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 <u>only</u> 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					
A. Print NAME OF CHILD: FIRST	MIDDLE	LAST			
B. Child's SOCIAL SECURIT	Y NUMBER:				
C. Child's DATE OF BIRTH:					
	Month/Day/Year				
D. PERSON COMPLETING I	FORM				
NAME:					
RELATIONSHIP TO CHILD:					
DATE FORM COMPLETED:	Month/Day/Year				
DAYTIME TELEPHONE NUM	IBER (including Area Code):				
MAILING ADDRESS (Numbe	r and Street, Apt. No. (if any), P.	.O. Box, or Rural Route):			
	STATE				
CITY	DIALE	ZIP CODE			
SSA-3377-BK (5-2006) of (01-200		- Page			

	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?				
YES (Go to 2.D.)	Yes (answer questions below)				
	No (continue to question 2.D.)				
NO (Continue) —	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:				
Form SSA-3377-BK (5-2006) ef (01-	-2007) Page				

2.	D. Is the child's ability	If "ves " or	"not s	sure	" please tell us what the child does or can do
۷.	to communicate limited?	by checking "yes" or "no" for each of the following:			
			0,		5
		TYes		No	Asks a lot of what, why, and where questions
	☐ YES (Continue)—▶		<u> </u>		
		_	_		
		🔲 Yes		No	Uses complete sentences of more than 4
	NO (Go to 2.E.)				words most of the time
		TYes		No	Talks about what he or she is doing
			<u> </u>		Taiks about what he of she is doing
	□ NOT SURE (Continue)>				
		🔲 Yes		No	Takes part in conversations with other children
		T Yes		No	Asks for what he or she wants
			<u>ц</u> ,	N O	Asks for what he of she wants
		🔲 Yes		No	Tells about things and activities that happened
					in the past
		T Yes		No	Can tell a made up or familiar short story
			ш.		Carrier a made up of farminal short story
		🔲 Yes		No	Can answer questions about a short
					read-aloud children's story or TV story like
					"Little Red Ridinghood"
		TYes		No	Can deliver simple messages such as
				-	telephone messages
					xplain. In addition, please tell us anything else
		you think w	e shou		now about the child's ability to communicate:
		1			

E. Does the child's impairment(s) limit his or			please tell us what the child does or can do by for each of the following:
her progress in	🔲 Yes	🔲 No	Recite numbers to 3
what he or she has learned?	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
I NO (Go to 2.F.)	🗌 Yes	🔲 No	Knows his or her age
NOT SURE (Continue)	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
	C Yes	🔲 No	Can read capital letters of the alphabet
	🗖 Yes	🔲 No	Understands a joke
	you think we	e should k	explain. In addition, please tell us anything else know about the child's progress in sing what he or she has learned:
	 impairment(s) limit his or her progress in understanding and using what he or she has learned? YES (Continue)> NO (Go to 2.F.) 	<pre>impairment(s) limit his or her progress in understanding and using what he or she has learned?</pre> <pre> Yes Yes</pre>	impairment(s) limit his or checking "yes" or "no" her progress in Yes No understanding and using Yes No what he or she has Yes No learned? Yes No YES (Continue) → Yes No NO (Go to 2.F.) Yes No NOT SURE Yes No (Continue) → Yes No Yes No Yes No

2.	F. Are the child's physical abilities			e," please tell us what the child does or can do "no" for each of the following:	
	limited?	Yes Yes	🔲 No	Catch a large ball, like a beach ball	
	☐ YES (Continue)—▶	🔲 Yes	🔲 No	Ride a big wheel, tricycle, or bike with training wheels	
	■ NO (Go to 2.G.)	🔲 Yes	🔲 No	Wind up a toy	
		Yes Yes	🔲 No	Print at least some letters	
	□ NOT SURE (Continue)►	Yes Yes	🔲 No	Copy first name	
		🔲 Yes	🔲 No	Use scissors fairly well	
				e explain. In addition, please tell us anything nould know about the child's physical abilities:	
	G. Does the child's impairment(s) affect his or her behavior with other	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:			
	people?	🔲 Yes	🔲 No	Enjoys being with other children the same age	
		🔲 Yes	🔲 No	Shows affection towards other children	
	YES (Continue) →	🗌 Yes	🔲 No	Is affectionate towards parents	
	NO (Go to 2.H.)	🔲 Yes	🔲 No	Shares toys	
	■ NOT SURE (Continue) ——►	🔲 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)	
			nink we sh	explain. In addition, please tell us anything ould know about the child's behavior around	

2.	H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?	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 (Continue)→	🔲 Yes		No	Eats using a fork and spoon by self
	NO (Go to 2.1.)	🔲 Yes		Νο	Dresses self with help
	■ NOT SURE (Continue)	🔲 Yes		Νο	Dresses self without help (except tying shoes)
		🔲 Yes		No	Washes or bathes without help
		🔲 Yes		Νο	Brushes teeth with help
		🗌 Yes		Νο	Brushes teeth without help
		🔲 Yes		Νο	Puts toys away
			e sho	ould kno	plain. In addition, please tell us anything else by about the child's habits and ability to take
	 Is the child's ability to pay attention and stick 				now long can the child pay attention to TV, games?
	with a task limited?	music, reading aloud or games? 15 minutes 30 minutes 			
	YES (Continue) →	If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to pay attention			
	NO (Go to 2.J.)	and stick w			ow about the child's ability to pay attention
	■ NOT SURE (Continue) ——►				

J. Please tell us anything else about the child that you think we should know. 2. **SECTION 3 - REMARKS**