



Name: _____ DOB: _____ MID#: _____ Record#: _____

Array of Brighter Beginnings Services Client Functional Assessment

Assessment Focus	Never	Sometimes	Often	Comments
Demonstrates the ability to use telephone independently:				
A. Locates numbers in the telephone directory (specify residential, business, blue and yellow pages).				
B. Locates addresses in telephone directory.				
C. Dials numbers presented orally.				
D. Dials written numbers.				
E. Can obtain telephone assistance in an emergency (911)				
F. Can use directory assistance (411)				
G. Can make purchases utilizing vending machine				
H. Can select/order items for purchase				
I. Can order a meal				
J. Can identify sight words				
K. Can pay bus/train fare				
L. Can recognize and get off at the correct stop				
M. Can read bus schedules				
N. Can identify community signs				
O. Stops at curb				
P. Looks both ways before crossing				
Q. Can identify community safety signs				
Learning and Problem Solving	Never	Sometimes	Often	Comments
Time management/Can use clock to manage time:				
A. Tells time to the minute				
B. Tells time to the quarter hour				
C. Tells time to the half hour				
D. Tells time to the hour				
E. Matches activities to time (lunch-12:00; leave-3:00)				
1. Can read a calendar				
Money Management				
A. Sort/Match coins				
B. Can maintain a checking account				
C. Can write checks				
D. Can shop comparatively for groceries				



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E. Can budget expenses (weekly, monthly)				
F. Can add prices of 3-5 items				
G. Can use a calculator				
H. Can write dollars and cents in decimal notation				
I. Can read dollars and cents in decimal notation				
J. Can count various coin and bill combinations				
K. Can identify bill denominations				
L. Can count coin combinations up to \$1.00				
M. States the value of each coin				
N. Can identify coins by name				
O. Demonstrates understanding of more or less				
P. Can prepare a menu/food groups				
Q. Can prepare a grocery list				
R. Can count objects (1-?)				
S. Can recognize numbers				
T. Identifies appropriate tool/utensil for specific task				
U. Identifies appropriate cleanser/chemical for specific task				
Personal Care & Hygiene	Never	Sometimes	Often	Comments
Eating:				
1. Is able to feed self without assistance.				
2. Cuts food with a knife instead of eating pieces, which are too large.				
3. Feeds self with a fork.				
4. Feeds self with a spoon.				
5. Feeds self with hands.				
Demonstrates ability to eat:				
A. Solid foods				
B. Semi-solid				
C. Liquids				
1. Takes small bites and chews food slowly.				
2. Chews food thoroughly with mouth closed.				
3. Drinks from a cup without spilling.				
4. Drinks from a cup without assistance,				
5. Drinks from a straw.				



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Toileting	Never	Sometimes	Often	Comments
1. Independently cares for all toileting needs without being minded and without assistance.				
2. Cares for all toileting needs with prompting.				
3. Fastens and adjusts clothing after toileting.				
A. Zips zippers				
B. Buttons large buttons				
C. Buttons small buttons				
D. Fasten snaps				
4. Can put on and remove elastic waist garments.				
5. Pulls down pants when preparing to use the toilet.				
6. Pulls up pants when toileting is completed.				
7. Asks to use toilet (verbalizing, gestures).				
8. Needs a toileting schedule.				
9. Wears Depends.				
10. Indicates wet or soiled pants by vocalizing or gestures.				
11. Can put on and remove front opening of coat and/or sweater.				
Hygiene	Never	Sometimes	Often	Comments
1. Washes and dries hands without assistance.				
2. Demonstrates appropriate health care skills (uses tissue to blow nose, covers mouth when sneezes/coughs-washes hands afterwards, etc.)				
3. Demonstrates appropriate hygiene skills (reports to program clean and free of offensive odor)				
4. Grooms hair and nails appropriately.				
5. Can brush teeth without being reminded and without assistance.				
Endurance	Never	Sometimes	Often	Comments
1. Absences do not exceed 1 day per month.				
Remains on a specific task for extended periods of time:				
A. Alone (how long?)				
B. With others (how long?)				
2. Demonstrates ability to stand/walk for up to 4 hours.				
3. Demonstrates ability to lift, push, and pull items.				



