

FUNCTIONAL ASSESSMENT CHECKLIST FOR PROGRAMMING OF STUDENTS WITH PROFOUND MENTAL RETARDATION (FACP-PMR)

Vijayalakshmi Myreddi, Ph.D
 Jayanthi Narayan, Ph.D
 Shaik Saleem
 K. Sumalini
 V. Padma

No.	Entry	I	II	III	IV
	12				
	8				
31	20				
12	12				
10	10				
134					

No.	Position
15	Forward
16	Backward
17	Lateral bend
18	Crosses leg
19	Bent knees in
20	Bends ankle or foot in all positions
21	Bends elbows in all positions
22	Bends wrist and fingers in all positions
23	Has difficulty in breathing/has irregular breathing
24	Has rashes of skin like pressure sores or skin all
25	Has blisters when touched, tickled, etc.

③. Trunk extension exercises. prone
 board, lower trunk and limbs supported and
 like reaching for toy a looking at toy where
 eye is level above head level.

④. position on chair/bed. In chair
 pillows and trunk (lateral side) be
 between the two legs
 resting on arm rest or
 by side to reduce
 lower limb



Section Name:

No. General:

Eats only liquid

Eats unlimited

Chokes while eating

allow water

to drink water

brushing

water during brush

foam/swallows paste

three days/has

if 'bobbing' more

or in a pos

the purpose of walking

is because of physical pain

at very little water supplement

and quite. Behaviour lot of

showing must be

LEVEL OF PERFORMANCE

Functional Assessment Checklist for Programming of Students with Profound Mental Retardation (FACP-PMR)

Vijayalakshmi Myreddi, Ph.D

Jayanthi Narayan, Ph.D

Shaik Saleem

K.Sumalini

V.Padma

DEPARTMENT OF SPECIAL EDUCATION

National Institute for the Mentally Handicapped

(Government of India, Ministry of Social Justice & Empowerment)

Manovikasnagar, Secunderabad 500 009, A.P., INDIA

Tel: 27751741 (5 lines) Fax: 040-27750198 Grams: MANOVIKAS,

E-mail: deptspled_nimh@rediffmail.com Website: www.nimhindia.org



The Department of Special Education has undertaken a project on "Educational Programming for Students with Profound Mental Retardation" funded by US Aid (R&D). The Functional Assessment Checklist has been developed as a part of the project.

Functional Assessment Checklist for Programming of Students
with Profound Mental Retardation (FACP-PMR)

Copyright © 2004
National Institute for the Mentally Handicapped
Secunderabad - 500 009.

All rights Reserved.

ISBN 81 89001 15 9

Cover Design by : Ratna Kumar Aleti, Secunderabad. Ph : 040-27796110
Printed by : Sree Ramana Process Pvt. Ltd., Secunderabad - 500 003. Ph : 040-27811750

CONTENTS

	Page No.
Foreword.....	05
Preface	07
Acknowledgement	09
I. Introduction	03
II. Functional Assessment Checklist	13
III. Progress Report	49
IV. Appendix - 1	67
Appendix - 2	69
Appendix - 3	71
Appendix - 4	73
Appendix - 5	77
Appendix - 6	79
Appendix - 7	81
Appendix - 8	83
Appendix - 9	85
Appendix - 10	87

डॉ. एल. गोविन्द राव
निदेशक
Dr. L. GOVINDA RAO
Director

राष्ट्रीय मानसिक विकलांग संस्थान
(सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)
**NATIONAL INSTITUTE FOR THE
MENTALLY HANDICAPPED**
(Ministry of Social Justice and Empowerment,
Government of India)



FOREWORD

Education is every child's right irrespective of the condition of the child. Even among the children with disabilities, not withstanding the severity level, it is our moral obligation to provide "appropriate" education that brings a change in the quality of life of a child. As per the Persons with Disabilities Act 1995, appropriate Governments should take measures to ensure that every child with disability has access to free education in "appropriate environments". Biwako Millennium Framework for action towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific, 2002 expects our country to take action to achieve an inclusive barrier free and rights based society for persons with disabilities. Hence, it is a statutory obligation on the part of the Government to see that every child gets education in appropriate environment. Research evidence indicates that majority of the service programmes are offered to children with mild and moderate mental retardation and some of them include children with severe mental retardation. A very small number of institutions are providing educational services to children with profound mental retardation. One of the reasons for low registration of children with profound mental retardation could be inadequacies in the service models and the special education training related to profound mental retardation. We, at NIMH, are committed to develop service models on the life cycle need basis.

This has necessitated us to undertake a research project to develop appropriate methodology and material to train children with profound mental retardation and also to train the trainers. Functional Assessment Checklist for programming of students with profound mental retardation (FACP-PMR) is developed as a part of the research project, which is useful in assessment and planning of educational programme of children with profound mental retardation. I hope, the special schools in the country will use the checklist for the development of the children with profound mental retardation.

I will feel happy, if feed back on the utility of checklist is given to us with suggestions, if any, for improvement.

(Dr.L.Govinda Rao)

March 29, 2004

मनोविकास नगर, सिकंदराबाद - 500 009 तार : मनोविकास दूरभाषा : (का) 27759267 (नि) 27757715 फेक्स : 0091 (40) 27758817

Manovikasagar, Secunderabad - 500 009. Grams : MANOVIKAS Phones : (O) 27759267 (R) 27757715

Fax : 0091 (40) 27758817 E-mail : hyd2_dirnimh@sancharnet.in lan_gra@rediffmail.com Website : nimhindia.org

PREFACE

Education of Children with Profound Mental Retardation has always been a challenge to educators. In fact, many a times the Schools refuse to offer services to children with profound mental retardation as they do not have proper technology to teach them. We all know that they have a very limited ability to understand and learn skills when compared to children with other categories of mental retardation. Apart from mental retardation, often children with profound mental retardation have other associated conditions such as epilepsy, physical disability and other health related problems which puts forth a picture further too that it is difficult to teach them anything and even if we teach how much can they learn? However, we need to accept the fact that no child is untrainable. Every child has some or the other capacity to learn if we provide "**appropriate**" education. So we must aim at providing "**appropriate**" education, i.e. the education that brings out whatever is the potential in the child to the maximum. As a first attempt, we in the Department of Special Education took up the responsibility of developing educational methodology for teaching students with profound mental retardation in class room. To teach a child, we need to develop an assessment tool which helps us in finding the current level performance of a student with profound mental retardation and in planning a suitable educational programme. So we made an attempt to develop the present assessment tool.

The FACP-PMR is presented in four parts. The first part of the book explains the development of checklist and the procedures to be followed in using the checklist. The second part consists of the checklist followed by the Progress report as the third part. The sample copies of all the formats are included in the fourth part for clear understanding of users.

Vijayalakshmi Myreddi

ACKNOWLEDGEMENT

We would like to place on record our thanks to all the Institutions for accepting to support us in field testing of the Checklist. Our thanks are due to the Special Educators who had administered the checklist and gave their valuable suggestions which helped us in refining the checklist. We are also thankful to families and students with Profound Mental Retardation for their cooperation.

Our colleagues at NIMH and others associated with us gave valuable comments and suggestions regarding the appropriateness of the content. We extend our thanks to them for sparing their time and also to Mr. B. Suryaprakasam for providing statistical assistance in analyzing the data.

We greatly acknowledge the constant encouragement and support extended to us by our Director, Dr. L. Govinda Rao in completing this book. We deeply appreciate Dr. S.H.K. Reddy, Deputy Director (Admn.), Mr. G.V. Reddy, Asst. Admn. Officer (PA&M) and Shri T. Pitchaiah, Accounts Officer, for their support in printing this book.

