

Functional Developmental Assessment (FDA)

Legend – Comparative Scales	
CCI utilizes comparative scales as a way to assess the degree trauma has impacted a functional domain. Depending on the domain, some domains are more suitable for using Chronological Age as a comparison, while others are more suitable for assessing how significantly trauma has compromised the child's functioning in a particular domain.	
<p>Chronological age Age is used as the comparative scale. What is expected from the child's chronological age and how does their current level of functioning compare with children the same age or younger?</p>	<p>1 – Level of functioning is similar to children a fifth of the child's chronological age (i.e., child's chronological age is 10, while their functioning in the domain is like a 2-year-old). 3 – Level of functioning is similar to children half the age of the child's chronological age e.g., child's chronological age is 10, while their functioning on this item is like a 5-year-old) 5 – Level of functioning is similar to same-age peers</p>
<p>Severity of trauma on level of functioning Level of severity to which the psychological trauma has compromised development and functioning within a domain.</p>	<p>1 – Severely compromised 3 – Moderate compromise 5 – Functioning well</p>
<p>Either Either comparative scale is suitable when it comes to assessing the domain. Choose the one that would be most helpful for assessing the child.</p>	

The descriptions that correspond to the rating provide a prototypical example of what a facilitator may expect from that rating. It is offered as a guideline to help the facilitator and should not be used as a precise description. The child should not have to match the description exactly to receive that particular rating. Each child is unique and their presentation may not necessarily fit with the description.

The FDA moves upward in the brain. Remember the CCI triangle brain? The Domains below are grouped according to the level in the triangle brain.

Level I: Survival Brain

1. Neurological and Biological Maturity (Body and Nervous System)

This domain looks at the basic body functioning and organization. How well is the body and nervous system integrated?

a. Basic body regulations and cycles

1 – Child is unable to tell when they are tired, hungry, hot or cold. Takes hours to fall asleep and to fall back asleep when they wake up at night. Sleep schedule is erratic. Unable to tell when they need to urinate or defecate.

2 – Child is often unable to tell when they are tired, hungry, hot or cold. Sleep schedule is irregular. May take a long time to fall asleep. Most areas of body regulation (sleep, hunger, thirst, defecation, temperature regulation) are lagging behind peers of the same age group.

3 – Child is sometimes able to tell when they are tired, hungry, hot or cold. May have 2 or 3 areas of body regulation (sleep, hunger, thirst, defecation, temperature regulation) are lagging behind peers of the same age group.

4 – Child is usually able to tell when they are tired, hungry, hot or cold. Can fall asleep consistently and fall back asleep when woken up. Sleep schedule is quite regular. May have one area of body regulation (sleep, hunger, thirst, defecation, temperature regulation) that is lagging behind peers of the same age group.

5 – Child's sleep, hunger, thirst, temperature regulation, and proprioceptive awareness is as expected of their age group.

b. Sensory Integration: over-responsive or under-responsive

1 – Child is generally hypersensitive or hyposensitive to sounds, smells, sights (ex, bright lights), tastes and textures. They are overwhelmed by a lot of stimulation (busy environments, loud noises, unfamiliar places). They may express this by seeming tired, irritable, and/or melting down.

2 – Child is hypersensitive or hyposensitive to most stimuli. May show evidence of sensory avoiding behaviour and sensitivity to tags on clothing. They overrespond to everyday stimuli OR don't seem to notice stimuli that are unusual (loud noises, busy malls or festivals).

3 – Child is sensitive or lack sensitivity to some stimuli, while has age appropriate sensitivity to others. Can sometimes be overwhelmed by too much stimulation.

4 – Child has some minor sensitivities or lack of sensitive to stimuli. Can manage themselves in busy or unfamiliar environments, though may have more difficulty when tired or irritable.

5 – Child reacts like other children their age regarding sensory stimulation. They are not overwhelmed by sensory stimulation. They remain calm in busy or unfamiliar environments, while still noticing the stimuli around them.

c. Fine motor control:

1 – Child has very poor fine motor skills that are way below their chronological age. Very poor printing, difficulty with crafts (manipulating scissors, beading, weaving, colouring), and may not be able to use cutlery properly.

