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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Comprehensive Functional Assessment of Recreation** | |
| RESIDENT’S NAME | | RESIDENCE |
| DATE OF BIRTH | | DSHS NUMBER |
| DATE | | EVALUATION BY: |
| Information provided refers to changes and/or updates that have occurred since their last assessment. | | |
| **Synopsis of the past year** | | |
| Include progress and participation in activities since the last assessment. | | |

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| **Preferences / non-preferences** |
| Examples include but not limited to: activities that the individual is interested in and competency of performance, including on and off campus interests, duration tolerance, food preference, spiritual, animals, water safety and past / present / future preferences in activities. |

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| **Assistance needed to setup activities** |
| Ability to participate in any setup required for the activities conducted. |

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| **Ability to attend to task** |
| Include how long the individual is able to attend to an activity which may differ if a preferred activity versus a non-preferred activity. |

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| **Medical and non-medical issues which could affect activity participation** |
| List any issues which may affect participation in an activity including medical, non-medical, and accommodations needed. |

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| **Communication** |
| Include how the individual is able to communicate his / her wants / needs in regard to activity participation, how the individual socializes as well as choice making in relation to recreation activities. |
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| **Community skills** |
| Including but not limited to: money skills and pedestrian safety. |

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| **Recommendations / plans** |
| List any recommendations that you have based on the assessment of the individual. |

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| SIGNATURE OF PERSON COMPLETING EVALUATION DATE |