We would not be doing justice, if we forget to acknowledge the efforts taken by Mrs. V. Padma and Mr. A.K. Sivasankaran in typing and designing the matter.

Vijayalakshmi Myreddi

We are presenting you with an assessment checklist for your use in teaching students with profound mental retardation in the class room. This checklist helps you (a) to find out the current level performance of a student with profound mental retardation, and (b) to plan an IEP. In addition, it facilitates you in developing individualized curriculum by adding and deleting the curricular items based on the utility. We appeal to the users to give their comments and suggestions on the utility of the checklist in teaching and training of students with profound mental retardation. Your feedback will help us in revision of the checklist in future.

Thank you

Vijayalakshmi Myreddi

**FUNCTIONAL ASSESSMENT CHECKLIST
FOR PROGRAMMING OF STUDENTS
WITH PROFOUND MENTAL RETARDATION**

FUNCTIONAL ASSESSMENT CHECKLIST FOR PROGRAMMING OF STUDENTS WITH PROFOUND MENTAL RETARDATION (FACP-PMR)

INTRODUCTION

It is generally thought by professionals and parents equally that nothing can be done with children with profound mental retardation except to take care. The main reason for such assumption is the limitation of this population in fulfilling even their basic biological needs, mobility and communication. Majority of children with profound mental retardation have associated problems such as physical disability, epilepsy, visual and hearing loss apart from mental retardation. The associated problems along with the severe deficits in developmental areas present a picture that children with profound mental retardation are not capable of learning anything. However, research studies on teaching and training of children with profound mental retardation in deficit skills indicated that, they too are capable of learning basic skills when systematic planning and intervention strategies are applied.

It is a noted fact that, before developing intervention programme, there is an absolute necessity to find out the current level performance of the child in different areas of development which calls for the need for an assessment tool. Currently the special education programmes emphasize the use of functional assessment tools for programming as they aim at preparing persons with mental retardation to function as independently as possible within their own communities. In accordance to the trend, functional assessment tools for programming have been developed by professionals all over the world for use in teaching children with mental retardation. To quote some of the tools developed for education of children with mental retardation in India are Madras Developmental Programming System (MDPS), Behaviourial Assessment Scales for Indian Children with Mental Retardation (BASIC MR) and Functional Assessment Checklist for

Programming (FACP). The items covered in these checklists are for children with mental retardation with higher abilities. However, FACP has a checklist for care group but the items covered are very limited.

In view of the paucity, the present assessment tool for programming was developed which becomes the basic curriculum for children with profound mental retardation in class rooms. Intervention methods for each item in the checklist are prepared for use of trainers.

DEVELOPMENT OF THE CHECKLIST (FACP-PMR)

The primary objective of education of children with profound mental retardation is to train them in skills that help them to attend to their personal needs partially if not completely, communicate their basic needs, and maintain acceptable behaviours as far as possible. Accordingly the curriculum content included the areas such as Self help (eating, drinking, toileting, brushing, and dressing), Motor, Communication, Social and Visual skills.

Before developing the checklist a review of the literature on existing assessment tools available for persons with profound mental retardation was done. The search did not reveal much of information regarding the assessment tools for persons with profound mental retardation. However, the literature available on teaching and training of persons with severe and profound mental retardation was considered while developing the present checklist. The developed checklist consists of the core areas such as Self-help, Motor, Communication, Social and Visual skills. The reliability and validity of the checklist is established.

RELIABILITY

Split-half Reliability

The checklist was sent to 13 Special Schools who are offering services to persons with profound mental retardation for field testing. The special teachers used the checklist for assessing persons with profound mental retardation. The details are given below.

The Demographic details of persons with profound mental retardation assessed using the checklist

S. No.	City	No. of Schools	Age Group	Sex		Total
				Male	Female	
1.	Hyderabad	1	9 - 11	3	0	3
2.	Hooghly	1	11 - 30	10	0	10
3.	Kolkatta	2	3 - 21	13	4	17
4.	Kurnool	1	3 - 11	4	0	4
5.	Mumbai	1	3 - 13	6	3	9
6.	Nizamabad	1	3 - 17	5	5	10
7.	New Delhi	1	3 - 14	8	2	10
8.	Samalkot	1	5 - 20	2	3	5
9.	Secunderabad	1	3 - 21	14	4	18
Total		10	3 - 30	65	21	86

The total number of cases assessed were 86. Among them 65 were males and 21 were females and the age ranged from 3 - 30 years. The obtained data was analysed to establish the split-half reliability.

Split half reliability was done to see the internal consistency of the items of the respondents. The reliability coefficient of the FACP-PMR was found to be 0.99. Item analysis was done with the received responses to finalize the items in the checklist. Six items were found not significant which were deleted. The total number of items in the checklist after deleting the non-significant items are 124.

Inter Rater Reliability

Inter rater reliability for the FACP-PMR was also established. Two raters independently assessed 10 children with profound mental retardation. The results showed a high degree of positive correlation between the two independent assessments of children with profound mental retardation ($r= 0.89$).

VALIDITY

Face validity

The face validity was established by giving the checklist to 15 professionals who have an adequate experience of working with children with mental retardation to rate on the five point scale. Their responses were analysed. The face validity obtained from professionals rating was found to be high (0.98).

Criterion validity

To establish Criterion validity the FACP-PMR was administered on children with mild, moderate and severe mental retardation. Each group consisted of 10 children. They were matched with age, sex and associated problems of children with PMR of the same number (N=10) selected randomly from the group of children (N=86) participated in field testing of FACP-PMR. Analysis of Variance was done to find out the difference between the groups. The results showed a high significant difference (<0.001) between the overall performance of the group of children with profound mental retardation and the over all performance of other groups of children with mental retardation.

CONTENT

The FACP-PMR checklist consists of four sections. Section A covers checklist of skills, Section B covers checklist of problem behaviours and Section C covers checklist of general problems along with the glossary and section D covers progress report.

Checklist of Skills

The checklist includes core areas such as Self-help (eating, drinking, toileting, bathing and dressing), Motor, Communication and Visual skills. The items under each core area are stated in such a way that the assessor will be able to observe and measure the performance/achievement of the child objectively. Space is left under each core area for adding items that are appropriate and needed for an individual child. This provides a greater flexibility to the user in selecting the curriculum content that is essential

for the development of individual student. It is warranted, as students come from varied cultures, economic status and environments and teachers have to take into consideration all the above factors while selecting the curriculum for teaching.

Checklist of Problem Behaviours

It has been noted in the literature and also has been observed that majority of children with profound mental retardation have behaviour problems. The same was observed with the cases who had participated in the field testing of FACP-PMR checklist. The analysis of data indicated that 58 (68%) out of 86 cases had behaviour problems and the behaviour problems reported ranged from 7-1. Further, most of them had an average 2-3 behaviour problems. Hence, it was felt that there is a need for developing problem behaviours checklist for identifying the problems which would help in planning intervention programme.

For preparing the checklist, the problem behaviours reported for each student were pooled. The checklist consists of 47 problem behaviours. There is also a provision at the end of the checklist (Any other) to include the behaviour problems other than the ones listed in the checklist.

Checklist of General Problems

Due to the nature of the disability and lack of appropriate timely treatment the persons with profound mental retardation develop health related and physical problems which hinders the progress of the student if they are not addressed as a part of educational programming. In fact 76 (88%) out of 86 students assessed were reported to have health related and physical problems. Therefore, a checklist of general problems is also included for use of teachers. The problems reported were pooled for developing the checklist. The checklist consists of 24 items. The checklist will help the teachers to identify the problems and plan intervention programme or refer to other professionals for reducing the problems. A glossary for the items is prepared for clear understanding of the items so that the assessor can assess the problems with objectivity.

