

CLIENT ASSESSMENT FORM – DAY ACTIVITY CENTRE (CAF-DAC) (Adapted for parents)

Applicant Name: _____

IC No: _____

Centre: Mamre Oaks Ltd

Instructions: Please rate your **CHILD’S NEEDS** (ie “Member”) in the following areas based on:

- His or her respective day-day behaviour in the **PAST MONTH**.
- assumption that the client’s normal day-to-day environment adopts a “**LEAST RESTRICTIVE PRACTICE**” in the care approach towards the client.
- the “what” & NOT the “why” of behaviour

Please select where appropriate.			
	Rating (please circle the rating)		Client’s Needs (Client is rated B, C or D, when more than one condition is observed)
Q1 MOBILITY	A	Requires no supervision/assistance	<input type="checkbox"/> Needs supervision, assistance or need instructions to move around <input type="checkbox"/> Needs supervision or physical guidance by staff in the use of assistive devices e.g., walking frame, quad stick or wheelchair <input type="checkbox"/> Needs pushing/positioning of wheelchair to meals/toilet/centre activities <input type="checkbox"/> Wheel chair bound - needs positioning/transfer from wheelchair to toilet commode/dining chair <input type="checkbox"/> _____
	B	Requires some supervision (on assistive device)/some physical assistance	
	C	Requires significant supervision (on assistive device)/significant physical assistance	
	D	Totally dependent on staff	
Q2 FEEDING	A	Requires no supervision/assistance	<input type="checkbox"/> Needs supervision because of poor ability to self-feed or messy eating <input type="checkbox"/> Needs positioning on chair <input type="checkbox"/> Needs assistance to cut up food into suitable portions at the dining table <input type="checkbox"/> Needs supervision to prevent choking / food grabbing from visitors or at meal times <input type="checkbox"/> Needs assistance for refusal to eat due to withdrawn or depressed behaviour <input type="checkbox"/> Needs encouragement or assistance to feed self <input type="checkbox"/> _____
	B	Requires supervision/some physical assistance	
	C	Requires significant supervision/significant physical assistance	
	D	Totally dependent on staff	
Q3 TOILETING (*excludes transferring client to wheelchair for toileting)	A	Requires no supervision/assistance	<input type="checkbox"/> Needs supervision to commence/complete toileting <input type="checkbox"/> Needs supervision/assistance in positioning over toilet receptacle <input type="checkbox"/> Needs assistance with undressing and dressing, clothing adjustments or change of clothes/diapers <input type="checkbox"/> Needs reminders/supervision to flush toilet after use <input type="checkbox"/> Needs reminders/supervision/assistance to clean self after toileting <input type="checkbox"/> Needs supervision/assistance in cleaning after episodes of incontinence <input type="checkbox"/> _____
	B	Requires some supervision/some physical assistance	
	C	Requires significant physical assistance	
	D	Totally dependent on staff	
Q4 PERSONAL GROOMING & HYGIENE (*excludes cleaning/changing after incontinence)	A	Requires no supervision/assistance	<input type="checkbox"/> Needs constant reminders/assistance to be neat in attire <input type="checkbox"/> Needs constant reminders/assistance to wipe mouth after meals <input type="checkbox"/> Needs constant reminders to bathe <input type="checkbox"/> Needs supervision/assistance due to general self-neglect <input type="checkbox"/> Need supervision/assistance with selection of appropriate clothing <input type="checkbox"/> Need supervision/assistance with combing of hair <input type="checkbox"/> Need supervision/assistance with shaving <input type="checkbox"/> Need assistance with trimming of finger and toe nails <input type="checkbox"/> Need supervision/assistance with dressing, putting on slippers etc. <input type="checkbox"/> Need supervision/assistance with brushing of teeth, cleaning and fitting dentures and other oral care <input type="checkbox"/> Need supervision/assistance with sanitary napkins during menstruation <input type="checkbox"/> Needs supervision/assistance with soaping, washing, drying <input type="checkbox"/> _____
	B	Requires supervision/some physical assistance for grooming/hygiene activities	
	C	Requires significant physical assistance for grooming/hygiene activities	
	D	Totally dependent on staff	

Please select where appropriate.

