:

☐ Additional records (*specify*): _____
☐ Other/Comments: _____

☐ The applicant is **not eligible** for regional center services based on:

☐ Intellectual Disability ☐ Cerebral Palsy ☐ Epilepsy ☐ ASD ☐ Fifth Category ☐ Provisional
☐ A Notice of Proposed Action (NOA) letter with appeal rights was provided/mailed on _____.

☐ The applicant is **provisionally eligible** for regional center services (3 or 4 years old, not otherwise eligible, has a disability not solely physical in nature), with significant functional limitations in at least two of the following areas:

☐ Self-Care ☐ Receptive and Expressive Language ☐ Learning
☐ Mobility ☐ Self-Direction

☐ The applicant is **eligible** for regional center services based on:

☐ Intellectual Disability: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound
☐ Cerebral Palsy
☐ Epilepsy
☐ Autism Spectrum Disorder
☐ Fifth Category *(A disabling condition found to be closely related to Intellectual Disability or to require treatment similar to that required for individuals with an Intellectual Disability. It shall not include other handicapping conditions that are solely physical in nature.)*

with significant functional limitations in three or more of the following areas (due to eligible condition), as appropriate to the person's age:

☐ Self-Care ☐ Receptive and Expressive Language
☐ Learning ☐ Mobility ☐ Self-Direction
☐ Capacity for Independent Living ☐ Economic Self-Sufficiency

CONFIDENTIAL CONSUMER INFORMATION
Inland Counties Regional Center, Inc.
See California *Welfare and Institutions Code* § 4514

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INLAND REGIONAL CENTER

Name: Sample, Kai
UCI: 0000105
DOB: 11/11/2019

This eligibility determination is based upon a full case review including, but not limited to, the following records:

☐ Psychological/Date: _____ ☐ Developmental/Date: _____
☐ Medical/Date: _____ ☐ Education/Date: _____
☐ Annual/Quarterly Review: _____ ☐ Other/Date: _____

_____

_____

_____

☐ Review of eligibility status to be scheduled by _____.

Justification for Decision:

_____

_____

_____

_____

_____

_____

_____

Recommendations:

1. _____
2. _____
3. _____
4. _____

Eligibility Determination Interdisciplinary Team:

_____	_____	_____
Print Name/Title (Ph.D./Psy.D./M.D.)	Signature	Date
_____	_____	_____
Print Name/Title (Ph.D./Psy.D./M.D.)	Signature	Date
_____	_____	_____
Print Name/Title (Sr. Intake Counselor)	Signature	Date
_____	_____	_____
Print Name/Title (Program Manager/Admin.)	Signature	Date
_____	_____	_____
Print Name/Title	Signature	Date

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State of California – Health and Human Services Agency
CLIENT DEVELOPMENT EVALUATION REPORT (CDER)
DS 3753A (09/2015)

Department of Developmental Services

DIAGNOSTIC ELEMENT

REPORT AND CLIENT INFORMATION

Reset Form

Report and Client Identifier
(See CDER Manual-Overview section pg. 14)

	Reporting Date	Client Identifier	Client Birthdate
	1.	2. 00001105	3. 111119
	M M D D Y Y		M M D D Y Y

Sex	Height	Weight	Date Weighed
4. 1	5. 46	6. 50	7. 0926
M=Male F=Female	inches	pounds	M M Y Y

DP Status Residence Language Ethnicity Legal

Client Locator
(See CDER Manual-Overview section pg. 16)

Program	Section	Unit
8.	9.	10.

FORM PREPARATION INFORMATION

Physician:	Example Pediatra, M.D. (fictional) Name	Signature	Physician Title
Psychologist:	Morgan Placeholder, Ph.D. (fictional) Name	Signature	Psychologist 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-10 and Risk Factor codes, as applicable, according to manual instructions for each specific item.

INTELLECTUAL DISABILITIES

Level of Intellectual Disability (See CDER Manual-Diagnostic section pg.19)

(ICD-10-CM Code)

11. |G40.81|

0 No Intellectual Disability
F70 Mild F71 Moderate
F72 Severe F73 Profound
F78 Other intellectual disabilities
F79 Unspecified intellectual disabilities

Etiology
(ICD-10-CM Code)

12a. |Epilepsy (|

12b. | |

13. |0|7|2|6| **Date of Last Evaluation**
M M Y Y

DEVELOPMENTAL CENTER CLIENTS ONLY

Intelligence Quotient

14. |5|8| |

Intelligence Test

15. |WISC-|

16. |Mil|

Adaptive Behavior Rating

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

CEREBRAL PALSY (See CDER Manual-Diagnostic section pg. 24)

If the consumer has Cerebral Palsy (code "2" in Item 17) or other significant motor dysfunction (code "3" in Item 17), enter the ICD-10-CM etiology code(s) in Items 18a/18b for either condition (CP or other significant motor dysfunction).