2 – Difficulties in many areas that require fine motor skills. Printing may be poor. May have difficulties with crafts or using cutlery.

3 – Child exemplifies fine motor skills at about half their biological age.

4 – Child shows typical fine motor skills in most areas. Few difficulties manipulating scissors, doing crafts, and printing/writing.

5 – Child is able to manipulate small objects, print, and write at the functional level typical of their age cohort.

d. Large motor control and balance:

1 – Child has poor gross motor skills. They are uncoordinated when playing sports and may lose their balance and/or get dizzy easily. Body movements may appear awkward or uncoordinated (unrelated to pre-existing developmental conditions).

2 – Child appears to be clumsy with their movements when doing sports or everyday activities. May present with a pattern of dizziness.

3 – Child's gross motor movement and coordination reflect that of a child half their age. May present with a pattern of dizziness.

4 – For the most part, the child's gross motor is generally coordinated. Can do everyday movements with coordination and can pick up on sports, though they may be lagging slightly from their peers.

5 – Child's gross motor control is coordinated and functioning at the level of their typical age cohort.

2. Over-Reactive Stress Response (Physiology and nervous system)

For this domain the emphasis is on (1) the baseline arousal/stress/tension level, (2) how quickly they move up from that baseline, and (3) how easily they can return to that baseline.

a. *General State – alert, wary, vigilant, anxious:*

1 – Child is constantly hypervigilant, wary, and anxious. They appear to be constantly scanning their environment for danger even in environments that appear to be safe. They seem to be overly aware of what is happening around them.

2 – Child is anxious and startles easily. They are hypervigilant and are constantly scan their environment and are wary and alert. There may be some environments where the child is not hypervigilant.

3 – Child is anxious and is vigilant and appears to be scanning their environment, especially in unfamiliar or busy environments. They are able to be in a calm state in environments that are safe for them.

4 – Child is rarely scanning their environment and is usually not anxious, alert, or wary. When they get anxious they are able to return to a calm state.

5 – Child functions at the level of other children their age and have a healthy awareness of what is going on around them. There is no presentation of hypervigilance and they are able to return to a calm state quickly when anxious.

b. *Hyperarousal - moving quickly to fight/flight:*

1 – Child appears to always be on the verge of reacting in flight or fight. It takes very little to provoke them to fear, anger or explosive behavior. There are many triggers and the hyperarousal may seem unpredictable.

2 – The child goes to fight or flight quickly with some predictable triggers that elicit the fight/flight responses. They may show some observable behaviors prior to reacting with fight or flight.

3 – There are predictable patterns for fight or flight behaviors. Child goes to fight or flight, but they are able to sustain some stressors before going into fight/flight response.

4 – Child can be provoked into fight or flight responses, though it is highly predictable and there are clear signs that they are progressing towards hyperarousal.

5 – Child is stress responses are similar to other children their. It takes unexpected events or significant stressors to trigger their fight/flight response. They can return to a calm baseline at a similar rate as their peers.

c. "Freezing" or dissociative responses:

- 1 – Child frequently "checks out". They may be unable to recall information consistently/accurately, may faint easily, and may come across as defiant (frozen, uncooperative, lost in space).
- 2 – Child often "checks out" or seems lost in space. Often they are unable to recall information. Memory appears to be inconsistent.
- 3 – Child sometimes "checks out", requires a past traumatic triggering event to elicit freezing response. Memory is fairly accurate.
- 4 – Child rarely dissociates, unless faced with a traumatic incident. Their memory is as expected for their age group and they are able to recall information. They generally do not "check out" and rarely seem lost in space.
- 5 – Child does not dissociate. They function at the level of their typical age cohort.

d. Ability to cope with transitions, changing plans, shifting gears:

- 1 – Child is unable to cope with transitions or changing plans even when they are informed about the transition beforehand. Transitions are highly stressful and often elicit reactionary responses.
- 2 – Child is often unable to cope with transitions or changing plans. This is usually stressful for them to deal with. Being told about transitions beforehand can be helpful in preventing reactionary response, though child still presents as being stressed.
- 3 – Child copes about as well as a child half their age would cope with transitions and changes of plan.
- 4 – Child may get upset/uneasy about transitions and changes of plans, but can return quickly to a calm state. Generally there are no challenges with transitions if they are informed about it beforehand.
- 5 – Child can cope with transitions, including changes of plans, as well as other typical children their age. Transition well in class times, between activities, and between caregivers. They handle disappointments in changes of plans in a healthy way.

Level II – Emotional and Relational Brain

3. Emotional Regulation

For this Domain the emphasis is on the development of a range of emotional experience and the ability to modulate or regulate these emotional states.

a. Ability to cope with various feelings and exercise self-regulation:

1 – Child has extreme mood swings and struggles to self-soothe/self-regulate. Capacity to regulate emotions is much younger than their chronological age.

2 – Child has difficulty coping with various feelings and experiences many mood swings. The child has limited capacity to self-soothe.

3 – Child’s “emotional age” is at about half their physical age. Mood swings reflect those of a much younger child. Child has some capacity to self-soothe.

4 – Child’s mood is fairly predictable with the occasional mood swing. Child has some resources to self-soothe.

5 – Child copes with his/her feelings as a typical child would at their age. They can self-soothe on their own.

b. Ability to return to a calm state:

1 – The child always takes a very long time to calm down once they are feeling overwhelmed. Even with the support of a trusted adult, child has extreme difficulty returning to a calm state.

2 – The child often takes a long time to calm down once feeling overwhelmed. Often requires the support of a trusted adult to help them reach a calm state.

3 – Child may take a long time to calm down once they feel overwhelmed. Support of a trusted adult can help them reach a calm state.

4 – Child is able to calm down once feeling overwhelmed, but takes longer than expected from peers in the same age-cohort.

5 – Child is able to return to a calm state as a typical child would at their age, after feeling overwhelmed.

c. Depressed mood (chronic or episodic):

* **note** – along with sadness, depressed mood in younger children may also appear in the form of vocal outbursts, irritability, anger, guilt, isolation, and physical complaints (i.e., stomach aches, headaches).

1 – Child is depressed most of the time.

2 – Child is often depressed.

3 – Child presents with more episodic depressed mood

4 – May experience some periods of depressed mood, but does not present as chronically depressed and is able to come out of their depressed mood.

5 – Child is not feeling depressed.

d. Ability to describe emotions and internal state:

- 1 – Very poor emotional vocabulary. Child cannot identify what they are feeling when they are calm or what they are feeling “in the moment”. No capacity to access emotional vocabulary when upset.
- 2 – Very basic emotional vocabulary (i.e., mad, bad). They may be aware that they are in an emotional state, but have difficulty differentiating emotions. Very limited capacity to accessing emotional vocabulary when upset.
- 3 – Emotional vocabulary reflects that of a child about half their chronological age. Child is able to differentiate emotional states and has some recognition of other people’s emotions when in a calm state. Can access emotional vocabulary when upset, though it is usually broader emotions.
- 4 – Child has emotional vocabulary that is slightly less than expected from children of the same chronological age. They are able to recognize emotions in others and can generally name their emotions in the moment. They are able to recognize internal indicators that support their emotional state.
- 5 – Child has emotional vocabulary that is expected of their chronological age. When they are upset they are able to identify their emotions.

e. Ability to describe emotional needs

- * **note** – emotions have action tendencies that inform people of their needs or wants. This section is about the child capacity to understand their needs or wants based on their emotional states.
- 1 – Child is unable to express their emotional needs to a caregiver (ie., doesn’t recognize that they may need a hug, alone time, or someone to talk to).
 - 2 – Child is often unable to express their emotional needs, though they may be able to express their needs when they are feeling calm.
 - 3 – Child is able to express their emotional needs when calm, though may not be able to express their specific need.
 - 4 – Child can express emotional needs, when calm and at times when upset. Most of the time they can identify specific needs when they are calm.
 - 5 – The child can express their specific emotional need with caregivers at the level that is expected from children of the same chronological age.

4. Attachment and Relationships

In this Domain the focus is on the child's abilities to form healthy connections with other people, first with parents/main caregivers and then with peers.

We start by distinguishing between patterns of moving away from people vs seeking social contact – the avoidant child will usually feel “cooler” and more distant, while a pre-occupied child may exhibit strong emotions and seem “clingy”.

a. Avoidant/Dismissive (Moving away from people):

1 – Child appears to be very emotionally and socially withdrawn. They seem to highly value independence and rarely seeks comfort when distressed. Child may appear “cold” or “distant”. They may scoff at others' emotional vulnerability, or seem indifferent towards other people and animals.

2 – Child is emotionally and socially withdrawn. Presents with limited emotional responsiveness to people and animals.

3 – Child has a tendency to be emotionally and socially withdrawn. They present as being “cool” and “distant”, but are able to form connections with adults and peers over prolonged periods of time.

4 – Child can be emotionally and socially withdrawn and it is hard to differentiate if that is preference or due to relational traumas. The child has the capacity to be comforted when distressed.

5 – Child has a healthy amount of independence. They appear to have a healthy attachment pattern towards adults and peers their age. They have a willingness to seek emotional support when they need it.

b. Preoccupied/Reactive (Moving toward people):

1 – Child presents as being desperate to have emotional attachment needs fulfilled and can feel relationally overwhelming. They may have overly familiar and inappropriate behavior with unfamiliar adults and are not aware of social boundaries.

2 – Child may find it difficult to think clearly about relationships because they are preoccupied with attachment relationships. Child seems self-absorbed and focused on themselves and personal needs and struggle to acknowledge the needs of others.

3 – Child has some limited awareness of their preoccupied/reactive attachment pattern. They have some understanding of social boundaries, but tend to overstep boundaries to meet attachment needs.

4 – Child is aware of social boundaries, but still has a tendency to be pre-occupied with attachment needs.

Commented [FC1]: I am not sure if this works

5 – Child can develop healthy attachment relationships. They are aware of their own needs as well as the needs of others.

c. Development of healthy trust in adults:

- 1 – Child does not trust most adults in their lives.
- 2 – Child takes a long time to warm up and develop trust with some adults.
- 3 – Child is able to develop trust with adults, but takes a long time to develop trust.
- 4 – Child has the capacity to develop healthy trust with adults, though may have some challenges differentiating appropriate levels of openness and caution.
- 5 – Child shows appropriate levels of openness and caution about new relationships.

d. Appropriate boundaries for both self, and others:

- 1 – Child’s boundaries are so rigid that there appears to be no capacity for vulnerable with anyone / OR / Child’s boundaries are so weak/porous that they very vulnerable to anyone and can easily be taken advantage of.
- 2 – Child has rigid boundaries and is able to be vulnerable to a very few select trusted individuals in their lives / OR / Child has some subtle hesitation with individuals who may take advantage of them, but is generally unaware.
- 3 – Child has rigid boundaries, but can have a willingness to “let people in” / OR / Child has some awareness of who not to trust, but can have some issues differentiating between people to trust or not trust.
- 4 – Child has some rigidity in their social boundaries, but can be vulnerable when trust is built / OR / Child has a formed understanding of boundaries and is mostly able to differentiate between trustworthy and untrustworthy people.
- 5 – Child exhibits a healthy understanding of boundaries that is normative of their chronological age.

e. Ability to form positive peer relationships:

- 1 – Child struggles to make age-appropriate friends.
- 2 – Child often has difficulty making friends and maintaining relationships.
- 3 – Child can make friends but may struggle maintaining the relationships.
- 4 – Child is capable of making friends and can usually maintain friend relationships.
- 5 – Child is able to make and maintain peer relationships.