		Rating (please circle the rating)	Client's Needs (Client is rated B, C or D, when more than one condition is observed)						
Q5 TREATMENT (*excludes psychological interventions)	A	No medical/nursing/occupational therapy/physiotherapy needs	<input type="checkbox"/> Supervised/assisted medication (oral/topical) and/or injection <input type="checkbox"/> Simple nursing procedure <input type="checkbox"/> Coaxing, prompting for medication/injection/nursing/OT/PT refusal <input type="checkbox"/> OT/PT (if this prompt is ticked, please rate 'D' only)						
	B	Supervised/assisted medication and/or injection AND/OR Simple nursing procedure ONLY							
	C	Supervised/assisted medication with coaxing required and/or injection with coaxing required AND/OR Simple nursing procedure with coaxing required ONLY	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">OT</td> <td style="text-align: center;">PT</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> Group</td> <td><input type="checkbox"/> Group</td> </tr> </table>	OT	PT	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> Group
	OT	PT							
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual								
<input type="checkbox"/> Group	<input type="checkbox"/> Group								
D	Occupational therapy/physiotherapy AND/OR Complex/specialised nursing procedure	<input type="checkbox"/> Complex nursing procedure Duration: _____ minutes Frequency: _____ times per day/week/month* (please circle)							
Q6 SOCIAL & EMOTIONAL NEEDS (*excludes needs associated with confusion, behavioural and/or psychiatric problems)	A	No evidence of need	<input type="checkbox"/> Encouragement to participate in DAC activities <input type="checkbox"/> Assurance to adjust to DAC routines <input type="checkbox"/> Support to families of clients <input type="checkbox"/> Comforting clients who are distressed <input type="checkbox"/> _____						
	B	Occasional need (1-3 times a week)							
	C	Frequent need (4-6 times a week)							
	D	Always (Daily)							
Q7 CONFUSION Disorientation To Place / Person	A	No evidence of confusion	<input type="checkbox"/> Not oriented to place or person* <input type="checkbox"/> _____ <i>*Client has displayed / is displaying signs of disorientation, such as being unable to recognise familiar people or places.</i> <i>Disorientation may occur as a result of delirium, dementia, stroke, head injury, epilepsy, other conditions causing tissue damage and trauma.</i>						
	B	History of confusion but no such behaviour in past month							
	C	Occasional display of confusion (1-3 times a week)							
	D	Often - always display of confusion (>4 times a week)							
Q8 PSYCHIATRIC PROBLEMS (No Formal Diagnosis Needed)	A	No evidence of problem	<input type="checkbox"/> Hallucinations – e.g. hear and/or responds to voices <input type="checkbox"/> Delusions – e.g. is suspicious, accuses others of causing harm <input type="checkbox"/> Anxiety – e.g. anxious and tense – e.g. preoccupied with physical symptoms/ complaints <input type="checkbox"/> Depression – e.g. lacks interest in daily activities – e.g. tearful, easily upset – e.g. agitated <input type="checkbox"/> _____						
	B	History of psychiatric problem(s) but no observable symptoms currently OR Some suspicion of underlying psychiatric problem(s)							
	C	Current mild interference in functioning (requires some supervision)							
	D	Current moderate - severe interference in functioning (requires medical/ psychological intervention)							

Please select where appropriate.

	Rating (please circle the rating)		Client's Needs (Client is rated B, C or D, when more than one condition is observed)
Q9a BEHAVIOURAL PROBLEMS - DISRUPTIVE BEHAVIOUR	A	No behavioural support needed: No evidence of past/current disruptive behaviour	<input type="checkbox"/> Shouting, screaming <input type="checkbox"/> Tantrums, anger control problems, irritability <input type="checkbox"/> Hyperactivity, impulse control problems <input type="checkbox"/> Oppositional <input type="checkbox"/> Sexually disinhibited behaviour (e.g. Stripping, masturbation) <input type="checkbox"/> Absconding, wandering <input type="checkbox"/> Inappropriate speech/vocalisation <input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Other disruptive behaviour _____
	B	Minimal behavioural support needed: History of past disruptive behaviour but no current problem	
	C	Moderate behavioural support needed: Occasional display of disruptive behaviour (1-3 times a week) OR Mild level of disruptive behaviour (requires some supervision)	
	D	OR Moderate - severe level of disruptive behaviour (requires medical/ psychological intervention)	
Q9b. BEHAVIOURAL PROBLEMS - STEREOTYPIC BEHAVIOUR	A	No behavioural support needed: No evidence of past/current stereotypic behaviour	<input type="checkbox"/> Hand-flapping or waving <input type="checkbox"/> Head-rolling <input type="checkbox"/> Body-rocking <input type="checkbox"/> Spinning or flipping of objects <input type="checkbox"/> Sniffing objects <input type="checkbox"/> Repetitive hand or finger movements <input type="checkbox"/> Repetitive vocal sequences or screaming (if the behaviour is stereotypical and not rated under "Disruptive Behaviour") <input type="checkbox"/> Other stereotypic behaviour _____
	B	Minimal behavioural support needed: History of past stereotypic behaviour but no current problem	
	C	Moderate behavioural support needed: Occasional display of stereotypic behaviour (1-3 times a week) OR Mild level of stereotypic behaviour (requires some supervision)	
	D	Significant behavioural support needed: Often/always display of stereotypic behaviour (>4 times a week) OR Moderate - severe level of stereotypic behaviour (requires medical/ psychological intervention)	

