Washington State Department of Social & Health Services
Transforming lives

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

Diagnosis

Precautions

Client Factors

Sensory functions

Neuro-musculoskeletal and movement-related functions

Muscle functions

Mental functions

Other; specify:

Other; specify:

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: **Choose one.**

COMMENTS

Toileting and toileting hygiene: **Choose one.**

COMMENTS

Dressing: **Choose one.**

COMMENTS

Swallowing and eating: **Choose one.**

COMMENTS

Feeding: **Choose one.**

COMMENTS

Personal hygiene and grooming: **Choose one.**

COMMENTS

Other; specify: **Choose one.**

COMMENTS

Other; specify: **Choose one.**

COMMENTS

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

Targeted Outcomes

SIGNATURE OF OCCUPATIONAL THERAPIST COMPLETING EVALUATION	DATE