17. | | **Presence of Cerebral Palsy**

0 No CP or other significant motor dysfunction
2 Has CP
3 Has other significant motor dysfunction

Etiology
(ICD-10-CM Code)

18a. | |

18b. | |

19. | | **Severity of Motor Dysfunction**

1 Mild, does not limit activity
2 Moderate, in between mild and severe
3 Severe, significantly limits or precludes activity

20. | | **Type of Motor Dysfunction**

1 Hypertonic (includes Spasticity and Rigidity)
2 Ataxic
3 Dyskinetic (includes Athetosis, Dystonia, Chorea, and Ballismus)
4 Hypotonic
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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AUTISM SPECTRUM DISORDER (See CDER Manual-Diagnostic section pg. 31)

If the consumer has Autistic Spectrum Disorder, code "1" in Item 23a. Enter the ICD-10-CM etiology code(s) in Items 24a/24b for the specified condition.

Rett Syndrome and Childhood Disintegrative Disorder are **NOT** recorded in this section; those disorders are appropriately recorded under the Intellectual Disability or Epilepsy Sections.

Presence of Autism Spectrum Disorder

23a. |__|

0 None (No Diagnosis)

1 Autism Spectrum Disorder

Etiology (ICD-10-CM Code)

24a. |_____|

24b. |_____|

25. |__|__|__|__| **Date of Diagnosis**
M M Y Y

26. |__| **Condition Impact**

EPILEPSY/SEIZURE DISORDERS (See CDER Manual-Diagnostic section pg 37)

If the consumer has only one type of seizure, record it in 27a and also complete 27b and 27c for that type. If the consumer has more than one type of seizure, record the other types in 28a and 29a and complete b and c Items for these other types.

Type of Seizure

27a. |__| **28a.** |__| **29a.** |__|

0 Does not have seizure disorder
1 Partial, Simple
2 Partial, Complex
4 Generalized, Absence (Petit Mal)
6 Generalized, Infantile Spasms
7 Generalized, Tonic-Clonic (Grand Mal)
9 Other/Unclassified Seizures

Seizure Frequency

27b. |__| **28b.** |__| **29b.** |__|

1 History of seizures, none in two years
2 History of seizures, none in one year
3 One to six per year
4 Seven to eleven per year
5 One per month (approximate)
6 One per week (approximate)
7 One per day (approximate)
8 More than one per day
9 Frequency Undetermined

27c. |__| **Condition Impact** **28c.** |__| **Condition Impact** **29c.** |__| **Condition Impact**

Etiology
ICD-10-CM Code

30a. |_____|

30b. |_____|

Consumer takes anticonvulsant medication

31. |__| 1 = Yes 2 = No

Status Epilepticus

32. |__| Has the consumer had Status Epilepticus in the past year?

1 = Yes 2 = No 3 = Unknown

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OTHER TYPE OF DEVELOPMENTAL DISABILITY (See CDER Manual-Diagnostic section pg. 44)

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

33. Other Disability: Yes ☐ No ☐

		Type of Other Disability (ICD-10-CM Code)		**Etiology** (ICD-10-CM Code)
33a.	_____ (Specify)		**34a.**	
33b.	_____		**34b.**	

RISK FACTOR (for use in Etiology Items 12a-b, 18a-b, 24a-b, 30a-b, and 34a-b) (See CDER Manual-Diagnostic section pg. 46)

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.)		

PSYCHIATRIC DISORDERS (See CDER Manual-Diagnostic section pg. 48)

If applicable, enter below the diagnosis(es) that describes the client's psychiatric disorder. If the client does not have a psychiatric disorder, enter "0" in Item 50a and leave 51a-53c blank. Use DSM5 codes for the mental disorders. Do not enter developmental disability diagnosis(es), including Autism Spectrum Disorder here.

