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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Comprehensive Functional Assessment of Occupational Therapy** | |
| RESIDENT’S NAME | | RESIDENCE |
| DATE OF BIRTH | | DSHS NUMBER |
| DATE | | EVALUATION BY: |
| Information provided refers to change and/or updates that have occurred since the last evaluation. | | |
| **Relevant History / Information** | | |
| General information | | |

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| Diagnosis |

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| Precautions |

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| **Client Factors** |
| Sensory functions |

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| Neuro-musculoskeletal and movement-related functions |

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| Muscle functions |

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| Mental functions |

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| Other; specify: |

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| Other; specify: |

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| **Activities of Daily Living** | |
| Use the legend below, unless otherwise specified, to complete the section below, and provide explanatory comments to each category.  I Independence Timely, safely, no assistance  MI Modified Independence Device / slow / safety  SUP Supervision Cueing, setup, coaxing  SBA Standby Close / constant supervision  CGA Contact Guard Contact steady / balance  MIN Minimal Assist Needs 1% - 25% help  MOD Moderate Assist Needs 26% - 50% help  MAX Maximal Assist Needs 51% - 75% help  TOT Total Assist Needs 76% or more help |
| Bathing:  COMMENTS | |

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| Toileting and toileting hygiene:  COMMENTS |

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| Dressing:  COMMENTS |

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| Swallowing and eating:  COMMENTS |

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| Feeding:  COMMENTS |

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| Personal hygiene and grooming:  COMMENTS |

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| Other; specify:  COMMENTS |

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| Other; specify:  COMMENTS |

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| **Interventions** |
| Interventions may include recommendations, occupations, preparatory methods / tasks, education, training, advocacy, self-advocacy, and groups. |

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| **Targeted Outcomes** |

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| SIGNATURE OF OCCUPATIONAL THERAPIST COMPLETING EVALUATION DATE |