Please select where appropriate.

	Rating (please circle the rating)		Client's Needs (Client is rated B, C or D, when more than one condition is observed)
*Q10a. RISK BEHAVIOURS - AGGRESSION	A	No behavioural support needed: No evidence of past/current aggressive behaviour	<input type="checkbox"/> Verbal aggression <input type="checkbox"/> Property destruction <input type="checkbox"/> Body slamming <input type="checkbox"/> Physical aggression towards staff, strangers, other clients (e.g., punching, hitting, biting, kicking with body contact) <input type="checkbox"/> Sexual aggression or abusive behaviour <input type="checkbox"/> Other aggressive behaviour _____
	B	Minimal behavioural support needed: History of past aggressive behaviour but no current problem	
	C	Moderate behavioural support needed: Occasional display of aggressive behaviour (1-3 times a week) OR Mild level of aggressive behaviour (requires some supervision)	
	D	Significant behavioural support needed: Often - always display of aggressive behaviour (>4 times a week) OR Moderate - severe level of aggressive behaviour (requires medical/ psychological intervention)	
*Q10b RISK BEHAVIOURS - SELF INJURIOUS OR SUICIDAL BEHAVIOUR	A	No behavioural support needed: No evidence of past/current self-harm/ suicidal behaviour	<input type="checkbox"/> Self-mutilation (e.g. head banging, hair-pulling, skin-picking, self-biting, self-scratching) <input type="checkbox"/> Inserting fingers or objects into body orifices <input type="checkbox"/> Pica, extreme drinking <input type="checkbox"/> Intentional risk-taking and reckless behaviours <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behaviour _____
	B	Minimal behavioural support needed: History of past self-harm/suicidal behaviour but no current problem	
	C	Moderate behavioural support needed: Occasional display of self-harm/suicidal behaviour (1-3 times a week) OR Mild level of self-harm/suicidal behaviour (requires some supervision)	
	D	Significant behavioural support needed: Often - always display of self-harm/suicidal behaviour (>4 times a week) OR Moderate - severe level of self-harm/suicidal behaviour (requires medical/ psychological intervention)	

Please select where appropriate.