Commented [FC2]: This one seems to parallel the other attachment items...

f. Ability to show empathy and/or remorse:

- 1 – Child is unable to take the perspective of others. They struggle to show empathy towards other people, animals, and themselves.
- 2 – Child can show empathy towards animals, but is generally unable to show empathy towards people or take the perspective of others.
- 3 – Child can take the perspective of others when in a calm state, but struggles to show empathy towards people and themselves.
- 4 – Child can take the perspective of others, but may struggle with either showing themselves or other people empathy.
- 5 – Child shows empathy towards people as well as animals, and can see from others' perspectives (i.e., they have a formed theory of mind that is consistent with their chronological age cohort).

g. Difficulty with transition between caregivers:

- 1 – Child has significant difficulty transitioning between caregivers. They often have outbursts prior to and/or after the transition.
- 2 – Child often has difficulty transitioning between caregivers. Can have difficulty reforming attachment with the caregiver after the transition.
- 3 – Child sometimes has difficulty transitioning between caregivers. They may present with anxiety prior to transitions.
- 4 – Child usually does not have difficulty transitioning between caregivers, though the child does present with some anxiety prior to transitions.
- 5 – For the most part, transitions between caregivers go smoothly with this child. They do not have difficulty transitioning.

5. Identity Development

Refers to the child's spoken and unspoken identity ("Who am I?" and "Where do I belong?") For Aboriginal youth, this includes consideration of the youth's identity in the sense of connectedness to his relations and knowledge of where he or she comes from. For youth who have been disconnected from their culture, a cultural plan must be included with goals for reconnecting the youth to their cultural practices and values as an important part of identity development.

a. Self-esteem: Feelings about personal strengths and qualities:

1 – Child has low self-esteem. They are unable to identify strengths and positive character qualities about themselves. Child may feel like they are not good at anything.

2 – Child's appears to have low self-esteem. They struggle to identify their strengths and positive character qualities. They may be good at a particular behaviour or activity, but fail to identify it as good, or they may overcompensate by stating that they are good at something that they are not.

3 – Child sometimes seems to have low self-esteem. They have difficulty identifying strengths and positive character qualities about themselves, though they may have an activity/feature about themselves that they can identify with (i.e., likes to play soccer and identifies as being a soccer player).

4 – Child has a relatively healthy self-esteem. They can usually name some personal strengths and positive characteristics. They can identify some activities and behaviours they are good at, but may have some difficulty acknowledging other areas of strength.

5 – Child has good self-esteem. They can name personal strengths and qualities that they see in themselves. They are aware of activities and behaviours that they are good at.

b. Mastery: Sense of personal accomplishment and ability:

1 – Child does not feel that they have any control over any circumstances regardless of how minor it may be.

2 – Child has difficulty acknowledging personal accomplishments, but is aware of the accomplishments.

3 – Child has a sense that they have some personal control over minor circumstances.

4 – Child has a sense of control and personal accomplishments, though they may have a tendency to misinterpret how much control they have over a circumstance or situation.

5 – Child feels as though they have some personal control over reasonable circumstances.

c. Shame-based identity and/or intense guilt:

1 – Child experiences themselves as fundamentally unlovable. Child breaks their own favourite items/toys when they are angry. Child denies any misbehaviours. Child often misbehave soon after a positive experience.

2 – Child often experiences themselves as fundamentally unlovable. Child often breaks their favourite items/toys when angry. Child often denies any misbehaviours. Child tends to misbehave soon after a positive experience.

3 – Child sometimes experiences himself/herself as unlovable. Child sometimes breaks his/her own favourite items/toys when angry. Child sometimes denies misbehaviours. Child may misbehave soon after a positive experience.

4 – Child usually understands that they can be loved. Child rarely breaks things when angry. Child can sometimes own up to misbehaviours. Child rarely misbehaves soon after a positive experience.

5 – Child understands themselves as loved. Child does not break things when angry. Child usually owns up to misbehaviours. Child does not misbehave soon after positive experiences.

Commented [FC3]: Not sure if this fits, I feel that these descriptions can be improved, but not sure how.

d. Cohesive Life Story: Includes past, present, and future:

1 – Child is unable to put together experiences and pieces of their life cohesively. Mixes up the timing of events/experiences or leaves pieces out. Has a jumbled understanding of their family and history.

2 – Child can have difficulty understanding and putting together experiences and pieces of their life. They have difficulty remembering the order of events in their life, but is aware of these events. They do not have an accurate understanding of their family and history.

3 – Child has difficulty understanding certain events and experiences in their life. Does not have a fully cohesive life story that includes their past and present, but has a broad general understanding of their life. Has difficulty embracing future plans and goals.