FORMAT

The format is designed in such a way that there is a provision for recording the initial assessment and periodic evaluation data which tells about student's progress. Further, it helps teachers in planning instruction based on the performance periodically for one academic year. Keeping in view the regular school evaluation system, the periodicity has been kept at quarterly, half yearly and annual evaluation with two unit evaluations in each quarter. The same system of evaluation can be continued for the next academic year also (Appendix - 1). At the end of the checklist there is also a provision for recording the cumulative performance of the student in each core area (Appendix - 2) and in the first page a provision for recording the cumulative performance of total scores in all areas periodically (Appendix - 3).

SCORING

Key is provided for recording the performance of the student (+ = Yes; - = No; C = Occasional cues; NA = Not applicable; NE = No exposure; VP = Verbal prompt; GP = Gestural prompt; MP = Modeling prompt; PP = Physical prompt).

Items which the student is able to perform on his own without assistance is marked (+) and the items which he can not even perform with different types of assistance (prompts) is marked (-). When student performs an activity with occasional cues, it is marked (c). Not applicable (NA) is marked where the item is not suitable for training of a specific student. The item is suitable for the student and the student is capable of learning if he was trained, then No exposure (NE) is marked. The different prompt levels VP, GP, MP and PP are marked as per the performance of the student with a specific prompt.

Each item marked (+) or (c) is given a score of one (1). For example there are 25 items under eating skills. On assessment the student is able to do four (2) items independently and two (1) item with occasional cue (c). The scoring for eating skills will be six (3) (see appendix - 1).

PLANNING INDIVIDUALIZED EDUCATION PROGRAMME (IEP)

Initially the assessment is done and the performance of the student is recorded in the checklist under entry level. Based on the entry level/current level performance, the IEPs are developed. The content of the IEP includes (a) the task/skill to be taught, (b) the current level performance of the student against the task, (c) the specific objective, (d) material required for training, (e) procedure/methods of training, and (f) evaluation of the students performance after teaching (appendix - 4 to 7).

REPORTING THE PROGRESS

Parents/family members are partners in developing and implementing IEPs and they need to be informed about the progress of the child periodically. Reporting the progress of the student to parents/family members periodically helps in further planning of intervention programmes for the child.

The progress of the child can be reported both qualitatively and quantitatively. As per the progress recorded against each item, the teachers can describe the achievement in observable and measurable statements. The format for recording the progress of the student periodically is developed for use of teachers (section D).

Quantitative Reporting

For quantitative reporting, at the end of the checklist there is a provision for recording the cumulative performance of the student in each core area periodically. (Appendix - 2) The same can be reported in the progress report. (Appendix - 8) There is also a provision for graphical presentation of the progress made by the student. (Appendix - 9).

Qualitative reporting

In this reporting, the achievement of the student has to be described in such a way that the progress reported can be observable and measurable. (Appendix - 10)

FUNCTIONAL ASSESSMENT CHECKLIST

**Functional Assessment
Checklist**

**FUNCTIONAL ASSESSMENT CHECKLIST FOR
PROGRAMMEING OF CHILDREN WITH
PROFOUND MENTAL RETARDATION (FACP-PMR)**

Name :

Age :

Sex :

Associated conditions :

Language spoken :

Evaluation	Date of evaluation	Total No. of activities	Total scores	Percentage
Entry				
I Unit				
II Unit				
Quarterly				
III Unit				
IV Unit				
Half yearly				
V Unit				
VI Unit				
Annual				

DEPARTMENT OF SPECIAL EDUCATION

National Institute for the Mentally Handicapped

(Government of India, Ministry of Social Justice & Empowerment)

Manovikasnagar, Secunderabad 500 009, A.P., INDIA

Tel: 27751741 (5 lines) Fax: 040-27750198 Grams: MANOVIKAS,

E-mail: deptspled_nimh@rediffmail.com Website: www.nimhindia.org

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
A.	SELF HELP SKILLS											
I	Eating skills											
1.	Indicates when hungry - [crying\gesture\ vocalizing\saying]											
2.	Fed with bottle only											
3.	Holds bottle while feeding											
4.	Sits in a chair/on adults lap with support while feeding											
5.	Holds head up while eating											
6.	Opens mouth when fed by adults											
7.	Swallows a spoonful of soft food that does not require chewing											
8.	Chews and swallows a spoonful of food when placed in the mouth											

KEY : + = Yes; - = No; **C** = Occasional cues; **NA** = Not Applicable; **NE** = No Exposure;

VP = Verbal Prompting; **GP** = Gestural Prompting; **M** = Modeling;

PP = Physical Prompting;

Q = Quarterly; **H** = Half yearly; **A** = Annual evaluation; **I** to **VI** = Unit evaluation.

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
9.	Looks away/ shakes head/pushes with hand/ brings out food to indicate stomach full/refusal											
10.	Picks up dry food and eats											
11.	Eats food with a spoon											
12.	Eats food with fingers when mixed and given											
13.	Eats food with fingers without spilling when mixed and given											
14.	Mixes and eats food without spilling											
15.												
16.												
17.												
18.												
19.												
20.												

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
II	Drinking skills											
1.	Indicates thirst by crying/gesture/pointing to											
2.	Sits in chair/on adult lap with support while drinking											
3.	Drinks water from a cup/glass held by adult in sitting position											
4.	Holds glass placed in between the hands											
5.	Drinks water from a glass if the quantity is less											
6.	Puts back the glass on the table or floor after drinking											
7.	Pours water from the bottle/jug into a glass for drinking.											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
8.	Takes water from the pot/water filter/from the tap for drinking											
9.												
10.												
11.												
12.												
14.												
15.												
III	Toileting skills											
1.	Sits on potty briefly/ one minute when placed on it											
2.	Sits on potty until allowed to get up											
3.	Clean during day if toileted regularly (Defecation)											
4.	Dry during day if toileted regularly (Urination)											
5.	Clean and dry during day with occasional accidents											
6.	Dry during night											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
II	Drinking skills											
1.	Indicates thirst by crying/gesture/pointing to											
2.	Sits in chair/on adult lap with support while drinking											
3.	Drinks water from a cup/glass held by adult in sitting position											
4.	Holds glass placed in between the hands											
5.	Drinks water from a glass if the quantity is less											
6.	Puts back the glass on the table or floor after drinking											
7.	Pours water from the bottle/jug into a glass for drinking.											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
7.	Usually clean and dry by night and day											
8.	Indicates discomfort when wet/soiled											
9.	Sometimes indicates need to go to the toilet											
10.	Indicates need to go to the toilet by gesture/making sounds/saying											
11.	Identifies the place for toilet											
12.	Pulls down pants independently when taken to toilet or potty											
13.	Seats self on toilet or potty											
14.	Washes when poured water											
15.	Pulls pants independently											
16.	Washes independently and flushes											
17.												
18.												
19.												
20.												
21.												
22.												

