

Emotional Regulation

Emotional Regulation measures the child's ability to regulate his emotions and maintain behavioral control.

NO HELPER

- 7 **Complete Independence:** The child independently regulates his emotions and associated behaviors in a socially appropriate manner. Emotional regulation problems do not pose a barrier to daily living.
- 6 **Modified Independence:** The child has occasional, mild difficulty but is able to appropriately regulate his emotions and associated behaviors. The child may be taking medication or have a behavior modification plan with which he complies. Emotional regulation problems do not pose a barrier to daily living.

HELPER

- 5 **Supervision:** The child manages his emotions and associated behaviors appropriately more than 90% of the time and requires assistance from a helper only in unfamiliar or stressful situations (less than 10% of the time). The child may be receiving mental health support, such as counseling.
- 4 **Minimal Direction:** The child manages his emotions and associated behaviors appropriately 75% to 90% of the time and requires assistance from a helper no more than 25% of the time.
- 3 **Moderate Direction:** The child manages his emotions and associated behaviors appropriately 50% to 74% of the time and requires assistance from a helper more than 25% of the time.
- 2 **Maximal Direction:** The child manages his emotions and associated behaviors appropriately 25% to 49% of the time and requires assistance from a helper more than 50% of the time.
- 1 **Total Assistance:** The child is unable to manage his emotions and associated behaviors appropriately and requires assistance from a helper more than 75% of the time.

Inhibition of Impulsive Responses

Inhibition of Impulsive Responses measures the child's ability to control his behavior and exhibit self-restraint (such as not interrupting, waiting for instructions to be completed, following safety precautions such as fall prevention guidelines or non-weight-bearing restrictions, and resisting off-task comments or actions).

NO HELPER

- 7 Complete Independence: The child does not have impulses or independently exhibits inhibition of impulsive responses.
- 6 Modified Independence: The child exhibits occasional, mild difficulty with inhibiting impulses. The child may be taking medication or have a behavior modification plan with which he complies. With these supports in place, impulsivity does not pose a barrier to daily living.

HELPER

- 5 Supervision: The child inhibits impulsive responses appropriately more than 90% of the time and requires assistance from a helper only in unfamiliar or stressful situations (less than 10% of the time). The child may be receiving mental health support, such as counseling.
- 4 Minimal Direction: The child inhibits impulsive responses appropriately 75% to 90% of the time and requires assistance from a helper no more than 25% of the time.
- 3 Moderate Direction: The child inhibits impulsive responses appropriately 50% to 74% of the time and requires assistance from a helper more than 25% of the time.
- 2 Maximal Direction: The child inhibits impulsive responses appropriately 25% to 49% of the time and requires assistance from a helper more than 50% of the time.
- 1 Total Assistance: The child is unable to inhibit impulsive responses appropriately and requires assistance from a helper more than 75% of the time.

Safety and Dangerous Behavior

Safety and Dangerous Behavior measures the child's ability to behave in a safe manner that does not cause danger or harm to himself or others.

When rating this item, rate the child according to the highest burden of care. For example, a child who infrequently engages in severely dangerous behavior still would require a high level of supervision and should be rated level 1 or 2. Rate the child in different environments throughout the day, not just in an individual session.

NO HELPER

- 7 Complete Independence: The child independently manages himself in a safe manner in all environments.
- 6 Modified Independence: The child has occasional, mild difficulty with maintaining safe behavior. The child may be taking medication or have a behavior modification plan with which he complies. With these supports in place, unsafe behaviors do not pose a significant danger to the child or others.

HELPER

- 5 Supervision: The child maintains safe behavior more than 90% of the time and requires assistance from a helper only in unfamiliar or stressful situations (less than 10% of the time). The child may be receiving mental health support, such as counseling.
- 4 Minimal Direction: The child maintains safe behavior 75% to 90% of the time and requires assistance from a helper no more than 25% of the time. (Behaviors exhibited are at low risk for medical treatment.)
- 3 Moderate Direction: The child maintains safe behavior 50% to 74% of the time and requires assistance from a helper more than 25% of the time. (Behaviors exhibited are at low risk for medical treatment.)
- 2 Maximal Direction: The child maintains safe behavior 25% to 49% of the time and requires assistance from a helper more than 50% of the time. (Behaviors exhibited are at moderate to high risk for medical treatment.)
- 1 Total Assistance: The child is unable to maintain safe behavior and requires direct behavioral support from a helper more than 75% of the time. (Behaviors exhibited are at moderate to high risk for medical treatment.)

The child may require a restraint for safety at level 1 or 2.

Self-Monitoring

Self-Monitoring measures the child's awareness of deficits (motor and cognitive areas) and the extent to which the child utilizes compensatory strategies (for example, using assistive devices such as checklists or memory logs; asking for help; and using a transfer board, cane, or splint).

NO HELPER

- 7 Complete Independence: The child independently self-monitors and utilizes occasional compensatory strategies as needed.
- 6 Modified Independence: The child has occasional, mild difficulty with self-monitoring and utilizing compensatory strategies.

HELPER

- 5 Supervision: The child self-monitors and utilizes compensatory strategies appropriately more than 90% of the time and requires assistance from a helper only in unfamiliar or stressful situations (less than 10% of the time).
- 4 Minimal Direction: The child self-monitors and utilizes compensatory strategies appropriately 75% to 90% of the time and requires assistance from a helper no more than 25% of the time.
- 3 Moderate Direction: The child self-monitors and utilizes compensatory strategies appropriately 50% to 74% of the time and requires assistance from a helper more than 25% of the time.
- 2 Maximal Direction: The child self-monitors and utilizes compensatory strategies appropriately 25% to 49% of the time and requires assistance from a helper more than 50% of the time.
- 1 Total Assistance: The child is unable to self-monitor and utilize compensatory strategies appropriately and requires assistance from a helper more than 75% of the time.

Response Time

Response Time measures the amount of time and cueing a child needs to respond to greetings, requests, or simple questions.

Do not judge the appropriateness of the child's response when measuring this item; measure only the amount of time and cueing required to elicit a response.

NO HELPER

- 7 Complete Independence: The child responds independently and in a timely manner throughout all interactions without assistance from a helper.
- 6 Modified Independence: The child responds to greetings and simple questions without assistance from a helper, and one or both of the following are true:
 - The child uses a communication device, picture board, or alphabet board.
 - The child requires extra time to respond. This requirement may be due to motor involvement (oral apraxia, limb apraxia, ataxia, hypertonicity, etc.).

HELPER

- 5 Standby Prompting: The child responds to greetings and simple questions but requires repetition from a helper to do so. (For example, you ask a child, "How are you?" The child does not respond, and you must repeat the question to get a response.)
- 4 Minimal Prompting: The child responds to greetings and simple questions 75% to 90% of the time, and one or more of the following are true:
 - The child requires a nonverbal cue (head nod, eyebrow raise, tap on the arm, etc.).
 - The child requires one or more repetitions of the prompt. (For example, the child needs to be prompted three times to get a response—the initial prompt and two repetitions.)
 - The child needs a nonverbal cue and a repetition of the prompt.
- 3 Moderate Prompting: The child responds to greetings and simple questions 50% to 74% of the time but requires verbal prompting to respond. (For example, a therapist says, "I said, 'Hi, how are you?' What do you say?" Or the child requires a carrier phrase to respond to greetings and simple questions, such as, "I said, 'Hi, how are you?' You could say, 'Good, _____. I'm _____.'")
- 2 Maximal Prompting: The child responds to greetings and simple questions 25% to 49% of the time but requires maximal assistance to do so. (For example, the child must directly imitate an appropriate response. "Hi, how are you? Tell me 'hi.'")
- 1 Total Assistance: The child responds to greetings and simple questions less than 25% of the time or shows no response to greetings and simple questions even when provided total assistance and prompting.

New Learning

New Learning measures the child's recall of new material after a one-hour period. Specifically, this item measures the child's ability to recall a sequence of four elements from a story, task, or activity (donning a brace, transitioning to a stance, playing a game, etc.). The child should take a break from the activity and perform or take part in other activities for a minimum of 30 minutes before being asked to recall the new learned activity.

When measuring this item, choose either a verbal or a nonverbal task. Here's an example of a nonverbal task: Ask the child whether he has played Uno before. If he has, suggest another game; if he has not, proceed to demonstrate the game until the child demonstrates understanding of the game. Leave, return after an hour to play the game with the child (this time without demonstration), and rate the extent to which the child demonstrates the information previously learned.

NO HELPER

- 7 Complete Independence: The child recalls all four sequential elements from the novel activity without difficulty or assistance.
- 6 Modified Independence: The child recalls all four sequential elements of the novel activity with mild difficulty or requires considerable time to do so.

HELPER

- 5 Standby Prompting: The child recalls all four sequential elements of the novel activity with prompting or verbal cueing.
- 4 Minimal Prompting: The child recalls three sequential elements of the novel activity with prompting or verbal cueing.
- 3 Moderate Prompting: The child is unable to recall the elements of the novel activity in sequential order but can recall two or three elements with or without prompting.
- 2 Maximal Prompting: The child is unable to recall the elements of the novel activity in sequential order but can recall one element of the activity or at least remembers learning a new activity.
- 1 Total Assistance: The child is unable to recall having learned a new activity.

Initiation

Initiation measures the child's ability to begin, and continue to complete, an everyday, simple task, such as eating a meal, dressing, taking turns during a game, or brushing teeth.

NO HELPER

- 7 Complete Independence: The child independently initiates and completes all daily tasks, such as dressing, eating, or playing games, without assistance from a helper.
- 6 Modified Independence: The child independently initiates and completes all daily tasks without assistance from a helper, and one or both of the following are true:
 - The child uses a timer, planner, or outliner to assist with initiation.
 - The child requires extra time to initiate and complete tasks. This requirement may be due to motor involvement (apraxia, ataxia, hypertonicity, etc.).

HELPER

- 5 Supervision/Setup: The child initiates and completes all daily tasks, but a helper must supervise the child or set up items the child requires to complete the task. (For example, a helper lays all items for getting dressed on a bed, after which the child begins and completes the task without additional assistance.)
- 4 Minimal Prompting: The child initiates tasks 75% or more of the time but is unable to complete tasks without additional prompting. (For example, during activities, a therapist has to prompt the child, asking, "What do we do next?" During ADLs, the therapist must prompt the child, asking, "We just brushed our teeth. What's next?")
- 3 Moderate Prompting: The child initiates tasks 50% to 74% of the time but is unable to complete tasks without prompting (verbal, nonverbal, or tactile).
- 2 Maximal Prompting: The child initiates tasks 25% to 49% of the time but requires specific direction from an adult to complete tasks.
- 1 Total Assistance: One or both of the following are true:
 - The child initiates tasks 25% of the time or less.
 - The child requires hand-over-hand assistance to complete tasks.

Attention/Focus

Attention/Focus measures the child's ability to independently focus on, and complete, an activity in a group setting or in a busy gym with distractions.

NO HELPER

- 7 Complete Independence: The child focuses independently to complete a 20-minute activity in a group setting or a session in a busy gym with distractions.
- 6 Modified Independence: The child focuses independently to complete a 20-minute activity in a group setting or a session in a busy gym with distractions, but one or both of the following are true:
 - The child uses adaptive equipment to complete the activity.
 - The child is on a listening program.

HELPER

- 5 Supervision/Setup: The child focuses and completes an activity of at least 15 minutes in a group setting or a session in a busy gym with distractions, but the child requires cueing or prompting less than 10% of the time.
- 4 Minimal Prompting: The child focuses and completes an activity of 10 to 15 minutes in a group setting or a session in a busy gym with distractions, but the child requires cueing or prompting 10% to 25% of the time.
- 3 Moderate Prompting: The child focuses and completes an activity of 5 to 10 minutes in a group setting or a session in a busy gym with distractions, but the child requires cueing or prompting 26% to 50% of the time.
- 2 Maximal Prompting: The child focuses and completes an activity of 3 to 5 minutes in a group setting or a session in a busy gym with distractions, but the child requires cueing or prompting 51% to 75% of the time.
- 1 Total Assistance: One or more of the following are true:
 - The child focuses on an activity for less than 3 minutes in a group setting or a session in a busy gym with distractions.
 - The child requires cueing or prompting more than 75% of the time to complete the activity.
 - The child is unable to focus.

Diet Level

Diet Level measures the child's ability to take in nutrition by mouth and the burden of care for caregivers.

NO HELPER

- 7 **Complete Independence:** The child safely takes a regular diet and thin liquids by mouth without assistance from a helper and does not require any thickening, special diet preparation, compensatory strategies, or devices (e.g., speaking valve, special cups, or utensils).
- 6 **Modified Independence:** The child takes food and liquids by mouth without assistance from a helper, and one or both of the following are true:
 - The child requires thickened liquids or special meal/diet preparation (e.g., mechanical soft or puréed-only diet), although the child is able to thicken liquids and purée foods independently.
 - The child requires swallowing strategies or an assistive device (e.g., speaking valve) that the child is able to perform or use independently (for example, a child on a regular diet and nectar liquids who can thicken his own liquids, or a child on a regular diet with thin liquids who can use a chin tuck independently).

HELPER

- 5 **Supervision/Setup:** The child safely takes all food by mouth with supervision (e.g., cues to slow down when eating) or setup assistance, and one or more of the following are true:
 - The child requires supervision due to impulsivity, safety, or initiation.
 - The child requires supervision with strategies (e.g., chin tuck, dry swallows, liquid wash).
 - An adult thickens liquids or cuts or mashes food for the child.
- 4 **Minimal Assistance:** The child's primary means of nutrition is oral intake, with 25% or less of the child's needed calories coming from tube feeds.
- 3 **Moderate Assistance:** The child takes some nutrition by mouth but also requires tube feed supplementation, with 26% to 50% of the child's needed calories coming from tube feeds.
- 2 **Maximal Assistance:** The child's primary means of nutrition is tube feeding (more than 50%), but the child takes some trials of PO feeds (for example, feeding more for practice than caloric intake, or attempting feeding at beginning of meals for practice only).
- 1 **Total Assistance:** The child takes all nutrition via tube feeding and does not take any trials of foods or liquids.