Function Report - Child Age 3 to 6th Birthday

Filling Out The Function Report

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, CONTACT YOUR SOCIAL SECURITY OFFICE. WE WILL HELP YOU.

The information that you give us on this form will be used by the office that makes the disability decision on the child's claim. You can help them by completing as much of the form as you can.

- Print or type.

- Do not ask a doctor or hospital to complete this form.

- Be sure to explain your answer if an explanation is requested or needed.

- If more space is needed to answer any of the questions, please use the "REMARKS" section and show the number of the question being answered.

The information we ask for on this form tells us how you think the child's illnesses or injuries affect the way he or she does many of his or her usual activities.

**PLEASE REMOVE THIS SHEET BEFORE
RETURNING THE COMPLETED FORM.**

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

FUNCTION REPORT - CHILD
AGE 3 TO 6th BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print **NAME OF CHILD:**

FIRST	MIDDLE	LAST

B. Child's **SOCIAL SECURITY NUMBER:**

 –   –

C. Child's **DATE OF BIRTH:**

Month/Day/Year

D. **PERSON COMPLETING FORM**

NAME:

RELATIONSHIP TO CHILD:

DATE FORM COMPLETED:

Month/Day/Year

DAYTIME TELEPHONE NUMBER *(including Area Code)*:

MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):

CITY	STATE	ZIP CODE
		–

SECTION 2 - FUNCTION DETAILS

2. | A. Does the child have problems seeing?

If **"yes,"** please mark <u>every</u> statement below that is <u>generally</u> true about the child:

☐ YES (Continue)➤

☐ Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:

_____

_____

_____

☐ NO (Go to 2.B.)

☐ Child cannot be fitted for glasses or contact lenses. Explain:

_____

_____

_____

☐ Child has other seeing problems. If so, please describe:

_____

_____

_____

B. Does the child have problems hearing?

If "**yes**," please mark <u>every</u> statement below that is <u>generally</u> true about the child:

☐ YES (Continue)➤

☐ Child uses hearing aid(s). If the child has problems hearing even with a hearing aid(s) OR has trouble using a hearing aid, please explain:

_____

_____

_____

☐ NO (Go to 2.C.)

☐ Child cannot be fitted for hearing aid(s).

☐ Child has other hearing problems. If so, please describe:

_____

_____

_____

☐ Child uses American Sign Language.

☐ Child reads lips.

2.	C. Is the child totally unable to talk?	Does the child have problems talking clearly?

2.

C. Is the child totally unable to talk?

☐ YES (Go to 2.D.)

☐ NO (Continue) ➡️

Does the child have problems talking clearly?

☐ Yes (answer questions below)

☐ No (continue to question 2.D.)

If "yes," please mark the block that best describes the child in each of the two statements below, and then describe any other speech problems:

Speech can be understood by people who know the child well:

☐ Most of the time, or

☐ Some of the time, or

☐ Hardly ever.

Speech can be understood by people who don't know the child well:

☐ Most of the time, or

☐ Some of the time, or

☐ Hardly ever.

If the child has other problems talking, please explain:

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_____

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2.	D. Is the child's ability to communicate limited?	If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

D. Is the child's ability to communicate limited?

☐ YES (Continue) ➡

☐ NO (Go to 2.E.)

☐ NOT SURE (Continue) ➡

If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

☐ **Yes**   ☐ **No**   Asks a lot of what, why, and where questions

☐ **Yes**   ☐ **No**   Uses complete sentences of more than 4 words most of the time

☐ **Yes**   ☐ **No**   Talks about what he or she is doing

☐ **Yes**   ☐ **No**   Takes part in conversations with other children

☐ **Yes**   ☐ **No**   Asks for what he or she wants

☐ **Yes**   ☐ **No**   Tells about things and activities that happened in the past

☐ **Yes**   ☐ **No**   Can tell a made up or familiar short story

☐ **Yes**   ☐ **No**   Can answer questions about a short read-aloud children's story or TV story like "Little Red Ridinghood"

☐ **Yes**   ☐ **No**   Can deliver simple messages such as telephone messages

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:

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| 2. | E. Does the child's impairment(s) limit his or her progress in understanding and using what he or she has learned?