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Gross Motor	Never	Sometimes	Often	Comments
1. Walks up and down stairs without assistance.				
2. Runs without falling				
3. Walks as primary means of getting around.				
4. Walks across a room without assistance.				
5. Takes at least two steps without assistance.				
6. Walks when holding a stable object (i.e. – handrails, tables, walls, etc.)				
7. Pulls self to a standing position.				
Is independently mobile with the use of:				
A. Walker				
B. Wheelchair				
8. Is able to sit unsupported.				
9. Holds head erect without assistance.				
Fine Motor Skills	Never	Sometimes	Often	Comments
Cuts with scissors:				
A. Complex items				
B. Simple geometric shapes				
C. Along a straight line				
D. Across a piece of paper				
1. Opens doors by turning and pulling doorknobs.				
2. Opens doors that require only pushing or pulling.				
3. Copies letters, numbers and shapes.				
4. Traces letters, numbers, and shapes.				
5. Holds pencil in proper position for writing.				
6. Marks with pencil, crayon, or chalk.				
7. Picks up small objects with thumb and forefinger.				
8. Picks up small objects with hands.				
9. Unwraps small objects like gum or candy.				
10. Puts objects into small containers and takes them out again.				
11. Transfers objects from one hand to another.				
12. Voluntarily grasps and holds objects.				
13. Controls release of objects.				
14. Demonstrates strong fine skills.				
Communicates basic needs through verbal expression:				



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A. Speaks in 3-4 word phrases.				
B. Speaks in complete sentences.				
C. Communicates thoughts and feelings.				
D. Has difficulty pronouncing words, speaking clearly.				
E. Communicates basic needs through signs/gestures.				
Follows instructions:				
A. Five steps and more				
B. Three to four steps				
C. One to two steps				
Demonstrates understanding of instructions including:				
A. In/On/Beside				
B. Right/Left				
C. Under/Over				
D. Yes/No				
1. Initiates contact with staff when instructions are not understood.				
2. Responds immediately to safety commands/signals.				
3. Maintains eye contact during conversations.				
4. Responds when spoken to or name is called (vocalizes or turns to speaker).				
Communicates primarily by means of:				
A. Verbal expression				
B. Finger spelling				
C. Signs				
D. Gestures				
E. Communication book/board				
5. Communications loudly enough to be heard/understood.				
Communicates the following basic needs:				
A. Thirst				
B. Hunger				
C. Pain				
D. Sickness				
E. Toileting needs				
6. Communicates wants and desires				
Socialization	Never	Sometimes	Often	Comments
1. Initiates conversation with others.				
2. Relates appropriately with peers (treats others with respect).				
3. Assists peers/complies with requests from peers.				



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4. Greets others and/or introduces self appropriately.				
5. Plays a variety of games (simple, complex-keeps score).				
6. Waits turn while engaged in activity.				
7. Responds to sensory stimuli.				
8. Addresses at least two familiar people by name.				
9. Plays more than one board or card game requiring making decisions, keeping score and/or based on chance.				
10. Can wait his/her turn while playing games.				
11. Plays simple group games in which someone wins, but score is not kept.				
Personal Awareness	Never	Sometimes	Often	Comments
1. Completes detailed forms (job, credit applications, etc.)				
2. Completes forms using basic personal information				
3. Can write and state social security number				
4. Can write and state home phone address				
5. Can write and state home phone number				
6. Can write and state date of birth.				
7. Can write name using cursive notation.				
8. Can write (print) and state first and last name				
9. Can print first name				
10. Can recognize name when written				
11. Presents I.D. card upon request				
Behavior	Never	Sometimes	Often	Comments
Demonstrates behavior that interferes with the safety of self and/or others.				
A. Physical aggression				
B. Verbal aggression				
C. Self-abuse				
D. Inappropriate sexual behavior				
1. Remains with a group or assigned area.				
Demonstrates respect for property:				
A. Destroys property				
B. Takes property that belongs to someone else				
2. Complies with staff requests				



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3. Independently weighs consequences of actions before making decisions				
4. Demonstrates self-control				
5. Shows an excessive or peculiar preoccupation with objects or activities.				
6. Displays repetitive behaviors (i.e., rocking, pacing, etc.)				
Can remain focused on a specific activity for:				
A. Extended periods of time.				
B. 30 minutes				
C. 15 minutes				
D. 10 minutes				
E. 5 minutes or less				
7. Can remain focused on specific activity with others for an allotted amount of time.				
8. Complies with staff request				
9. Respects property of others (not taking items belonging to others)				
10. Eats or puts non-edible items in mouth (PICA).				
Safety/Health	Never	Sometimes	Often	Comments
1. Demonstrates appropriate food handling skills.				
2. Demonstrates basic safety skills (i.e., does not touch hot surfaces, uses caution with wet floor, handles knives correctly, does not mix cleaning chemicals, does not pick up broken glass with hands, etc.)				
3. Demonstrates ability to determine freshness/spoilage of food.				
4. Demonstrates knowledge of proper food storage.				
5. Demonstrates ability to use basic appliances.				
6. Identifies and understands basic safety signs such as: caution, danger, poison, exit, wet floor, warning, emergency.				
7. Identifies emergency from non-emergency situations.				

Submitted By _____

Date: _____

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