	Type of Psychiatric Disorder (DSM5 Code)	**Date of Last Evaluation**	**Condition Impact**
50a.		**50b.** M M Y Y	**50c.**
51a.		**51b.** M M Y Y	**51c.**
52a.		**52b.** M M Y Y	**52c.**
53a.		**53b.** M M Y Y	**53c.**

CHRONIC MAJOR MEDICAL CONDITION(S) (See CDER Manual-Diagnostic section pg. 53)

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 00 in Item 54a and leave Items 55a-59b blank.

	Condition Type(s) (Specify)	Condition (ICD-10-CM Code)	Condition Impact
54a.			54b.
55a.			55b.
56a.			56b.
57a.			57b.
58a.			58b.
59a.			59b.

OTHER DIAGNOSTIC INFORMATION

HEARING (See CDER Manual-Diagnostic section pg. 57)

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 CDER Manual-Diagnostic section pg. 59)

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 CDER Manual-Diagnostic section pg. 62)

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 CDER Manual-Diagnostic section pg. 65)

(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 CDER Manual-Diagnostic section pg. 66)

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 "0" in Item 76 and leave Items 77-85 blank.

76. | | | **77.** | | | **78.** | | | **79.** | | | **80.** | | |

81. | | | **82.** | | | **83.** | | | **84.** | | | **85.** | | |

SPECIAL CONDITIONS OR BEHAVIORS (See CDER Manual-Diagnostic section pg. 71)

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 CDER Manual-Diagnostic section pg. 72)

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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EVALUATION ELEMENT

A. SKILLS DEMONSTRATED IN DAILY LIFE

These questions address the consumer's level of skill in tasks necessary for daily living. The response options for each question represent increasing skill. Select the level that best matches the behavior most often displayed by the consumer during the past 6 months, not the highest level he or she has demonstrated. If two adjacent answers apply, and they describe patterns that have been observed equally often, choose the higher level of performance. Do not adjust for age or other factors that might affect skill development. Behaviors during previous periods should not be considered.

When a question mentions familiar settings, it refers to a residence, school, day program, work site or other settings the consumer frequents on a routine basis. All other situations are considered to be unfamiliar. The term assistance refers to help given to a consumer who is performing a task mostly on his / her own, and supervision applies to situations in which a consumer performs a task independently, but someone must check to make sure it is done correctly. A reminder is a prompt given to a consumer who knows how to perform a task, but may forget to do so.

Please use the best informant available for each question. It is important that the person(s) providing information for this section be sufficiently knowledgeable about the relevant aspect of the consumer's life to provide an accurate and unbiased picture. In most cases, this will be someone who has directly observed the consumer's daily behavior for at least one week within the preceding six months.

If you are unable to provide a response to a question, please explain why.

If for any reason the question is not appropriate for the consumer, record Question Does Not Apply (N).

If a knowledgeable person is not available to provide information, record Current Information Not Available (Q).

These questions are written to be understood and answered by service coordinators. Do not read them to consumers, family members, or caregivers verbatim. Instead, use your own words to request the information that you need to answer the question.

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1. ☐ USING HANDS

1 = Does not use either hand
2 = Grasps objects with one hand
3 = Grasps objects with both hands
4 = Uses fingers of one hand to manipulate objects
5 = Uses fingers of both hands to manipulate objects

N = Question does not apply
Q = Current information not available

2. ☐ WALKING

1 = Cannot walk
2 = Walks with support
3 = Walks alone at least ten (10) feet, but is unsteady
4 = Walks alone at least twenty (20) feet, but is unsteady
5 = Walks alone at least twenty (20) feet with good balance

N = Question does not apply
Q = Current information not available

3. ☐ USING A WHEELCHAIR

1 = Sits in manual or motorized wheelchair, but cannot move it
2 = Uses manual or motorized wheelchair, but needs assistance
3 = Uses manual or motorized wheelchair independently, but has difficulty steering
4 = Uses manual or motorized wheelchair independently and smoothly in some situations
5 = Uses manual or motorized wheelchair independently and smoothly in nearly all situations

N = Question does not apply
Q = Current information not available

4. ☐ TAKING PRESCRIPTION MEDICATION

1 = Requires assistance to take medication
2 = Takes medication with supervision
3 = Takes medication when reminded
4 = Usually takes medication without reminders
5 = Always takes medication without reminders

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N = Question does not apply
Q = Current information not available