☐ YES (Continue) ➡

☐ NO (Go to 2.F.)

☐ NOT SURE (Continue) ➡ | If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

☐ **Yes**   ☐ **No**   Recite numbers to 3

☐ **Yes**   ☐ **No**   Count three objects (like blocks, cars or dolls)

☐ **Yes**   ☐ **No**   Recite numbers to 10

☐ **Yes**   ☐ **No**   Identify most colors, such as purple, and shapes, such as a star

☐ **Yes**   ☐ **No**   Knows his or her age

☐ **Yes**   ☐ **No**   Asks what words mean

☐ **Yes**   ☐ **No**   Knows his or her birthday

☐ **Yes**   ☐ **No**   Knows his or her telephone number

☐ **Yes**   ☐ **No**   Can define common words

☐ **Yes**   ☐ **No**   Can read capital letters of the alphabet

☐ **Yes**   ☐ **No**   Understands a joke

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's progress in understanding and using what he or she has learned:

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2.	F. Are the child's physical abilities limited?	If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

F. Are the child's physical abilities limited?

☐ YES (Continue) ➤

☐ NO (Go to 2.G.)

☐ NOT SURE (Continue) ➤

If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

☐ **Yes** ☐ **No** Catch a large ball, like a beach ball

☐ **Yes** ☐ **No** Ride a big wheel, tricycle, or bike with training wheels

☐ **Yes** ☐ **No** Wind up a toy

☐ **Yes** ☐ **No** Print at least some letters

☐ **Yes** ☐ **No** Copy first name

☐ **Yes** ☐ **No** Use scissors fairly well

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's physical abilities:

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_____

_____

G. Does the child's impairment(s) affect his or her behavior with other people?

☐ YES (Continue) ➤

☐ NO (Go to 2.H.)

☐ NOT SURE (Continue) ➤

If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

☐ **Yes** ☐ **No** Enjoys being with other children the same age

☐ **Yes** ☐ **No** Shows affection towards other children

☐ **Yes** ☐ **No** Is affectionate towards parents

☐ **Yes** ☐ **No** Shares toys

☐ **Yes** ☐ **No** Takes turns

☐ **Yes** ☐ **No** Plays "pretend" with other children

☐ **Yes** ☐ **No** Plays games like tag, hide-and-seek

☐ **Yes** ☐ **No** Plays board games (like checkers or Candyland)

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's behavior around other people:

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_____

| **2.** | H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?

☐ YES (Continue) ▶

☐ NO (Go to 2.I.)

☐ NOT SURE (Continue) ▶ | If "**yes**," or "**not sure**," please tell us what the child does or can do by checking "yes" or "no" for each of the following. Check "yes" if it is something the child used to do but doesn't do any more just because he or she is older. For example, if the child used to dress with help but now dresses without help, check "yes" for both.

☐ Yes ☐ No Usually controls bowels and bladder during the day

☐ Yes ☐ No Eats using a fork and spoon by self

☐ Yes ☐ No Dresses self with help

☐ Yes ☐ No Dresses self without help (except tying shoes)

☐ Yes ☐ No Washes or bathes without help

☐ Yes ☐ No Brushes teeth with help

☐ Yes ☐ No Brushes teeth without help

☐ Yes ☐ No Puts toys away

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's habits and ability to take care of personal needs:

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_____ |
| | I. Is the child's ability to pay attention and stick with a task limited?

☐ YES (Continue) ▶

☐ NO (Go to 2.J.)

☐ NOT SURE (Continue) ▶ | If "**yes**," or "**not sure**," how long can the child pay attention to TV, music, reading aloud or games?

☐ 15 minutes ☐ 30 minutes

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to pay attention and stick with a task:

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_____
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_____ |

2. J. Please tell us anything else about the child that you think we should know.

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SECTION 3 - REMARKS

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