	Rating (please circle the rating)		Client's Needs (Client is rated B, C or D, when more than one condition is observed)					
Q11a COMMUNITY LIVING NEEDS - TASK ORIENTATION	A	No support needed in task orientation	Must be able to focus attention & engage in repetitive tasks continuously for more than 1 hour, AND <input type="checkbox"/> Work on task without supervision <input type="checkbox"/> Work on task with minimum supervision <i>(tick at least 1)</i>					
	B	Minimal support needed in task orientation	Must be able to focus attention & engage in repetitive tasks continuously for ½ -1 hour, AND <input type="checkbox"/> Follow instructions <input type="checkbox"/> to corrections <input type="checkbox"/> Ask for help <i>(tick at least 2)</i>					
	C	Moderate support needed in task orientation	Must be able to focus attention & engage in repetitive task continuously for 10 - 30 minutes, AND <input type="checkbox"/> Follow instructions <input type="checkbox"/> Retrieve/keep task-related tools/materials <i>(tick at least 1)</i>					
	D	Significant support needed in task orientation	<input type="checkbox"/> Unable to focus attention & engage in repetitive task continuously for more than 10 minutes <input type="checkbox"/> Unable to follow instructions & retrieve/keep task-related tools/materials <i>(tick at least 1)</i>					
Q11b COMMUNITY LIVING NEEDS - COMMUNICATION NEEDS (RECEPTIVE & EXPRESSIVE)	A	No support needed for communication	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">RECEPTIVE</td> <td style="text-align: center; border: none;">EXPRESSIVE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Understand multi-step instructions</td> <td style="border: none;"><input type="checkbox"/> Relate (verbal/non-verbal) experiences when asked</td> </tr> </table> <i>(tick all)</i>	RECEPTIVE	EXPRESSIVE	<input type="checkbox"/> Understand multi-step instructions	<input type="checkbox"/> Relate (verbal/non-verbal) experiences when asked	
	RECEPTIVE	EXPRESSIVE						
	<input type="checkbox"/> Understand multi-step instructions	<input type="checkbox"/> Relate (verbal/non-verbal) experiences when asked						
	B	Minimal support needed for communication	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">RECEPTIVE</td> <td style="text-align: center; border: none;">EXPRESSIVE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Understand 2-step instructions</td> <td style="border: none;"><input type="checkbox"/> Ask (verbal/non-verbal) simple questions</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Make request for things or for help</td> </tr> </table> <i>(tick 1 receptive & 1 expressive)</i>	RECEPTIVE	EXPRESSIVE	<input type="checkbox"/> Understand 2-step instructions	<input type="checkbox"/> Ask (verbal/non-verbal) simple questions	
RECEPTIVE	EXPRESSIVE							
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	<input type="checkbox"/> Make request for things or for help							
C	Moderate support needed for communication	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">RECEPTIVE</td> <td style="text-align: center; border: none;">EXPRESSIVE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Understand 1-step instructions</td> <td style="border: none;"><input type="checkbox"/> Indicate yes/no (verbal/non-verbal) to simple question</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Protest against intrusions to personal space/desire</td> </tr> </table> <i>(tick at least 1)</i>	RECEPTIVE	EXPRESSIVE	<input type="checkbox"/> Understand 1-step instructions	<input type="checkbox"/> Indicate yes/no (verbal/non-verbal) to simple question		<input type="checkbox"/> Protest against intrusions to personal space/desire
RECEPTIVE	EXPRESSIVE							
<input type="checkbox"/> Understand 1-step instructions	<input type="checkbox"/> Indicate yes/no (verbal/non-verbal) to simple question							
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D	Significant support needed for communication	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">RECEPTIVE</td> <td style="text-align: center; border: none;">EXPRESSIVE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unable to understand 1-step instructions</td> <td style="border: none;"><input type="checkbox"/> Unable to indicate yes/no (verbal/non-verbal) to simple question</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Unable to protest against intrusions to personal space/desire</td> </tr> </table> <i>(tick all)</i>	RECEPTIVE	EXPRESSIVE	<input type="checkbox"/> Unable to understand 1-step instructions	<input type="checkbox"/> Unable to indicate yes/no (verbal/non-verbal) to simple question		<input type="checkbox"/> Unable to protest against intrusions to personal space/desire
RECEPTIVE	EXPRESSIVE							
<input type="checkbox"/> Unable to understand 1-step instructions	<input type="checkbox"/> Unable to indicate yes/no (verbal/non-verbal) to simple question							
	<input type="checkbox"/> Unable to protest against intrusions to personal space/desire							

Please select where appropriate.