5. ☐ EATING

1 = Does not feed self; must be fed completely
2 = Eats with fingers with assistance
3 = Eats with fingers without assistance
4 = Eats with at least one utensil, with spillage
5 = Eats with at least one utensil, without spillage

N = Question does not apply
Q = Current information not available

6. ☐ TOILETING

1 = Not toilet or habit trained
2 = Habit trained only (toilets at preset intervals)
3 = Toilets when prompted
4 = Toilets without prompting, but needs assistance
5 = Toilets independently; does not require assistance

N = Question does not apply
Q = Current information not available

7. ☐ BLADDER AND BOWEL CONTROL

1 = No control of either bladder or bowel
2 = Wetting and/or soiling occur at least once a week during waking hours
3 = Wetting and/or soiling occur at least once a week at night
4 = Wetting and/or soiling occur no more than once a month
5 = Complete control of bladder and bowel

N = Question does not apply
Q = Current information not available

8. ☐ PERSONAL CARE

(Brushing teeth, washing, bathing/showering, hair care, use of deodorant, and care related to gender and age, e.g., shaving and menses. If the consumer can do some of these tasks, but not all, choose the answer that most accurately reflects how much support the consumer requires.)

1 = Does not perform or assist with personal care activities
2 = Assists with personal care activities by performing helpful movements
3 = Performs personal care activities, but needs assistance
4 = Performs personal care activities independently when reminded

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5 = Performs personal care activities independently without reminders

N = Question does not apply
Q = Current information not available

9. ☐ DRESSING

(Putting on and removing clothing and shoes, fastening zippers, velcro tabs, and buttons. If the consumer can do some of these tasks, but not all, choose the answer that most accurately describes how much support the consumer requires.)

1 = Does not dress self
2 = Assists with dressing by performing helpful movements
3 = Dresses self, but needs assistance
4 = Dresses self independently, but needs reminders to complete
5 = Dresses self independently without reminders

N = Question does not apply
Q = Current information not available

10. ☐ SAFETY AWARENESS

(Following safety rules and avoiding hazardous situations. The phrase "all settings" includes both familiar and unfamiliar situations.)

1 = Requires constant supervision during waking hours to prevent injury/harm in all settings
2 = Requires someone nearby during waking hours to prevent injury/harm in all settings
3 = Requires constant supervision to prevent injury/harm in unfamiliar settings only
4 = Requires someone nearby to avoid injury/harm in unfamiliar settings only
5 = Does not require supervision to prevent injury/harm

N = Question does not apply
Q = Current information not available

11. ☐ FOCUSING ON TASKS AND ACTIVITIES

(Visual or other kinds of direct attention to tasks requiring cognitive activity and response; TV watching not included. If the consumer shows different levels of skill in different situations, choose the answer that describes what the consumer does most frequently.)

1 = Focuses on a preferred task or activity for less than 1 minute
2 = Focuses on a preferred task or activity for between 1 and 5 minutes
3 = Focuses on a preferred task or activity for between 5 and 15 minutes
4 = Focuses on a preferred task or activity for between 15 and 30 minutes
5 = Focuses on a preferred task or activity for more than 30 minutes

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N = Question does not apply
Q = Current information not available

12. ☐ VERBAL COMMUNICATION

(Use of words to ask for something or to indicate needs.)

1 = Does not use words to communicate
2 = Uses words to communicate,
but speech is not easily understood by strangers
3 = Uses simple statements of one or two words (e.g. “I go” or “Give me”)
4 = Uses sentences of three words or more and has a limited vocabulary
(30 words or less)
5 = Uses sentences of three words or more and
has a vocabulary of more than 30 words

N = Question does not apply
Q = Current information not available

If the consumer does not use words to communicate (level 1), answer question 13. If the consumer does use words to communicate (levels 2 through 5), record Question Does Not Apply (N) and skip to question 14.

13. ☐ NONVERBAL COMMUNICATION

(Communication through means other than words, including the use of specialized devices that allow or facilitate communication.)

1 = Does not use signals, gestures, or signs to communicate
2 = Communicates through movement, smiling, making eye contact, etc
3 = Communicates through simple gestures such as pointing,
shaking head, or leading by the hand
4 = Uses signs/gestures and facial expressions to communicate,
but does not understand those of other people
5 = Uses and understands signs/gestures
and facial expressions in communication

N = Question does not apply
Q = Current information not available

14. ☐ SOCIAL INTERACTION

(Two-way communication with others using either verbal or nonverbal cues. The interaction may involve either peers, family members, or staff. If the consumer shows different levels of skill in different situations, choose the answer that

FICTIONAL TEST RECORD - not a real person

describes what the consumer does most frequently.)

