**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Participation Category** | **Comment** |
| **Family engagement** |  |
| **Classroom engagement** |  |
| **School participation** |  |
| **Community involvement** |  |
| **Recreation** |  |
| **Friendships & other social interactions** |  |
|  |  |
|  |  |

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
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| **Activity Category**Check if assessed | **Activities**Check if limitation is present | **Comments** |
|  | **Mobility**Professional Responsible: |  | Lying & Rolling |  |
|  | Sitting |
|  | Transfers |
|  | Standing |
|  | Ambulation |
|  | Wheeled Mobility |
|  | Stairs |
|  |  |
|  |  |
|  |  |
|  | **Communication**Professional Responsible: |  | Verbal expression |  |
|  | Non-verbal expression |
|  | Comprehension |
|  | Conversation |
|  |  |
|  |  |
|  |  |
|  | **Feeding**Professional Responsible: |  | Eating |  |
|  | Drinking |
|  |  |
|  |  |
|  |  |
|  | **Self-care activities**Professional Responsible: |  | Dressing |  |
|  | Washing/bathing |
|  | Toileting |
|  | Meal preparation |
|  | Housework |
|  | Maintaining assistive tech |
|  |  |
|  |  |
|  |  |
|  | **School activities**Professional Responsible: |  | Reading |  |
|  | Writing |
|  | Calculating |
|  | Handling class materials |
|  | Organization |
|  |  |
|  |  |
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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Body Function & Structure**Check if assessed | **Medical Condition**Check if present | **Comments** |
|  | **Neurologic**Professional Responsible: |  | Developmental delay |  |
|  | Cognitive impairment  |
|  | Encephalopathy |
|  | Sleep disturbance |
|  | Seizures |
|  | Sensory deficits |
|  | Altered mental status |
|  | Headache |
|  | Irritability |
|  |  |
|  | **Neuromuscular**Professional Responsible: |  | Hypertonicity |  |
|  | Hypotonicity |
|  | Poor motor control |
|  | Movement disorders |
|  | Muscle weakness |
|  | Dysphagia |
|  |  |
|  | **Orthopedic**Professional Responsible: |  | Contractures  |  |
|  | Hip dysplasia  |
|  | Scoliosis  |
|  | Pathologic fractures |
|  |  |
|  | **Otolaryngology**Professional Responsible: |  | Adenotonsillar hypertrophy |  |
|  | Sialorrhea |
|  | Secretion  |
|  | Obstructive sleep apnea |
|  | Airway malacia  |
|  | Upper airway anomalies |
|  |  |
|  | **Respiratory** Professional Responsible: |  | Chronic lung disease |  |
|  | Bronchospasm |
|  | Restrictive lung disease |
|  | Recurrent pneumonia |
|  | Airway anomaly  |
|  | Respiratory insufficiency |
|  | Chronic lung disease |
|  |  |

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| --- | --- | --- |
| **Body Function & Structure**Check if assessed | **Medical Condition**Check if present | **Comments** |
|  | **Gastroentorology**Professional Responsible: |  | Dysmotility |  |
|  | Constipation |
|  | GERD |
|  | Delayed gastric emptying |
|  | Feeding intolerance |
|  | Feeding difficulties |
|  | Gallstones |
|  | Pancreatitis |
|  | Transaminitis |
|  | TPN dependence |
|  | Ostomies |
|  | Poor weight gain |
|  | Obesity |
|  |  |
|  | **Cardiac**Professional Responsible: |  | Murmur  |  |
|  | Congenital heart disease  |
|  | Cardiomyopathy  |
|  | Altered ventricular function |
|  | Hypertension  |
|  | Hypotension |
|  |  |
|  | **Renal**Professional Responsible: |  | Recurrent UTIs |  |
|  | Vesicoureteral reflux |
|  | Urinary retention  |
|  | Incontinence |
|  | Altered renal function |
|  | Nephrocalcinosis |
|  |  |
|  | **Endocrine**Professional Responsible: |  | Osteoporosis |  |
|  | Vitamin D deficiency |
|  | Hypothyroidism |
|  | Diabetes |
|  | Growth delay  |
|  | Premature/delayed puberty |
|  | Electrolyte derangements |
|  |  |
|  | **Hematologic**Professional Responsible: |  | Anemia  |  |
|  | Thrombocytopenia  |
|  | Leukopenia |
|  |  |

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|  |  |  |
| --- | --- | --- |
| **Body Function & Structure**Check if assessed | **Medical Condition**Check if present | **Comments** |
|  | **Infectious Disease**Professional Responsible: |  | Recurrent infections  |  |
|  | Colonization  |
|  | Resistant organisms |
|  | Prophylaxis  |
|  | Cellulitis |
|  |  |
|  | **Skin**Professional Responsible: |  | Decubiti  |  |
|  | Irritation 20 to technology |
|  | Yeast infections  |
|  | Drug eruptions  |
|  | Diaper rash through  |
|  |  |
|  | **Dental**Professional Responsible: |  | Poor hygiene  |  |
|  | Caries  |
|  | Pain  |
|  | Atypical eruption  |
|  | Malalignment |
|  |  |
|  | **Mental**Professional Responsible: |  | Anxiety  |  |
|  | Depression  |
|  | Attentional issues  |
|  | Self-concept  |
|  | PTSD |
|  |  |
|  | **Treatment side effects**Professional Responsible: |  | Transaminitis  |  |
|  | Pancreatitis |
|  | Irritability  |
|  | Cytopenias  |
|  | Allergic reactions |
|  |  |
|  | **Pain**Professional Responsible: |  |  |  |
|  |  |
|  |  |
|  |  |
|  | **Gynecologic**Professional Responsible: |  |  |  |
|  |  |
|  |  |
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| --- | --- |
| **Personal Factors** | **Comment** |
| **Demographics** |  |
| **Culture** |  |
| **Motivation** |  |
| **Preferences** |  |
| **Self-determination** |  |
|  |  |

|  |  |
| --- | --- |
| **Environmental Factors** | **Comment** |
| **Physical home environment** |  |
| **Family system** |  |
| **Physical school environment** |  |
| **School culture** |  |
| **Community accessibility** |  |
| **Community services & resources** |  |
| **Transportation** |  |
| **Healthcare team** |  |
|  |  |

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