4 – Child has an understanding of their past and present life. They have a general sense of the chronology of their life story, but may miss some key parts. They have an understanding of their family and the events that have taken place in their life.

5 – Child has a cohesive understanding of their past and present life as well as future goals/plans. They generally understand their family and their personal history.

e. Sense of belonging (e.g. family, community, culture):

1 – Child feels completely isolated. They do not have a group they identify with or feel connected to.

2 – Child often feels that they are alone and that they do not have a group they can identify with or feel connected to. Can identify with a cultural group, though may not feel like they belong in it.

3 – Child feels alone, but can identify that they belong with at least a community, family, or a cultural group.

4 – Child has an understanding that they belong to more than one community, family, or cultural group, and can identify with the people in these groups.

5 – Child has a sense of healthy belonging in several groups.

f. Reactive Attachment Pattern:

1 – When the child begins to connect (to peers/family/caregivers), they push them away. Displays patterns of irritability and fearfulness during nonthreatening interactions.

2 – When the child begins to connect, they often will push away. Patterns of fearful behavior with nonthreatening interactions.

3 – The child sometimes pushes away once they connect. They display some patterns of irritability during nonthreatening interactions. May not necessarily engage in this behavior with some select attachment figures.

4 – Child usually does not push away once he/she starts to connect to someone, but may have some hesitancy as the connection develops.

5 – Child can maintain healthy relationships and not push away when they start to feel connected to someone.

Commented [FC4]: Not sure if this differentiates the two enough...

Commented [FC5]: Perhaps this needs an explanation as to why this is in “identity” as opposed to “attachment”. I was explained why before, but I don’t remember the reason.

Also is this different than the DSM-5 “Reactive Attachment Disorder”

Commented [FC6]: I think this needs to be flushed out better. Reactive Attachment Disorder overlaps with a number of items in the “attachment” section.

Level III – The Logical Brain

6. Behavioural Regulation (How thinking helps to manage and monitor behaviour)

The child’s ability to rein-in their impulses to act. The capacity to wait, reflect, plan and weigh consequences before acting.

a. ADHD-like: Impulsive, inattentive/distractible:

1 – Child has difficulty focusing and concentrating (may fidget and wiggle a lot, or move quickly from one activity to the next). The child appears to act without thinking. Child has difficulty following complex directives and is constantly forgetting things.

2 – Child often has difficulty focusing and concentrating (think of behaviours both at school and at home). The child is impulsive and has difficulty following complex directives. They constantly forget things.

3 – Child sometimes has difficulty focusing and concentrating. The child may act without thinking. Child has difficulty following complex directives. They can sometimes be forgetful.

4 – Child can focus and concentrate both at home and at school and has the capacity to think before acting. They may have some difficulty following complex directives.

5 – Child can focus and concentrate at home and at school. Child can follow complex directives. Child is rarely forgetful.

b. Anger: Tendency to be aggressive, destructive, or oppositional:

1 – Child is constantly aggressive and oppositional. They are destructive with their belongings and the belongings of others. They appear to not care about consequences of negative behaviours.

2 – Child is often aggressive when frustrated or angry. They may be destructive and oppositional to directions. Child usually does not care about consequences of negative behaviours.

3 – Child can become aggressive when frustrated or angry. They are sometimes destructive with their own belongings and/or the belongings of others. They are aware of consequences and it can influence some negative behaviors.

4 – Child is usually able to manage their anger and seems to realize the consequences of negative behaviours. They rarely destroy their belongings or the property of others.

5 – Child can manage anger without becoming aggressive or destructive. They realize that negative behaviour has consequences.

c. Uses executive functioning skills (Air traffic control) to sustain motivation, delay gratification, and resist impulses:

1 – The child has a difficult time staying on task and staying motivated. Child is unable to delay gratification. Child has difficulty understanding and accepting time frames such as “15 more minutes of play time.”

2 – Child often has a difficult time staying on task and staying motivated. Child has difficulty delaying gratification. Time frames can occasionally be helpful.

3 – Child sometimes has a difficult time staying on task and staying motivated. Child has some difficulty delaying gratification. Child can understand time frames, though it may have to be repeated several times.