	Rating (please circle the rating)		Client's Needs (Client is rated B, C or D, when more than one condition is observed)
Q11c COMMUNITY LIVING NEEDS - TIME MANAGEMENT	A	No support needed for time management	<input type="checkbox"/> Follow timetable of daily routine without supervision <p style="text-align: right;"><i>(tick all)</i></p>
	B	Minimal support needed for time management	<input type="checkbox"/> Tell time, day, or date <input type="checkbox"/> Recognise and follow sequence of scheduled activities with/without prompting <p style="text-align: right;"><i>(tick all)</i></p>
	C	Moderate support needed for time management	<input type="checkbox"/> Follow sequence of scheduled activities only with prompting <p style="text-align: right;"><i>(tick all)</i></p>
	D	Significant support needed for time management	<input type="checkbox"/> Unable to follow the sequence of scheduled activities even with prompting <p style="text-align: right;"><i>(tick all)</i></p>
Q11d COMMUNITY LIVING NEEDS - GETTING AROUND	A	No supervision/support needed to get to familiar destinations in the community	<input type="checkbox"/> Use EZ link card (if applicable) <input type="checkbox"/> Recognise landmarks <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;"><i>(tick all)</i></p>
	B	Minimal supervision/support needed to get to familiar destinations in the community	<input type="checkbox"/> Use EZ link card (if applicable) <input type="checkbox"/> Recognise landmarks <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;"><i>(tick at least 2)</i></p>
	C	Moderate supervision/support needed to get to familiar destinations in the community	<input type="checkbox"/> Recognise landmarks <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;"><i>(tick at least 1)</i></p>
	D	Significant supervision/ support needed to get to familiar destinations in the community	<input type="checkbox"/> Unable to recognise landmarks <input type="checkbox"/> Unable to follow safety rules <input type="checkbox"/> Unable to behave appropriately in public <p style="text-align: right;"><i>(tick all)</i></p>
Q11e COMMUNITY LIVING NEEDS - MANAGING \$	A	No supervision/support needed to handle money	<input type="checkbox"/> Consider price when making a purchase <input type="checkbox"/> Receive correct change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <p style="text-align: right;"><i>(tick all)</i></p>
	B	Minimal supervision/support needed to handle money	<input type="checkbox"/> Consider price when making a purchase <input type="checkbox"/> Receive correct change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <p style="text-align: right;"><i>(tick at least 3)</i></p>
	C	Moderate supervision/support needed to handle money	<input type="checkbox"/> Receive correct change <input type="checkbox"/> Wait to receive change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <p style="text-align: right;"><i>(tick at least 2)</i></p>
	D	Significant supervision/support needed to handle money	<input type="checkbox"/> No concept of money <input type="checkbox"/> Unable to handle money due to physical limitation <p style="text-align: right;"><i>(tick at least 1)</i></p>

Please select where appropriate.

	Rating (please circle the rating)		Client's Needs (Client is rated B, C or D, when more than one condition is observed)
Q11f COMMUNITY LIVING NEEDS - LEISURE/RECREATION	A	No supervision/support needed to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that require simple rules <input type="checkbox"/> Participate in outings and comply with both safety & conventional rules of etiquette <p style="text-align: right;"><i>(Tick at least 1)</i></p>
	B	Minimal supervision/support needed to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that require simple rules <input type="checkbox"/> Participate in outings and comply with safety rules <input type="checkbox"/> Participate in outings and comply with conventional rules of etiquette <p style="text-align: right;"><i>(Tick at least 1)</i></p>
	C	Moderate supervision/support needed to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that require simple rules <input type="checkbox"/> Play board/card games or sports that have no rules / listen to music/watch television <input type="checkbox"/> Participate in outings with significant supervision <p style="text-align: right;"><i>(Tick at least 1)</i></p>
	D	Significant supervision/support needed to engage in leisure/recreational activities	<input type="checkbox"/> Unable to play any board/card games or sports, listen to music or watch television <input type="checkbox"/> Unable to participate in outings even with significant supervision <p style="text-align: right;"><i>(Tick all)</i></p>
Q11g COMMUNITY LIVING NEEDS - SOCIAL FUNCTIONING	A	No supervision/support needed to interact socially	<input type="checkbox"/> Communicate with others (verbal/gestures) <input type="checkbox"/> Behave appropriately to others <input type="checkbox"/> Demonstrate appropriate level of physical contact <input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <input type="checkbox"/> Greet others (self-initiated/in response) <input type="checkbox"/> Respond to name <input type="checkbox"/> Tolerate proximity to others <p style="text-align: right;"><i>(Tick all)</i></p>
	B	Minimal supervision/support needed to interact socially	<input type="checkbox"/> Communicate with others (verbal/gestures) <input type="checkbox"/> Behave appropriately to others <input type="checkbox"/> Demonstrate appropriate level of physical contact <input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <p style="text-align: right;"><i>(Tick at least 3)</i></p>
	C	Moderate supervision/support needed to interact socially	<input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <input type="checkbox"/> Greet others (self-initiated/in response) <input type="checkbox"/> Respond to name <input type="checkbox"/> Tolerate proximity to others <p style="text-align: right;"><i>Tick at least</i></p>
	D	Significant supervision/support needed to interact socially	<input type="checkbox"/> Unable to participate in group activities <input type="checkbox"/> Unable to wait for turn <input type="checkbox"/> Unable to greet others (self-initiated/in response) <input type="checkbox"/> Unable to respond to name <input type="checkbox"/> Unable to tolerate proximity to others <p style="text-align: right;"><i>(Tick at least 4)</i></p>

Assessed by

Name of staff / Parent:

Date of Assessment:

Designation:

Tel. (DID):

Agency:

Tel. (HP):

Email: