

bathe, shampoo hair, or brush teeth)?

- What do you do for these problems?

Are there special devices that your child requires help in managing (eyeglasses, contact lenses, hearing aid, orthodontic appliances, artificial elimination appliances, orthopedic devices)?

Note: Use the following code to assess functional self-care level for feeding, bathing and hygiene, dressing and grooming, toileting:

0: Full self-care

I: Requires use of equipment or device

II: Requires assistance or supervision from another person

III: Requires assistance or supervision from another person and equipment or device

IV: Is totally dependent and does not participate

Cognitive/Perceptual Pattern

Does your child have any hearing difficulty?

- Does the child use a hearing aid?
- Have “tubes” been placed in your child's ears?

Does your child have any vision problems?

- Does the child wear glasses or contact lenses?

Does your child have any learning difficulties?