

Life Functioning Domain

Life domains are the different arenas of social interaction found in the lives of children and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the child and family are experiencing.

Question to Consider for this Domain: How is the child functioning in individual, family, peer, school, and community realms? **Please rate the highest level from the past 30 days.**

For Life Functioning Domain, the following categories and action levels are used:

0 = A dimension in which there is not current need; no need for action/intervention.

1 = A dimension in that indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = A dimension that indicates moderate problems; requires action to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action to improve functioning.

6. FAMILY RELATIONSHIPS - This item evaluates and rates the child's relationships with those who are in his/her family. It is recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the child is still in contact. When rating this item, you should take into account the relationship the child has with his/her family as well as the relationship of the family as a whole.

Questions to Consider

- How does the child get along with the family?
- Are there problems between family members?
- Has there ever been any violence in the family?

Ratings & Definitions

- 0** No evidence of problems in relationships with family members and/or child is doing well in relationships with family members.
- 1** There is a history or suspicion of problems and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child. Arguing may be common but does not result in major problems.
- 2** Child is having significant problems with parents, siblings and/or other family members. Frequent arguing, difficulty maintaining positive relationships may be observed.
- 3** Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

7. DAYCARE/PRESCHOOL* - This item rates the child's experiences in preschool or day care settings and the child's ability to get his/her needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the day care or preschool staff to meet the child's needs, and child's behavioral response to these environments

Note: for the school items, if the child is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group.

Questions to Consider

- How is the child doing in preschool / daycare?
- Has the child had any problems with behavior at preschool / daycare?
- Has the caregiver been contacted by the teacher / daycare provider to talk about the child's behavior?
- How is the child doing academically? Any problems with material / activities?

Ratings & Definitions

- 0** No evidence of problem with functioning in current preschool or daycare environment.
- 1** Mild problems with functioning in current preschool or daycare environment.
- 2** Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.
- 3** Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

*A rating of 1, 2 or 3 on this item will trigger the **School Module**.

8. MEDICAL - This item rates the child's current physical health status.

Questions to Consider

- Is the child generally healthy?
- Does s/he have any medical problems?
- How much does this interfere with his/her life?

Ratings & Definitions

- 0** Child is healthy.
- 1** Child has some medical problems that require medical treatment. These conditions are transient and treatable.
- 2** Child has chronic illness that requires ongoing medical intervention.
- 3** Child has life threatening illness or medical condition.

9. PHYSICAL - This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor. This item rates the child's physical limitations. Included in this rating will be conditions that limit activity, such as, impaired hearing, vision, as well as asthma. A rating of '2' includes sensory disorders such as blindness and deafness.

Questions to Consider

- Does your child have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)?
- What activities can your child not do because of a physical or medical condition? How much does this interfere with his/her life?

Ratings & Definitions

- 0** There is no evidence that the child has any physical limitations.
- 1** There may be a history, suspicion or the child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g. asthma) will be rated here.
- 2** Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 3** Child has severe physical limitations due to multiple physical conditions.

Developmental Functioning

10. MOTOR - This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.

Questions to Consider

- Has anyone ever mentioned or have you noticed your child having difficulty grasping or holding onto objects that other children his/her age can do without difficulty?
- Is your child falling frequently or having difficulty with gross motor skills (standing/walking without falling, etc.)?
- Does your child need additional assistance or accommodations to engage in tasks requiring grasping (coloring, grabbing papers, etc.)?

Ratings & Definitions

- 0** Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.

- 1** The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may previously have exhibited delays in reaching developmental milestones for fine/gross motor functioning but has since reached those milestones.

- 2** The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.

- 3** The child has severe or profound motor deficits. Delay causes impairment in functioning. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

11. COMMUNICATION (Receptive/Expressive) - This item refers to learning disabilities involving expressive and/or receptive language and the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. This item does not refer to challenges expressing feelings. In this item, it is important to look at each piece individually and rate as such. A child may have communication problems but may comprehend well, while another child is able to comprehend well but has communication and expression issues. Rate the highest level of need.

Questions to Consider

- Has the child ever been diagnosed w/problem understanding or using words to express him/herself?
- Are there concerns that the child could have a learning problem related with understanding others or expressing him/herself?

Ratings & Definitions

- 0** Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.

- 1** Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).

- 2** Child has limited receptive and expressive capabilities.

- 3** Child is unable to communicate in any way, including pointing or grunting.

12. AUTISM SPECTRUM - This dimension describes presence of autism spectrum disorders.

Questions to Consider

- Is the child diagnosed or being evaluated for autism or spectrum disorders?
- Does child exhibit deviant styles of communication with formal or fussy expressions or idiosyncratic words and expressions? Does child express sounds involuntarily?