4 – Child can usually stay on task and motivated and delay gratification. Child can usually accept positive compliments. Child can understand and accept time frames.

5 – Child can stay on task and stay motivated and can delay gratification. Child can understand and accept time frames.

d. Constant struggle for control:

- 1 – Everything interactions feels like a power struggle with this child. They appear bossy towards peers and caregivers.
- 2 – There are often power struggles in the home and at school. Child is often bossy towards peers and caregivers.
- 3 – There are sometimes power struggles with this child, but may happen more often in one setting than another. They are sometimes bossy with peers and caregivers.
- 4 – The child engages in the occasional power struggle. They are usually not bossy with peers and caregivers.
- 5 – Power struggles are not an issue with this child. Child is comparable to other children their age.

7. Cognitive Development

What is the level of the child's functional abilities in thinking, logic, language, and memory?

a. Maturity of expressive and receptive language:

- 1 – Child has significant difficulty understanding what you say (i.e., they have difficulty following instructions) and has challenges with expressing themselves and communicating effectively.
- 2 – Child often has difficulty understanding what you are saying to them and/or communicating what they want to say effectively. They may use “pat” answers (it seems as though they understand when in fact they do not fully understand).
- 3 – Child sometimes has difficulty understanding what you are saying or they have some difficulty communicating effectively.
- 4 – Child generally understands what is being said to them and can communicate effectively, though they may have some minor challenges in either expressive or receptive language.
- 5 – Child expressive and receptive language is as expected for their chronological age.

b. Executive Functioning: Memory, Organization, Learning from experience:

- 1 – Child loses track of what they are doing, forget instructions, struggles with problem solving, struggles to learn new rules.
- 2 – Child has some difficulty remembering instructions, struggles with problem solving and learning new rules. They often lose track of the task they are on and has difficulty integrating new information.

3 – Child sometimes loses track of the task they are on. They sometimes struggle with remembering instructions, problem solving and learning new rules. There may be one or two domains (memory, organization, learning from experience) in their executive functioning that is consistent with their chronological age.

4 – One of the areas of memory, organization, or learning from experience is compromised.

5 – Generally executive functioning (memory, organization, and learning from experience) is as expected based on their chronological age.

c. Development from concrete/rigid black and white thinking to abstract thinking:

1 – Child is a concrete/rigid black and white thinker. Even with guidance and discussion, they will not consider other perspectives/views. Child has significant difficulty understanding abstract concepts.

2 – Child is a concrete black and white thinker. Often has difficulty understanding abstract concepts.

3 – Child has some difficulty understanding abstract concepts. May reflect concrete thinking of a child about half their age.

4 – Child can generally understand abstract concepts close to what is expected from their chronological age.

5 – Child can process and understand abstract concepts. They can understand different perspectives and views of various topics according to what is expected of their chronological age.

d. Difficulty processing information:

1 – Child is easily and significantly overwhelmed by too much verbal, visual, auditory, tactile, and/or olfactory information. The child is slow to respond to simple questions.

2 – Child is often overwhelmed by too much verbal, visual, auditory, tactile, and/or olfactory information. The child may be slow to respond to simple questions.

3 – Child can sometimes be overwhelmed by too much verbal, visual, auditory, tactile, and/or olfactory information. The child can sometimes be slow to respond to simple questions.

4 – Child is usually not overwhelmed by too much verbal, visual, auditory, tactile, and/or olfactory information. The child can respond normally to questions.

5 – Child is not overwhelmed by too much information. They can respond to questions and conversations as expected from their chronological age.

e. Problem solving skills and thinking creatively:

1 – Child has minimal problem-solving skills. They have difficulty solving novel situations and even familiar situations.

2 – Child has difficulty with problem solving, they have difficulty solving novel situations and occasionally with familiar situations.

3 – Child has some difficulty with problem solving with novel situations, but can occasionally engage in some creative thinking skills.

4 – Child has some minor difficulty using problem solving skills and creative thinking to figure out how to act or what to do in a novel situation or when things don't go as planned.

5 – Compared to other children their age, child's problem-solving skills and capacity to think creatively are at a similar level.

Commented [FC7]: I think this refers to fluid intelligence