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
IV	Dressing skills											
1.	Offers little or no resistance while being dressed and undressed											
2.	Extends and withdraws arms and legs while being dressed and undressed											
3.	Removes pants											
4.	Wears pants											
5.	Pulls the zip											
6.	Removes shirt											
7.	Wears shirt											
8.	Unbuttons the shirt [adapted (velcro) buttons]											
9.	Buttons the shirt [adapted (velcro) buttons]											
10.												
11.												
12.												
13.												
14.												
15.												
	Total :											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
B	MOTOR SKILLS											
1.	Turns head to side when placed on a flat surface (when made to lie on stomach)											
2.	Holds head upright for two seconds or more (when made to lie on stomach)											
3.	Holds head erect with alignment of trunk											
4.	Takes weight on forearms and lifts head up (when made to lie on stomach)											
5.	Takes weight on hands and reaches for toys with support on one forearm (when made to lie on stomach)											
6.	Rolls from back on to side (both on to right and left sides)											
7.	Rolls from stomach on to back											
8.	Moves around by rolling											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
9.	Sits with support											
10.	Sits for two seconds or more when supported at lower part of the back											
11.	Sits with both hands supported on floor											
12.	Sits with one hand supported on floor											
13.	Sits without support											
14.	Pulls self to sitting position with support											
15.	Pulls self to sitting position without support											
16.	Pulls self to standing position											
17.	Stands with support											
18.	Stands without support											
19.	Walks with support											
20.	Walks few steps without support											
21.	Walks without support											
22.	Closes hand around an object placed in hand											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
23.	Reaches for and grasps objects											
24.	Grasps objects and releases											
25.	Uses two hands to hold an object											
26.	Uses one hand to hold an object											
27.	Transfers an object											
28.	Uses one hand to hold an object and at the same time uses another hand to handle another object											
29.	Picks up objects using fingers											
30.	Picks up objects with thumb, index and middle finger (tripod grasp)											
31.	Picks up objects with thumb and index finger (pincer grasp)											
32.	Turns door knobs											
33.	Climbs up the staircase with both feet with support											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
34.	Climbs down the staircase with both feet with support											
35.	Climbs up the staircase with alternate feet without support											
36.	Climbs down the staircase with alternate feet without support.											
37.												
38.												
39.												
40.												
41.												
42.												
	Total :											
C	COMMUNICATION SKILLS											
1.	Turns his/her head towards the side where the sound is coming from											
2.	Looks up when a person calls his/her name											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
3.	Turns to look up when a person calls his/her name											
4.	Cries/uses body movements to express his/her needs or discomfort											
5.	Recognizes/smiles at familiar persons voice (family members, friends and relatives)											
6.	Looks at people when they attempt to communicate											
7.	Stops activity and attends to sounds/speech by looking / turning towards the source											
8.	Nods head to say 'Yes' / 'No' when asked											
9.	Stops activity when 'No' is said											
10.	Shows excitement in response to stimuli											

S.	Date										
No.		Entry	I	II	Q	III	IV	H	V	VI	A
11.	Quiets at sound of soothing voice, becomes distressed by sharp "angry" tone										
12.	Looks away from person/object to indicate disinterest or refusal										
13.	Points to distant objects and looks at others / makes sounds to draw attention to them										
14.	Points to body parts										
15.	Groups/sorts/matches different objects										
16.	Points to common objects in his/her environment. (food items, vegetables, fruits, clothes and furniture)										
17.	Follows simple verbal instructions with gestures/without gestures										

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
18.	Uses gestures, signs or body cues to communicate with others											
19.	Speaks in words to communicate meaningfully											
20.												
21.												
22.												
23.												
24.												
25.												
	Total :											
D	SOCIAL SKILLS											
1.	Watches person moving											
2.	Looks at face of a person talking											
3.	Smiles in response to family members											
4.	Smiles in response to friends and relatives											
5.	Attracts other's attention											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
6.	Likes to be taken outside (for a walk, party etc.)											
7.	Likes the peer group											
8.	Enjoys watching children playing											
9.	Enjoys plying with sibling/family members											
10.	Participats in play when initiated											
11.	Watches T.V.											
12.	Listens to music											
13.												
14.												
15.												
16.												
17.												
18.												
	Total :											
E	VISUAL SKILLS											
1.	Blinks at light											
2.	Blinks at sudden approach to eyes											

S.	Date											
No.		Entry	I	II	Q	III	IV	H	V	VI	A	
3.	Shows eye movements											
4.	Needs tactile or sound clue for visual attention											
5.	Reacts to change from light to darkness by opening eyes widely											
6.	Reacts to change from darkness to light by closing or blinking eyes											
7.	Fixates at a bright toy											
8.	Follows bright toy in all directions of gaze											
9.	Makes eye contact											
10.	Maintains eye contact while communicating											
11.												
12.												
13.												
14.												
15.												
16.												
	Total :											

LEVEL OF PERFORMANCE

S. No.	AREA	No. of Activities	Entry	Unit I	Unit II	Quarterly	Unit III	Unit IV	Half yearly	Unit V	Unit VI	Annual
1.	Self help skills											
2.	Motor skills											
3.	Communication skills											
4.	Socialization skills											
5.	Visual skills											
	Total											

Indicate likes and dislikes if any :

1. Likes :

2. Dislikes :

Date :

Place :

Signature

CHECKLIST OF PROBLEM BEHAVIOURS

Section - B

Name :

Age :

Sex :

S.No.		Yes	No
1	Bangs head		
2	Beats on chin with fist		
3	Beats self/other		
4	Chews clothes		
5	Bites self/others		
6	Breaks objects		
7	Claps hands		
8	Continuously produces sound on the table/floor with fingers		
9	Cries excessively		
10	Cries when she/he is alone		
11	Does not pay attention to what is told		
12	Does not sit at one place for a few seconds		
13	Eats inediable things		
14	Expose body parts inappropriately		
15	Grinds teeth		
16	Hits on lips continuesly with fist		
17	Interrupt in between when others are taking		

Department of Special Education, NIMH, Secunderabad

S.No.		Yes	No
18	Keeps objects into mouth		
19	Laughs to self		
20	Makes loud noise/screams		
21	Makes peculiar sounds		
22	Makes sound hitting objects		
23	Makes sound with plastic bags near his ear		
24	Moves pelivc up and down in supine position		
25	Nodding head continuously		
26	Pinches self/others		
27	Pokes fingers in his/her eyes		
28	Pulls hair of Self/others		
29	Pulls objects from others		
30	Pulls threads from own or other's clothes		
31	Pushes others		
32	Puts fingers in his/others mouth		
33	Rocks body (while sitting/standing)		
34	Scratches himself/others		
35	Shakes hands or fingers		
36	Sits alone at one place		
37	Spits on others		
38	Sucks thumb		
39	Swings round and round by himself/herself		

Department of Special Education, NIMH, Secunderabad

S.No.		Yes	No
40	Talks to self		
41	Tears off her/his clothes		
42	Tears papers		
43	Throws food		
44	Throws objects		
45	Touches own private parts in public		
46	Twists hands		
47	Waves hands in front of eyes		
	Any other		

CHECKLIST OF GENERAL PROBLEMS

Section - C

Name :

Age :

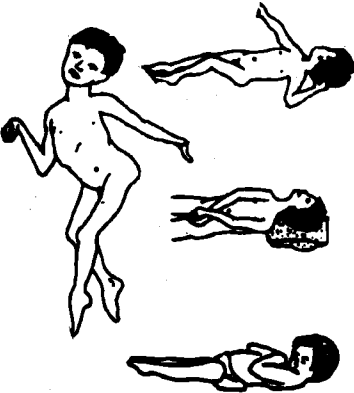
Sex :




S.No.	General Problems	Yes	No
1	Eats only liquid/semi liquid food		
2	Eats unlimited		
3	Chokes while eating		
4	Drools saliva		
5	Does not swallow water		
6	Does not like to drink water		
7	Bleeds during brushing		
8	Does not gargle with water after brushing teeth		
9	Does not spit out foam/swallows paste		
10	Defecates once in two or three days/has problems of constipation		
11	Increased stiffness during performing movement or in any position. This is known as Hypertone (increased tone)		
12	Floppiness of limbs during a movement or in any position. This is known as Hypotone (decreased tone)		
13	Forward bend trunk in all positions. This is known as kyphosis (rounded back)		

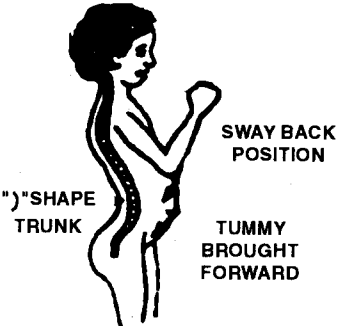
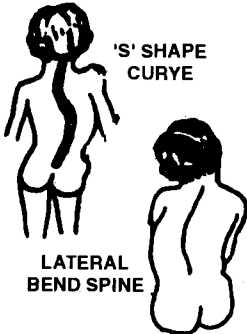
Department of Special Education, NIMH, Secunderabad

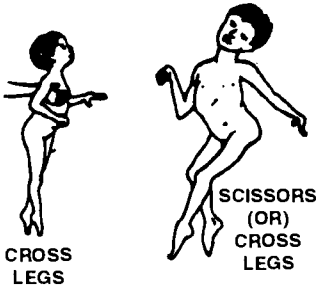
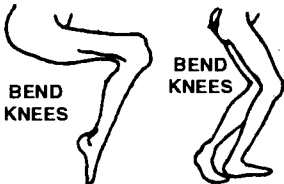
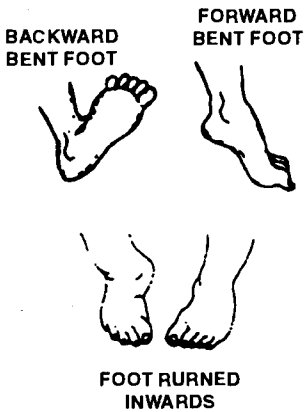
S.No.		Yes	No
14	Backward bend trunk in all positions. This is known as lodosis (sway back)		
15	Lateral bend trunk in all positions. This is known as scoliosis (side ways curve/S-shaped curve)		
16	Crosses legs in sitting / in standing positions		
17	Bend knees in all positions		
18	Bend ankle or foot in all positions		
19	Bend elbows in all positions		
20	Bend wrist and fingers in all positions		
21	Has diffuculty in breathing/ has irregular breathing		
22	Has problems of skin like pressure sours or skin allergies		
23	Does not respond when touched, tickled, etc. This is knows as Hyposensitivity (Poor sensitivity of skin)		
24	Moves away or cries when touched. This is known as Hypersensitivity or (Highly sensitive skin)		
25	Any other		




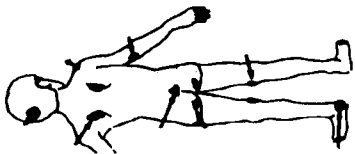
GLOSSARY

No.	General Problems	Ways to identify the problems	Pictures
10	Defecates once in two or three days / has problem of constipation	<p>Constipation:</p> <ul style="list-style-type: none"> • Defecates once in two or three days. • Child shows discomfort cries or sometimes or bleeds during defecation 	
11	<p>Increased stiffness during performing movement or in any position. This is known as Hyper tone (increased tone)</p>	<p>In case of a child with increased tone you will observe the following</p> <ul style="list-style-type: none"> • Body is stiff or rigid like a rod • Movement of limbs are slow and awkward • When you try to bend or straighten his limbs, child shows resistance to the movement or you find it very difficult to perform the movement. • Stiffness / tightness increases when the child is upset or excited. 	<p style="text-align: center;">INCREASED TIGHTNESS/STIFFNESS</p>  <p style="text-align: center;">STIFF BODY</p>

<p>12</p>	<p>Floppiness of limbs during a movement or in any position. This is known as Hypotone (decreased tone)</p>	<p>In case of child with decreased tone the following symptoms are seen.</p> <ul style="list-style-type: none"> • Body is floppy or loose • When you try to bend or straighten child's limbs you find no resistance from the child while performing the movement. • When you hold the child by facing the ground, child hangs in upside down " U " with little or no movement. 	<p>BODY IS FLOPPY OR LOOSE</p>  <p>HANGS HEAD DOWN</p>  <p>HANGS IN UPSIDE DOWN 'U'</p>
<p>13</p>	<p>Forward bend trunk in all positions. This is known as kyphosis (rounded back)</p>	<ul style="list-style-type: none"> • When the child is made to sit or stand there is a forward bend or curvature of the spine in the upper trunk. • Child appears to be bend forward • When you look at the trunk of the child from sides you can see "C" shape of the trunk • You can see a hump or a elevation of the scapula / Shoulder blade. 	 <p>HUMP</p> <p>'C' SHAP TRUNK</p>

14	<p>Backward bend trunk in all positions. This is known as lodosis (sway back)</p>	<ul style="list-style-type: none"> • When the child is made to sit or stand there is a backward bend or curvature of the spine in the lower trunk. • Child appears to be bend backward or in a sway back position • You can see child standing with tummy brought forward. • When you look at the trunk of the child from side you can see “) ” shape of the trunk. 	
15	<p>Lateral bend trunk in all positions. This is known as scoliosis (side ways curve / S-shaped curve)</p>	<ul style="list-style-type: none"> • When the child is made to sit or stand there is a lateral / sideways curve in the spine. • Child appears to be bend sideward / laterally. • If you check his trunk from back, you can see “S” -shape curve of the spine. 	

16	Crosses legs in sitting / in standing positions	<ul style="list-style-type: none"> • When you make the child to sit or stand you see legs overlapping or crossing each other, resembling scissors. • When you try to bring legs straight, child shows discomfort or cries due to pain. 	
17	Bend knees in all positions	<ul style="list-style-type: none"> • In sitting, standing or lying position you will see bend knees. • If you try to stretch them straight child shows discomfort or cries due to pain. 	
18	Bend ankle or foot in all positions	<ul style="list-style-type: none"> • Bend ankle or foot in all position. • When child is made to sit, stand or lie, you see ankle either bend forward or backward and foot turned inward or outward. • When child is made to walk he/she walks either on toes or on heels and has difficulty to balance. • When you try to stretch his/her ankle or foot child shows discomfort or cries due to pain. 	

19	Bend elbows in all positions	<ul style="list-style-type: none"> In sitting, standing or lying position you will see bend elbows, ankle, fingers and wrist 	 
20	Bend wrist and fingers in all positions	<ul style="list-style-type: none"> If you try to stretch them straight child shows discomfort or cries due to pain. 	
21	Has difficulty in breathing / has irregular breathing.	<ul style="list-style-type: none"> Child finds it difficult or uncomfortable to breath in lying position Child always keeps his/her mouth open and breath through it Time taken between breathing in (taking in air) and breathing out (releasing out air) is very fast - Shallow Breathing Child suffers from frequent cold and cough and has frequent respiratory infections. Has difficulty to swallow food and has problems of aspiration 	 <p>COMMON PLACES FOR PRESSURE SORES</p>

22	<p>Has problems of skin like pressure sores or skin allergies</p>	<ul style="list-style-type: none"> • Check for red patches on the bony areas. • If you find any, touch the red patches, you will find child showing pain. 	
23	<p>Does not respond when touched, tickled, etc. This is known as Hyposensitivity (Poor sensitivity of skin)</p>	<ul style="list-style-type: none"> • Ask child to close his/her eyes and tell him/her to identify the place where you touched him/her. If the child cannot identify he has poor sensitivity of skin. • You apply pressure like deep touch, pricking or pinching and the child is not responding by showing discomfort or crying, then he has poor sensitivity of skin. 	
24	<p>Moves away or cries when touched. This is known as Hypersensitivity (Highly sensitive skin)</p>	<ul style="list-style-type: none"> • When you touch the child, the child shows aversion, cry moves away / with draws from touch. • Often child cries and is irritable and doesn't like others carry him / hug him / kiss him. 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name :

Date:

Age : Regn. No.:

Address:

Class:

Date of filling IEP:

IEP No.:

Person responsible :

Mother tongue/Language spoken by MR person :

Associated conditions if any :

43

Sl. No.	Activity	Current Level	Positioning	Material	Procedure	Evaluation	Remarks

TASK ANALYSIS RECORD

Name of the child :

Age :

Sex :

Class :

Task :

Criteria:

S. No		Date														
		Session	1	2	3	4	5	6	7	8	9	10	11	12	13	14

Key: '+' = Yes, '-' = No, C = Occasional cues, NA = Not Applicable, NE = No Exposure, VP = Verbal Prompting, GP = Gestural Prompting, M = Modeling, PP = Physical Prompting

PROGRESS REPORT

PROGRESS REPORT

Section : D

Name of the School :

Child Name :

Class :

Year :

Based on : The Functional Assessment Checklist for Programming of Students with Profound Mental Retardation (FACP-PMR)

Department of Special Education, NIMH, Secunderabad

NAME :

AGE :

SEX :

CLASS :

DATE OF ADMISSION :

ASSOCIATED CONDITION/S
REFERRAL IF ANY :

IDENTIFICATION MARKS :

NAME OF THE
PARENT/GUARDIAN :

ADDRESS :

TELEPHONE : (O) (R)

(Request number)

E-MAIL :

A WORD TO PARENTS

1. This progress report is designed primarily to report the progress of student both qualitatively and quantitatively in the following areas:
 - (i) Self help skills
 - (ii) Motor skills
 - (iii) Communication skills
 - (iv) Socialization skills
 - (v) Visual skills
2. The progress report will be sent to the parents periodically for their perusal and signature. Please ensure that the same is returned to the school on time.
3. Your attention is specially invited to the graphical representation given at the end which describes the periodic progress in different areas.
4. Parents are encouraged to express their opinion over the child's progress to the concerned class teacher.

QUANTITATIVE REPORT

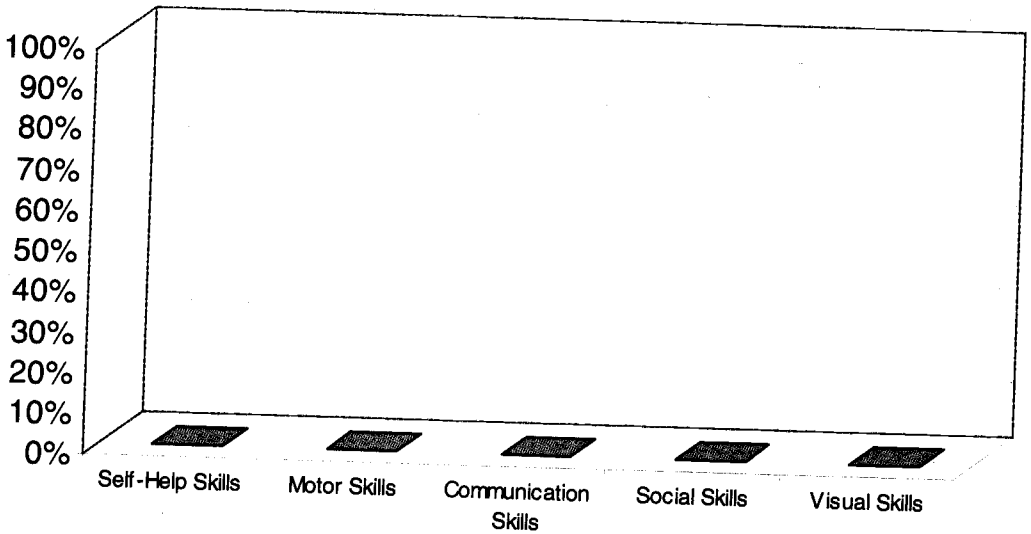
PERFORMANCE SCORES

S. No.	AREA	No. of Activities	Entry	Unit I	Unit II	Quarterly	Unit III	Unit IV	Half yearly	Unit V	Unit VI	Annual
1.	Self help skills											
2.	Motor skills											
3.	Communication skills											
4.	Socialization skills											
5.	Visual skills											
	Total											

ATTENDANCE

Quarterly	Half yearly	Annually

Graphical Presentation of Performance scores



-
- | | | | | |
|-----------|---------------|-----------|-------------|------------|
| ■ Entry | ■ Unit-I | ■ Unit-II | ■ Quarterly | ■ Unit-III |
| ■ Unit-IV | ■ Half yearly | ■ Unit-V | ■ Unit-VI | □ Annual |
-

QUALITATIVE REPORT

Describe briefly the progress of the student in observable and measurable statements.

A. SELF HELP SKILLS

(I) Eating skills

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

(II) Drinking skills

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

(III) Toileting skills

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

C. COMMUNICATION SKILLS

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

D. SOCIAL SKILLS

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

E. VISUAL SKILLS

Entry :

Unit-I :

Unit-II :

Quarterly :

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

**Any other :
Remarks**

Signature :

Entry : _____

Unit-I : _____

Unit-II : _____

Quarterly : _____

Unit-III : _____

Unit-IV : _____

Half yearly : _____

Unit-V : _____

Unit-VI : _____

Annual : _____
(Class Teacher) (Principal) (Parent)

Most of us want results now but getting valuable results takes efforts from both the parents and professionals.

APPENDICES

FUNCTIONAL ASSESSMENT CHECKLIST FOR PROGRAMMING OF CHILDREN WITH PMR

Section : A

Name : Rajita

Age : 11 years Sex : Female

Language spoken : Telugu

Associated conditions : Fits, Cerebral Palsy

S. No.	Date	11/6	17/8	20/9	25/10						
		Entry	I	II	Q	III	IV	H	V	VI	A
A	SELF HELP SKILLS										
I	Eating skills		M								
1.	Indicates when hungry - (crying/ gesture/saying)			GP	+						
2.	Fed with bottle only	NA	NA	NA	NA						
3.	Holds bottle while feeding	NA	NA	NA	NA						
4.	Sits in a chair/on adults lap with support while feeding	NE	NE	NE	NE						
5.	Holds head up while eating	-	PP	PP	GP						
6.	Opens mouth when fed by adults	+	+	+	+						
7.	Swallows a spoon full of soft food that does not require chewing	+	+	+	+						
8.	Chews and swallows a spoon full of food when placed in the mouth	-	PP	PP	+						

KEY : + = Yes; - = No; C = Occasional cues; NA = Not Applicable; NE = No Exposure; VP = Verbal Prompting; GP = Gestural Prompting; M = Modeling; PP = Physical Prompting; Q = Quarterly; H = Half yearly; A = Annual evaluation; I to VI = Unit evaluation.