Ratings & Definitions

- 0** There is no history of autism spectrum disorders.

- 1** Evidence of a low end Autism Spectrum Disorder. The child may have had symptoms of autism but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the development.

- 2** This rating indicates a child who met criteria for a diagnosis of Autism.

- 3** This rating indicates a child who met criteria for autism and had a history of high end needs to treat and manage severe or disabling symptoms on the autism spectrum.

13. SOCIAL FUNCTIONING - This item rates social skills and relationships from a developmental perspective. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child is doing currently. Strengths are longer-term assets.

Questions to Consider

- Currently, how well does the child get along with others?
- Has there been an increase in peer conflicts?
- Does s/he have unhealthy friendships?
- Does s/he tend to change friends frequently?

Ratings & Definitions

- 0** No evidence of problems and/or child has developmentally appropriate social functioning.

- 1** Child is having some minor problems in social relationships. Infants may be slow to respond to adults. Toddlers may need support to interact with peers and preschoolers may resist social situations.

- 2** Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

- 3** Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk

14. RECREATION/PLAY - This item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Questions to Consider

- Does your child seek out opportunities to engage in self-directed or cooperative play?
- Is anyone concerned that your child is avoiding play, not showing enjoyment during play or unable to engage in developmentally appropriate play

Ratings & Definitions

- 0** No evidence that infant or child has problems with recreation or play.

- 1** Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.

- 2** Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

- 3** Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even toddlers and preschoolers even with adult engagement cannot demonstrate enjoyment or use play to further development.

15. COGNITIVE - This rating describes the child’s development as compared to standard developmental milestones (see Table 1, page 43) as well as the child’s cognitive/intellectual functioning, including attention span, persistence and distractibility. It does include Intellectual Developmental Disorder, IQ and issues on the Autism spectrum. A rating of ‘1’ would be used to describe a child with mild developmental delays or suspected delays. Asperger’s Syndrome would likely receive a rating of ‘2,’ while Autism would receive a rating of ‘3.’

Questions to Consider

- Has the child been tested for or diagnosed with a learning disability?
- Does the child have an intellectual disability or delay?

Ratings & Definitions

- 0** No evidence of cognitive development problems. There is no evidence of developmental delay or the child has no developmental/cognitive problems.

- 1** Infant/child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.

- 2** Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.

- 3** Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

16. SLEEP - This item rates the child’s sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Bedwetting and nightmares should be considered a sleep issue.

Questions to Consider

- Does the child appear rested?
- Is s/he often sleepy during the day?
- Does s/he have frequent nightmares or difficulty sleeping?
- How many hours does the child sleep each night?

Ratings & Definitions

- NA** Child is younger than 12 months of age.

- 0** No evidence of problems with sleep. Sleep patterns are normative for age/developmental level.

- 1** Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.

- 2** Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.

- 3** Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

Regulatory Functioning

17. REGULATORY: BODY CONTROL/EMOTIONAL CONTROL – This item refers to the child’s ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child’s ability to regulate intense emotions is also rated here, which includes coping with frustration and transitions.

Questions to Consider

- Does your child have particular challenges around transitioning from activity to another resulting at times in the inability to engage in activities?
- Does your child exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
- Does your child require more adult supports to cope with frustration than other children in similar settings? Are you concerned that your child has more distressing tantrums or yelling fits than other children or has a teacher/childcare worker expressed concern about intensity or frequency of tantrums?

Ratings & Definitions

0 No evidence of regulatory problems.

Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. There is a history, suspicion of or some mild problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.

1

Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.

2

3 Profound problems with regulation are present that place the child’s safety, well-being and/or development at risk.

3

18. EATING - *This category refers to all items of eating. Pica would be rated here.*

Questions to Consider

- Did the child have any difficulties with breast or formula feeding?
- Did the child have any issues in the transition to solid foods?

Ratings & Definitions

0 There is no evidence of problems related to eating.

1 Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.

2 Infant/child has moderate problems with eating are present and impair the child’s functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.

3 Infant/child has severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

19. ELIMINATION - This category refers to all dimensions of elimination during infancy/childhood.

Questions to Consider

- Did the child have any unusual difficulties with urination or defecation?

Ratings & Definitions

- 0** There is no evidence of elimination problems.
- 1** Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
- 2** Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
- 3** Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

20. SENSORY REACTIVITY - This rating describes the history of child's sensory functioning and sensory reactivity.

Questions to Consider

- Does the child become easily overwhelmed by sensory stimuli?
Underreact to stimuli?

Ratings & Definitions

- 0** The child's sensory functioning appears normal (no evidence of being hyper or hypo-reactive to stimuli). There is no reason to believe that the child has any problems with sensory functioning.
- 1** Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
- 2** Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
- 3** Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.