CHILDHOOD DISABILITY EVALUATION FORM	
Name:	Level of determination:
	☐ Initial ☐ CDR ☐ Other
SSN:	Reconsideration CDR Reconsideration
Date of Birth:	Is this child engaging in SGA? Yes No
I. SUMMARY	Filing Date:
A. IMPAIRMENTS:	
B. DISPOSITION: Check one entry that best describes your find	dings in this case. Complete this section last.
 NOT SEVERE - No medically determinable impairment is a slight abnormality or a combination of slight abnormal limitations. (Explain below.) 	t OR Impairment or combination of impairments allities that results in no more than minimal functional
Explanation:	
	☐ Continued in Section III
2. MEETS LISTING	(Cite complete Listing and subsection(s),
including any applicable B criteria for 112.00.)	
3. MEDICALLY EQUALS LISTING	. (Cite complete Listing and
subsection(s), including any applicable B criteria for 112	.00 and explain below.)
Explanation:	
	Continued in Section III
 FUNCTIONALLY EQUALS THE LISTINGS - The child's of impairments results in marked limitations in two doma Section II A&B), OR the impairment or combination of im DI 25225.060 (20 CFR 416.926a(m)), example # 	ins or an extreme limitation in one domain (Explained in pairments is one of the examples cited in POMS
5. IMPAIRMENT OR COMBINATION OF IMPAIRMENTS I	
EQUAL, OR FUNCTIONALLY EQUAL THE LISTINGS.	
	(Explained in Section(s) II A&B and, if applicable, III.) The child's medically determinable impairment(s) is or was a not, of listing-level severity for 12 continuous months,
EQUAL, OR FUNCTIONALLY EQUAL THE LISTINGS. 6. DOES NOT MEET THE DURATION REQUIREMENT - 1 of listing-level severity, but is not expected to be, or was	(Explained in Section(s) II A&B and, if applicable, III.) The child's medically determinable impairment(s) is or was a not, of listing-level severity for 12 continuous months,

C. ASSESSMENT OF FUNCTIONING THROUGHOUT SEQUENTIAL EVALUATION

I affirm, by signing below, that when I evaluated the child's functioning in deciding:

- If there is a severe impairment(s);
- If the impairment(s) meets or medically equals a listing (if the listing includes functioning in its criteria); and
- If the impairment(s) functionally equals the listings;

I considered the following factors and evidence.

FACTORS:

- 1. How the child's functioning compares to that of children the same age who do not have impairments; i.e., what the child is able to do, not able to do, or is limited or restricted in doing.
- 2. Combined effects of multiple impairments and the interactive and cumulative effects of an impairment(s) on the child's activities, considering that any activity may involve the integrated use of many abilities. So,
 - · A single limitation may be the result of one or more impairments, and
 - A single impairment may have effects in more than one domain.
- 3. How well the child performs activities with respect to:
 - Initiating, sustaining, and completing activities independently (range of activities, prompting needed, pace of performance, effort needed, and how long the child is able to sustain activities);
 - · Extra help needed (e.g., personal, equipment, medications);
 - Adaptations (e.g., assistive devices, appliances);
 - Structured or supportive settings (e.g., home, regular or special classroom), including comparison of functioning
 in and outside of setting, ongoing signs or symptoms despite setting, amount of support needed to function
 within regular setting.
- Child's functioning in unusual settings, (e.g., one-to-one, a CE) vs. routine settings (e.g., home, childcare, school).
- 5. Early intervention and school programs (e.g., school records, comprehensive testing, IEPs, class placement, special education services, accommodations, attendance, participation).
- 6. Impact of chronic illness, characterized by episodes of exacerbation and remission, and how it interferes with the child's activities over time.
- 7. Effects of treatment, including adverse and beneficial effects of medications and other treatments, and if they interfere with the child's day-to-day functioning.

EVIDENCE:

For all dispositions, wherever appropriate, I have explained how I considered the medical, early intervention, school/pre-school, parent/caregiver, and other relevant evidence that supports my findings, how I weighed medical opinion evidence, evaluated physical and mental symptoms, resolved any material inconsistencies, and weighed evidence when material inconsistencies in the file could not be resolved. I have considered and explained test results in the context of all the other evidence.

The consultant with overall responsibility for the findings in this SSA-538 must complete the first signature line (See DI 2523O.OOIB4). If any additional consultants provided input to these findings, they must also sign in the boxes following.

THESE FIND	INGS COMPLETE THE MEDICAL POP	RTION OF THE DISABILITY DETERMINATION.
Consultant with	overall responsibility (Sign, print name a	and specialty)
Sign	Text	
Additional consu	ltant signature (Sign, print name and sp	pecialty) Date
Sign	Text	
Additional consu	ltant signature (Sign, print name and sp	pecialty) Date
Sign	Text	

II. FUNCTIONAL EQUIVALENCE

Consider functional equivalence when the child's medically determinable impairment(s) is "severe" but does not meet or medically equal a listing. An impairment(s) functionally equals the listings if it results in "marked and severe functional limitations," i.e., the impairment(s) causes "marked" limitations in two domains or an "extreme" limitation in one domain. FOR DEFINITIONS OF "MARKED" AND "EXTREME" see page 5.

Describe and evaluate the child's functioning in all domains; see POMS DI 25225.025-.055 (20 CFR 416.926a(f)-(I)). Then discuss the factors that apply in the child's case and how you evaluated the evidence as described in Section IC above and in POMS DI 25210.001ff. (20 CFR 416.924a). Rate the limitations that result from the child's medically determinable impairment(s).

Check one box for each domain to indicate the degree of limitation assessed.							
A.	DOMAIN EVALUATIONS						
1. Acq	ulring and Using Information	No Limitation	Less Than Marked	■ Marked	■ Extreme		
				□∞	ntinued in Section III		
2. Atte	ending and Completing Tasks	☐ No Limitation	Less Than Marked	Marked	Extreme		
				□.Co	ntinued in Section III		
3. Inter	acting and Relating With Others	No Limitation	Less Than Marked	■ Marked	Extreme		
				□ c₀	ntinued in Section III		

Α.	DOMAIN EVALUATIONS (continued))						
4.	Moving About and Manipulating Ob	jects	☐ No Lim	itation	Less	Than Mark	ed 🔲 Marked	Extreme
5.	Caring For Yourself	П	lo Limitatio		Less Tha	an Marked	☐ Marked	ued in Section III Extreme
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
							☐ Contin	ued in Section III
6.	Health and Physical Well-Being (Reminder - see additional definitions of		lo Limitation		Less Tha	ın Marked	■ Marked	Extreme
	marked and extreme for this domain on page	ge 5)						
							Contin	ued in Section III

B. CONCLUSION
Does the impairment or combination of impairments functionally equal the listings?
Yes Marked limitation in two domains; findings explained in Section IIA.
Marked limitation See POMS DI 25225.020B (20 CFR 416.926a(e)(2)).
The impairment(s) interferes seriously with the child's ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be seriously limited when the child's impairment(s) limits only one activity or when the interactive and cumulative effects of the child's impairment(s) limit several activities.
 "More than moderate" but "less than extreme" limitation (i.e., the equivalent of functioning we would expect to find on standardized testing with scores that are at least two, but less than three, standard deviations below the
 Up to attainment of age 3, functioning at a level that is more than one-half but not more than two-thirds of the child's chronological age when there are no standard scores from standardized tests in the case record, or At any age, a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child's day-to-day functioning in domain-related activities is consistent with that score.
For the "Health and Physical Well-Being" domain, we may also find a "marked" limitation if the child is frequently ill or has frequent exacerbations that result in significant, documented symptoms or signs. For purposes of this domain, "frequent" means episodes of illness or exacerbations that occur on an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more. We may also find a "marked" limitation if the child has episodes that:
 occur more often than 3 times in a year or once every 4 months but do not last for 2 weeks, or occur less often than an average of 3 times a year or once every 4 months but last longer than 2 weeks, if the overall effect (based on the length of the episode(s) or its frequency) is equivalent in severity.
Yes Extreme limitation in one domain; findings explained in Section IIA.
Extreme limitation See POMS DI 25225.020C (20 CFR 416.926a(e)(3)).
The impairment(s) interferes very seriously with the child's ability to independently initiate, sustain, or complete domain-related activities. Day-to-day functioning may be very seriously limited when the child's impairment(s) limits only one activity or when the interactive and cumulative effects of the child's impairment(s) limit several activities. "Extreme" describes the worst limitations, but does not necessarily mean a total lack or loss of ability to function.
 "More than marked" limitation (i.e., the equivalent of the functioning we would expect to find on standardized testing with scores that are at least three standard deviations below the mean), or Up to attainment of age 3, functioning at a level that is one-half of the child's chronological age or less when there are no standard scores from standardized tests in the case record, or
 At any age, a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in that domain, and the child's day-to-day functioning in domain-related activities is consistent with that score.
For the "Health and Physical Well-Being" domain we may also find an "extreme" limitation if the child is ill or has frequent exacerbations that result in significant, documented symptoms or signs substantially in excess of the requirements for showing a "marked" limitation. However, if the child has episodes of illness or exacerbations of the impairment(s) that we would rate as "extreme" under this definition, the impairment(s) should meet or medically equal the requirements of a listing in most cases.
☐ No Findings explained in Section IIA.

III. EXPLANATION OF FINDINGS	
Use this section: To explain any functional equivalence "example" cited in disposition 4; To explain disposition 7; For any continued explanation of dispositions 1, 3, 5, and 6, or functional equivalence findings that do not Section II; To discuss any relevant factors and evidence not explained elsewhere; e.g., how you weighed evidence material inconsistencies in the file could not be resolved; At the discretion of the adjudicative team, to explain disposition 2; to make clear other issues particular to cases; to record all of the required elements of a rationale rather than on an SSA-4268-U4/C4 per POMS 25235.001.	when to individu
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The Privacy and Paperwork Reduction Acts

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