S. No.	Date	11/6	17/8	20/9	25/10						
		Entry	I	II	Q	III	IV	H	V	VI	A
9.	Looks away or shakes head pushes with hand, brings out food to indicate stomach full/refusal	C	C	+	+						
10.	Picks up dry food and eats	-	-	-	-						
11.	Eats food with a spoon by self	-	-	-	-						
12.	Eats food with fingers when mixed and given	-	-	-	-						
13.	Eats food with fingers without spilling when mixed and given	-	-	-	-						
14.	Mixes and eats food without spilling	-	-	-	-						
	Total	3	3	3	5						

LEVEL OF PERFORMANCE

S. No.	AREA	No. of Activities	Entry	I	II	Q	IV	V	H	VII	VIII	A
1.	Self help skills	47	6 (12.76%)	7 (13.2%)	7 (13.2%)	8 (14%)						
2.	Motor skills	36	7 (19.4%)	7 (19.4%)	8 (21.2%)	9 (24%)						
3.	Communication skills	19	9 (47.3%)	9 (47.3%)	10 (53%)	12 (59%)						
4.	Socialization skills	12	10 (83.3%)	11 (92%)	11 (92%)	12 (100%)						
5.	Visual skills	10	7 (70%)	8 (80%)	8 (80%)	10 (100%)						
	Total	124	39 (31.5%)	42 (34%)	44 (35%)	51 (41%)						

I - VIII - Unit evaluation, Q = Quarterly evaluation, H = Half yearly evaluation, A = Annual evaluation

Indicate likes and dislikes if any:

1. Likes : Rajita likes chips, chapathi and banana. Among family members, she likes her mother and her small brother.
2. Dislikes : She does not like spicy food. She does not like to be alone.

Date: 31.10.2002

Place: Kukatpally

Signature

**FUNCTIONAL ASSESSMENT CHECKLIST FOR
PROGRAMMEING OF CHILDREN WITH
PROFOUND MENTAL RETARDATION (FACP-PMR)**

Name : Rajita

Age : 12

Sex : F

Associated conditions : Fits Cerebral Palsy

Language spoken : Telugu

Evaluation	Date of evaluation	Total No. of activities	Total scores	Percentage
Entry	11.6.2003	124	39	31.5%
I Unit	17.8.2003	124	42	34%
II Unit	29.9.2003	124	44	35%
Quarterly	25.10.2003	124	51	41%
III Unit				
IV Unit				
Half yearly				
V Unit				
VI Unit				
Annual				

DEPARTMENT OF SPECIAL EDUCATION

National Institute for the Mentally Handicapped*(Government of India, Ministry of Social Justice & Empowerment)*

Manovikasnagar, Secunderabad 500 009, A.P., INDIA

Tel: 27751741 (5 lines) Fax: 040-27750198 Grams: MANOVIKAS,

E-mail: deptsplendn_nimh@rediffmail.com Website: www.nimhindia.org

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name : Rajita

Date: 12.11.2002

Address: H.No. 65/21,

Age : 12 Regn. No.: 1241/93

Kukatpally Housing Colony,

Class: Care Group

Hyderabad.

Date of filling IEP: 12.11.2002

IEP No.: 1

Person responsible : Mr. Saleem

Mother tongue/Language spoken by MR person : Telugu

Associated conditions if any : Fits - Cerebral palsy

Sl. No.	Activity	Current Level	Positioning	Material	Procedure	Evaluation	Remarks
1.	Chews and swallows a spoon full of food when placed in the mouth	Swallows a spoon full of soft food that does not require chewing	<ul style="list-style-type: none"> ● Hold Rajita's trunk and lift up from the ground or bed and take her to the chair. ● Place her on the chair and give her full back support ● See that her both hands are rested on the arm rest or on the front board. 	Food items plate, water, table, chair.	Procedure: 1 <ul style="list-style-type: none"> ● Before feeding massage her cheeks, lips and chin in circular motion with your fingers giving deep pressure to reduce stiffness. ● Give downward movements of fingers using light pressure 	Rajita chews and swallows a spoon full of food when placed in the mouth by self	

Sl. No.	Activity	Current Level	Positioning	Material	Procedure	Evaluation	Remarks
			<ul style="list-style-type: none"> ● Feet should be rested on the floor or on the footboard of the chair. ● Trunk and head should be in a straight line. ● Now she is in a good position for feeding. 		<p>round the cheeks, lips and chin in a slow manner to relax the muscles.</p> <ul style="list-style-type: none"> ● Take small amount of food and place it to the side of the mouth. ● Close the lips with your index and middle fingers of your non-dominant hand. ● Encourage her to chew the food by modeling in front of her. ● If the she is not able to chew help her by moving your palm in a circular motion on the cheeks of the child to encourage chewing. ● Repeat the activity until the child learns chewing and swallowing ● Reinforce the child always. 		

Sl. No.	Activity	Current Level	Positioning	Material	Procedure	Evaluation	Remarks
					<p>Procedure: 2</p> <ul style="list-style-type: none"> ● Once she is made to sit in a proper position, take a small amount of food and bring it to her mouth and touch on her lips. Wait to see whether she can open her mouth or not ● If she does not open her mouth, assist her to open mouth ● When she opens mouth, keep the food to the side of the cheek. ● Close her lips with your middle finger under the lower lip and index finger on the upper lip of your non-dominant hand. ● Encourage her to chew by modeling in front of her. 		

Sl. No.	Activity	Current Level	Positioning	Material	Procedure	Evaluation	Remarks
					<ul style="list-style-type: none"> ● If she is not able to do, move your hand in a circular motion on the cheeks of the child to encourage chewing. ● Repeat this activity until she learns to chew independently. ● After chewing she has to swallow the food. ● If she is not able to swallow, close the lips as described above for chewing and swallowing 		

TASK ANALYSIS RECORD

Name of the child : Rajita

Age : 11

Sex : F

Class : Care Group

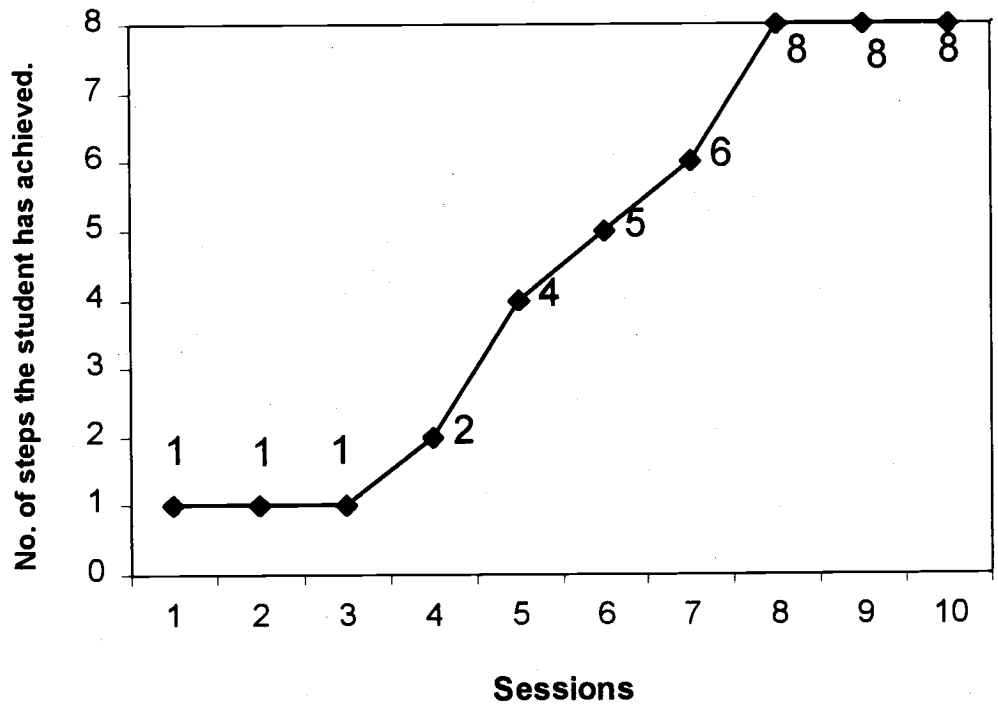
Task : Chews and swallows a spoon full of food when placed in the mouth.

Criteria: On her own

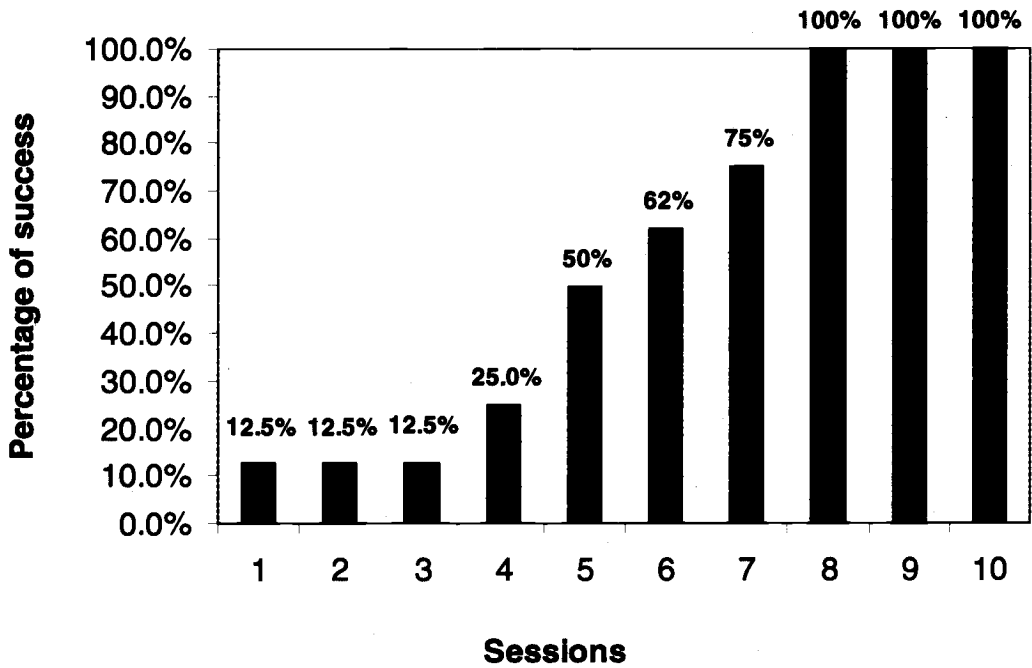
S. No	Date	12.11.02	26.11.02	5.12.02	19.12.02	8.1.03	15.1.03	22.2.03	29.2.03	5.3.03	18.3.03				
		Session	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Sits in a chair/on adult lap/on the floor with support while feeding	-	PP	PP	PP	VP	VP	+	+	+	+				
2	Holds head up while feeding	PP	PP	VP	VP	VP	VP	+	+	+	+				
3	Opens mouth when fed	+	+	+	+	+	+	+	+	+	+				
4	Chews a little food when jaw closed with pressure under chin and swallows	-	PP	PP	PP	+	+	+	+	+	+				
5	Chews and swallows food when tapped chin to evoke bite	-	PP	PP	+	+	+	+	+	+	+				
6	Chews and swallows food that is 'little hard'	-	PP	PP	VP	+	+	+	+	+	+				
7	Chews and swallows half spoon of food when placed in the mouth	-	PP	PP	VP	VP	+	GP	+	+	+				
8	Chews and swallows a spoon full of food when placed in the mouth	-	PP	PP	VP	VP	GP	GP	+	+	+				
	No. of successes	1	1	1	2	4	5	6	8	8	8				
	Percentage	25%	25%	25%	25%	50%	62%	75%	100%	100%	100%				

Key: '+' = Yes, '-' = No, C = Occasional cues, NA = Not Applicable, NE = No Exposure, VP = Verbal Prompting, GP = Gestural Prompting, M = Modeling, PP = Physical Prompting

**Task : Chews and swallows a spoon full of food
when placed in the mouth**



**Task : Chews and swallows a spoon full of food
when placed in the mouth**



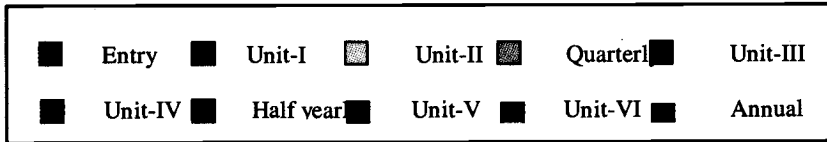
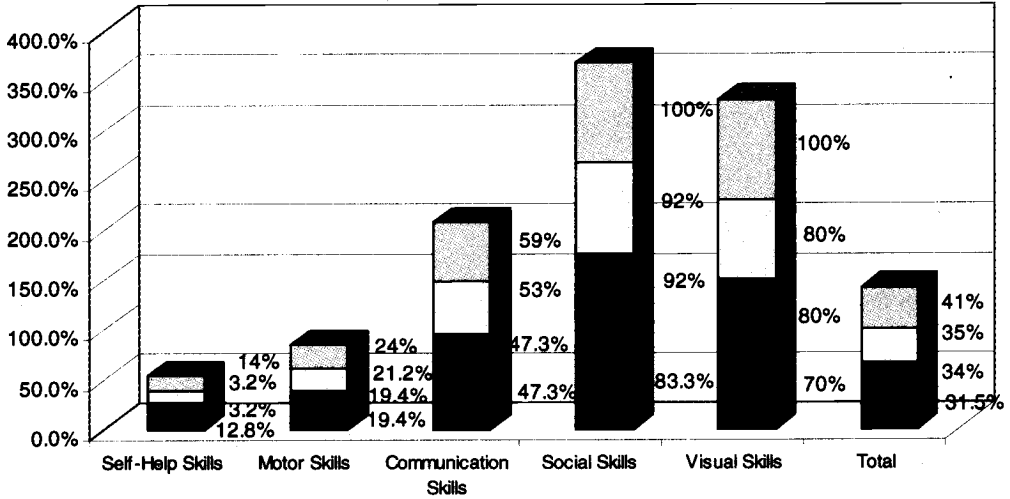
PROGRESS REPORT
QUANTITATIVE REPORT
PERFORMANCE SCORES

S. No.	AREA	No. of Activities	Entry	I	II	Q	IV	V	H	VII	VIII	A
1.	Self help skills	47	6 (12.76%)	7 (13.2%)	7 (13.2%)	8 (14%)						
2.	Motor skills	36	7 (19.4%)	7 (19.4%)	8 (21.2%)	9 (24%)						
3.	Communication skills	19	9 (47.3%)	9 (47.3%)	10 (53%)	12 (59%)						
4.	Socialization skills	12	10 (83.3%)	11 (92%)	11 (92%)	12 (100%)						
5.	Visual skills	10	7 (70%)	8 (80%)	8 (80%)	10 (100%)						
	Total	124	39 (31.5%)	42 (34%)	44 (35%)	51 (41%)						

ATTENDANCE

Quarterly	Half yearly	Annually
52/58		

Graphical Presentation of Performance scores



QUALITATIVE REPORT

1) Area : Self help skills

(i) Sub area : Eating skills

Entry: When she feels hungry she cries. Mother feeds the child on lying position. She swallows a spoon full of soft food that does not require chewing.

Unit-I: She holds her head up while eating in sitting position. Mother feeds the child in sitting position.

Unit-II : She holds her head up while eating in sitting position. She looks at the plate when she is hungry.

Quarterly: She chews and swallows a spoon full of food when placed in the mouth.

Unit-III :

Unit-IV :

Half yearly :

Unit-V :

Unit-VI :

Annual :

(ii) Sub area : Drinking skills

Entry: She indicates her thirst by crying. Mother pours water in the child's mouth in lying position.

Unit-I: She indicates her thirst by crying. Mother gives water in sitting position with a spoon.

Unit-II: She indicates her thirst by crying. Swallows water with spilling.

Quarterly: She indicates her thirst by crying. Swallows water without spilling.