1 = Does not engage in interaction with others
2 = Does not initiate interaction with others
3 = Initiates interactions with others
4 = Initiates and maintains interactions in familiar situations/settings
5 = Initiates and maintains interactions
in familiar and unfamiliar situations/settings

N = Question does not apply
Q = Current information not available

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B. CHALLENGING BEHAVIORS

These questions capture the frequency and/or intensity of challenging behaviors. The response options for each question represent decreasing levels of challenging behaviors. Select the level that best matches the behavior most often displayed by the consumer during the past 12 months. Do not adjust for age or other factors that might affect these behaviors. Behaviors during previous periods should not be considered.

In the questions below, the term never indicates that a behavior does not occur or that occurs so rarely that it is not possible to quantify it. Injury refers to harm to oneself or another that requires either first aid or treatment by a licensed medical care provider.

Please use the best informant available for each question. It is important that the person(s) providing information for this section be sufficiently knowledgeable about the consumer's behavior to provide an accurate and unbiased picture. In most cases, this will be someone who has directly observed the consumer's daily behavior for at least 2 of the preceding 12 months.

If you are unable to provide a response to a question, please explain why.

Record Question Does Not Apply (N) if the consumer is too young to display a particular behavior, or if for any other reason the question is not appropriate.

If a knowledgeable person is not available to provide information, record Current Information Not Available (Q).

These questions are written to be understood and answered by service coordinators. Do not read them to consumers, family members, or caregivers verbatim. Instead, use your own words to request the information that you need to answer the question.

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15. ☐ DISRUPTIVE SOCIAL BEHAVIOR

(Behavior that has a negative impact on social participation in group settings at school, day program, home, or work; the impact should be severe enough to interrupt or prevent participation in activities.) Examples include screaming, spitting, uncontrolled movements.

1 = Disruptive behavior interferes with social participation almost every day
2 = Disruptive behavior interferes with social participation at least once a week, but not every day
3 = Disruptive behavior interferes with social participation at least once a month, but not every week
4 = Disruptive behavior interferes with social participation less than once a month
5 = Disruptive behavior never occurs

N = Question does not apply
Q = Current information not available

16. ☐ AGGRESSIVE SOCIAL BEHAVIOR

(Behavior that harms or has the potential of harming others.) Examples include hitting, kicking, biting, pushing, shoving, barging, etc.

1 = Physical aggression resulting in injury occurred more than one time within the past 12 months
2 = Physical aggression resulting in injury occurred one time within the past 12 months.
3 = The consumer has not caused injury within the past 12 months, but physical aggression occurs once a month or more
4 = The consumer has not caused injury within the past 12 moths, but physical aggression occurs less than once a month
5 = Physical aggression never occurs

N = Question does not apply
Q = Current information not available

17. ☐ SELF-INJURIOUS BEHAVIOR

(Biting, scratching, or causing injury by putting inappropriate objects into ears, mouth, etc)

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1 = Self-injurious behavior causes injury requiring first aid or medical care almost every day
2 = Self-injurious behavior causes injury requiring first aid or medical care at least once a week, but not every day
3 = Self-injurious behavior causes injury requiring first aid or medical care at least once a month, but not every week
4 = Self-injurious behavior occurs, but no apparent injury occurs
5 = Self-injurious behavior never occurs

N = Question does not apply
Q = Current information not available

18. ☐ DESTRUCTION OF PROPERTY

(Intentional damage to physical property belonging to self or other; value of object must be $25 or more)

1 = Has caused major damage (requiring replacement and/or substantial repair of object) more than once within the past 12 months
2 = Has caused major damage (requiring replacement and/or substantial repair of object) once within the past 12 months
3 = Has caused minor damage (requiring little or no repair of object) more than once within the past 12 months
4 = Has caused minor damage (requiring little or no repair of object) once during the past 12 months
5 = Intentional destruction of property never occurs

N = Question does not apply
Q = Current information not available

19. ☐ RUNNING OR WANDERING AWAY

(Leaving premises without authorization and/or supervision in such a way that safety is endangered; do not consider intentionality or volition)

1 = Running/wandering away occurs or is attempted almost every day
2 = Running/wandering away occurs or is attempted at least once a week, but not every day
3 = Running/wandering away occurs or is attempted at least once a month, but not every week
4 = Running/wandering away occurs or is attempted less than once a month
5 = Running/wandering away never occurs

N = Question does not apply
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

20. ☐ Emotional Outbursts

(Sustained and intense displays of negativity related to frustration, fear, or anger. Intervention refers to intervention by a staff member.)

1 = Outbursts occur at least once a week and usually require intervention
2 = Outbursts occur at least once a week, but do not typically require intervention
3 = Outbursts occur less than once a week and usually require intervention
4 = Outbursts occur less than once a week, but do not typically require intervention
5 = Emotional outbursts never occur

N = Question does not apply
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

PERSONAL OUTCOMES ELEMENT

A. PHYSICAL AND SOCIAL ENVIRONMENT

These questions capture the quality of the consumer's school, work, and living environments. The response options for each question represent increasing levels of independence, well-being, inclusion, and/or productivity. Select the level that best describes the consumer's current situation, disregarding both past circumstances and any temporary fluctuations (e.g., being out of school on vacation) that may be occurring now.

In the questions below, the phrase **person with a disability** refers to someone other than the consumer who has a developmental disability or special need for support in a given setting. **Speaking the consumer's language** means being able to communicate about daily matters and engage in social interaction with the consumer.

Please use the best informant available for each question. It is important that the person(s) providing information for this section be sufficiently knowledgeable about the particular area of a consumer's life to provide an accurate and unbiased picture.

If you are unable to provide a response to a question, please explain why.

Record *Question Does Not Apply (N)* if for any reason the question is not appropriate.

If a knowledgeable person is not available to provide information, record *Current Information Not Available (Q)*

These questions are written to be understood and answered by service coordinators. Do not read them to consumers, family members, or caregivers verbatim. Instead, use your own words to request the information that you need to answer the questions.

School & Work

Questions in this section do not apply to all consumers. If the consumer does not participate in the type of setting specified in a question, record Question Does not Apply (N) and proceed to the next one. Please Note:

Questions 1 through 3 apply only to consumers who attend school. Questions 4 through 6 apply only to consumers who work and/or attend a day program Questions 7 and 8 apply only to consumers who work for pay.

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1. What type of school does the consumer attend?

1 = In-home instruction
2 = School with special education students only
3 = Integrated school with some integrated classes
4 = Integrated school with fully integrated academic classes

N = Question does not apply
O = Attends college, adult education classes, or trade school
Q = Current information not available

Examples of Coding Type of School

Example 1: Consumer is home schooled: rate 1

Example 2: Consumer is sixteen and attends community college class held on grounds of residential facility: rate O

Example 3: Consumer attends Day Training Activity Center (DTAC) on grounds of residential facility: rate N

2. On a typical day, how much contact does the consumer have at school with students who do not have a disability?

1 = No contact
2 = Contact outside of academic classes only
3 = Some contact in academic classes, but not all day
4 = Contact all day (Fully included)

N = Question does not apply
Q = Current information not available

Examples of Coding School Contact

Example 1: Home schooled; one parent; no other students: rate 1

Example 2: Community college class at residential facility: rate 3

Example 3: DTAC at residential facility: rate N. Although DTAC will include other consumers, this is not a "school" situation.

FICTIONAL TEST RECORD - not a real person

3. On a typical day, how many people does the consumer interact with at school who speak the consumer's primary language (e.g., Spanish, English, Cambodian, etc.)?

1 = None
2 = At least one
3 = More than one but not all
4 = All

N = Question does not apply
Q = Current information not available

Examples of Coding Primary Language Interaction

Example 1: Home school: rate 2. One parent and no other students provides a limited environment. Level 4 would imply a wider variety of interactive opportunity.

Example 2: Community college class on grounds: rate 3 unless all consumers and staff are both verbal and speak consumer's primary language, then rate 4

Example 3: DTAC: rate N. Not a "school" environment

4. In what type of work or day program does the consumer participate most often?

1 = Day program
2 = Sheltered workshop / facility based employment
3 = Community based employment with supports by vendor agency
4 = Community based employment without supports by vendor agency

N = Question does not apply
V = Volunteer or other unpaid work
Q = Current information not available

Examples of Coding Work / Day Program

Example 1: Home schooled: rate N

Example 2: Community college class on grounds: rate N

Example 3: DTAC on grounds: rate 1

FICTIONAL TEST RECORD - not a real person

5. On a typical day, how many people does the consumer interact with at the day program and/or work site who do not have a disability? (include both peers and staff.)

1 = None
2 = A few
3 = Most
4 = All

N = Question does not apply
Q = Current information not available

6. On a typical day, how many people does the consumer interact with at the day program and/or work site who speak the consumer's primary language (e.g., Spanish, English, Cambodian)? (Include both peers and staff.)

1 = None
2 = At least one
3 = More than one but not all
4 = All

N = Question does not apply
Q = Current information not available

7. In a typical week, how many hours is the consumer paid for work? (Please estimate if the consumer is paid for productivity.)

1 = Less than 10 hours
2 = 10 to 25 hours
3 = 26 to 39 hours
4 = 40 hours or more

N = Question does not apply
Q = Current information not available

8. In a typical week, how much does the consumer earn per hour of work? (Please estimate if the consumer is paid for productivity.)

1 = Consumer is paid less than minimum wage
2 = Consumer is paid minimum wage
3 = Consumer is paid more than minimum wage
4 = Consumer is a salaried employee

N = Question does not apply

FICTIONAL TEST RECORD - not a real person

Q = Current information not available

Community & Social Life

9. During the past 6 months, about how often did the consumer participate in community outings for personal errands, recreation, entertainment, or church?

1 = Once a month or less
2 = More than once a month, but not every week
3 = At least once a week, but not every day
4 = Almost every day

N = Question does not apply
Q = Current information not available

10. How many friends does the consumer have?
(Friends include individuals with whom the consumer maintains an ongoing relationship by initiating contact, sharing confidences, and/or engaging in special activities; may include family members, but not paid staff or support persons.)

1 = None
2 = One
3 = Two or three
4 = More than three

N = Question does not apply
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

Out-of-Home Living

This section applies only to consumers living in an out-of-home setting (i.e., any setting other than a family residence). If the consumer lives at home with family, record Question Does Not Apply (N) for each question below and proceed to the next section.

11. Including the consumer, how many people with disabilities live in the household? (Include both peers and staff.)

1 = Five or more people with disabilities
2 = Three or four people with disabilities
3 = One or two people with disabilities
4 = Consumer is the only person with a disability

N = Question does not apply
A = Consumer lives alone
Q = Current information not available

12. How many times has the consumer moved from one residence to another in the last 2 years?

1 = Three times or more
2 = Twice
3 = Once
4 = Consumer has not moved

N = Question does not apply
Q = Current information not available

13. On a typical day, how many people who live at the consumer's household speak the consumer's primary language (e.g., Spanish, English, Cambodian)? (Include both peers and staff.)

1 = None
2 = At least one
3 = More than one but not all
4 = All

N = Question does not apply
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

B. HEALTH & SAFETY

These questions capture the extent to which the consumer is safe and has access to needed health care services. The response options for each question represent increasing levels of care. For each question, select the response option that most accurately describes the consumer's situation during the preceding 12 months. *(Please note change in time frame from the previous section.)*

Please use the best informant available for each question. It is important that the person(s) providing information for this section be sufficiently knowledgeable about the particular area of a consumer's life to provide an accurate and unbiased picture.

If you are unable to provide a response to a question, please explain why.

Record *Question Does Not Apply (N)* if for any reason the question is not appropriate

If a knowledgeable person is not available to provide information, record *Current Information Not Available (Q).*

Record *Consumer Refused Care (X)* if care was made available, but consumer refused it.

These questions are written to be understood and answered by service coordinators. Do not read them to consumers, family members, or caregivers verbatim. Instead, use your own words to request the information that you need to answer the questions.

14. Did the consumer see a physician, nurse practitioner, or physician's assistant for medical care (including check-ups) during the past 12 months?

1 = No, but medical care was needed
2 = Yes, but needs were not met
3 = Yes, but needs were only partially met
4 = Yes, and needs were fully met

N = Question does not apply, e.g., medical care was neither needed or sought
X = Consumer refused care
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

15. Did the consumer see a dentist for dental care (including check-ups) during the past 12 months?

1 = No, but dental care was needed
2 = Yes, but needs were not met
3 = Yes, but needs were only partially met
4 = Yes, and needs were fully met

N = Question does not apply, e.g., dental care was neither needed or sought
X = Consumer refused care
Q = Current information not available

16. Does the consumer currently have a medical and/or dental condition for which appropriate care is not being provided, although it should be?

1 = Yes, and problems are life threatening
2 = Yes, and problems are serious enough to affect well-being
3 = Yes, but problems are not serious enough to affect well-being
4 = No

N = Question does not apply
X = Consumer refused care
Q = Current information not available

FICTIONAL TEST RECORD - not a real person

C. CONSUMER SURVEY

These questions capture the consumer's own feelings about his or her life. The consumer must provide the information in this section without someone else interpreting the response. If the consumer is not able or willing to provide any of this information, indicate why below.

If the consumer did not answer any of the questions in this section, indicate why by selecting one of the responses below. You should also put the appropriate response next to all questions in this section.

X = The consumer is not able to respond without interpretation and/or cannot understand the questions.
Q = The consumer is not available to respond at this time.
R = The consumer chooses not to respond to any of the questions.

Begin by explaining that the purpose of the questionnaire is to find out how the consumer feels about his or her life. Mare sure the consumer understands that he or she should describe feelings and impressions that are current (within the previous month or two), not those that may have occurred at an earlier time.

These questions should be read aloud. Fill in the name of the pertinent person, place, or agency as needed, using terms the consumer would recognize (e.g., "Do you like going to the Lauren Training Center?") You may paraphrase the question if the consumer asks for clarification or repeat the question as needed.

Do not read the response options to the consumer. Instead, allow the consumer to respond naturally. Listen carefully to the consumer's response, requesting clarification as needed.

- If a particular question is not appropriate for this consumer do not read it. Record *Question Does Not Apply (N)* and move on to the next question.
- Record *Not Sure (X)* if the consumer is unsure or does not understand the question.
- Record *Consumer Chooses not to Answer R* if the consumer prefers not to answer a particular question.

FICTIONAL TEST RECORD - not a real person

Insert the name of the place the consumer lives in each question below. If the consumer lives in a residence within a facility, use the name of the residence.

Questions 17 and 18 apply only to consumers who do not live at home. Question 19 applies only to **adult** consumers who do not live at home.

17. Some people like where they live and others don't. When you think about how you feel most of the time . . .
Do you like living at _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

18. Some people like the people who help them at home and others don't. When you think about how you feel most of the time . . .
Do you like the people who help you at _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

19. Some people wish they could live some place else. Others want to stay where they are. When you think about how you feel most of the time . . .
Do you want to keep living at _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

FICTIONAL TEST RECORD - not a real person

Insert the name of the school, job or day program the consumer attends most often in each question below. Volunteer jobs are included.

Questions 20 and 21 apply only to consumers who attend a school, day program, and or work-site. Question 22 applies only to **adult** consumers who attend a school, day program, and or work-site.

20. Some people like their school (or day program or job) and others don't. When you think about how you feel most of the time…

Do you like going to _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

21. Some people like the people who help them at their school (or day program or job) and others don't. When you think about how you feel most of the time . . .

Do you like the people who help you at _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

FICTIONAL TEST RECORD - not a real person

22. Some people wish they could go to another school (or day program or job). Others want to stay where they are. When you think about how you feel most of the time.

Do you want to keep going to _____?

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

23. We all feel sad or unhappy sometimes. Talking to other people about what happened can help us feel better.

Who do you talk to when you are sad or unhappy? (Ask "Who Else?" after the first name is given. Do not repeat a second time.)

0 = Consumer does not name anyone
1 = Consumer names one person
2 = Consumer names more than one person.

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

24. We all feel afraid or scarred sometimes. Some people feel like that a lot of the time. Others feel safe most of the time.

Do you feel safe or afraid most of the time?

0 = Afraid
1 = Ambivalent or Mixed Response (e.g., maybe; it depends; sometimes)
2 = Safe

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

FICTIONAL TEST RECORD - not a real person

25. We all feel sad or unhappy sometimes. Some people feel like that a lot of the time. Others feel happy most of the time.
Are you happy or sad most of the time?

0 = Sad
1 = Ambivalent or Mixed Response (e.g., maybe; it depends; sometimes)
2 = Happy

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

26. We all have times when we need something or want to do something different. Sometimes we speak up and sometimes we keep quiet about it.
Do you tell people what you want most of the time?

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends; sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
Q = The consumer is not available to respond at this time
R = Consumer chooses not to answer

FICTIONAL TEST RECORD - not a real person