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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  |