

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Comprehensive Functional Assessment of Recreation

RESIDENT'S NAME	RESIDENCE
DATE OF BIRTH	DSHS NUMBER
DATE	EVALUATION BY:

Information provided refers to changes and/or updates that have occurred since their last assessment.

Synopsis of the past year

Include progress and participation in activities since the last assessment.

Preferences / non-preferences

Examples include but not limited to: activities that the individual is interested in and competency of performance, including on and off campus interests, duration tolerance, food preference, spiritual, animals, water safety and past / present / future preferences in activities.

Assistance needed to setup activities

Ability to participate in any setup required for the activities conducted.

Ability to attend to task

Include how long the individual is able to attend to an activity which may differ if a preferred activity versus a non-preferred activity.

Medical and non-medical issues which could affect activity participation

List any issues which may affect participation in an activity including medical, non-medical, and accommodations needed.

Communication

Include how the individual is able to communicate his / her wants / needs in regard to activity participation, how the individual socializes as well as choice making in relation to recreation activities.

Community skills

Including but not limited to: money skills and pedestrian safety.

Recommendations / plans

List any recommendations that you have based on the assessment of the individual.

SIGNATURE OF PERSON COMPLETING EVALUATION	DATE
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