

**CHILDRENS
ASSESSMENT (under 10)**

Social Security Number										
				-						

Last Name														

First Name										

Date of Birth									

Date Assessment Completed												

Circle the number of the answer best describing this child's functioning compared to a peer of the same age without problems. Answers must be based on personal knowledge, observation, interviews or available documentation. Severe problems are those requiring intensive treatment efforts, lots of hands-on care and close supervision. This form should be kept on file by the agency completing BASIS.

DEVELOPMENTAL DOMAIN	Not a Problem	Problem Pending	Moderate Problem	Severe Problem	Don't Know
a. Ambulation and mobility	1	2	3	4	0
b. Fine motor	1	2	3	4	0
c. Receptive communication	1	2	3	4	0
d. Expressive communication	1	2	3	4	0
e. Self-care (e.g. eating, drinking, dressing, bathing, grooming...)	1	2	3	4	0
f. Vision without glasses	1	2	3	4	0
g. Hearing without aid	1	2	3	4	0
h. Social skills (e.g., making eye contact, making friends, getting along, being appropriately affectionate,...)	1	2	3	4	0
i. Problem behavior (e.g., self-injurious, aggressive, destructive, resistive, inattentive, hyperactive, impulsive, runs away,...)	1	2	3	4	0
j. Emotional problems (e.g., withdrawn, stereotypic behaviors, highly anxious)	1	2	3	4	0
TOTAL SCORE (add a. through j.)					

Service Coordinator Information

Service Coordinator Last Name										

Service Coordinator First Name										

Service Coordinator Phone Number (area code)										
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