

APPENDIX A. FUNCTIONAL NEEDS ASSESSMENT MATRIX

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
INTELLECTUAL LEARNING (1)	No problems	<ul style="list-style-type: none"> - Usually functionally independent (allowing for age); - Identified specific learning disability (likely to have continuing educational implications). 	<ul style="list-style-type: none"> - Psychometric/developmental assessment reveals moderate learning difficulty. 	<ul style="list-style-type: none"> - Psychometric/developmental assessment reveals severe learning difficulty. 	<ul style="list-style-type: none"> - Psychometric /developmental assessment reveals profound learning difficulty. 	Not tested
GROSS MOTOR (E.G. MOBILITY) (2)	No problems	<ul style="list-style-type: none"> - Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry; - Motor organisational difficulties; - Mild motor impairment. 	<ul style="list-style-type: none"> - Difficulty in changing positions; - Moderately delayed level of mobility; - Walks with aids or assistance, may use wheelchair; - May require postural management for function. 	<ul style="list-style-type: none"> - Requires assistance to move in and out of position; - Markedly abnormal patterns of movement; - High level of postural management required; - Unlikely to be independently mobile. 	<ul style="list-style-type: none"> - Unable to walk/ uses wheelchair exclusively. 	Not tested

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FINE MOTOR (E.G. MANIPULATION) (3)	No problems	- Possible tremor, unsteadiness, awkward release; - Delay in acquisition of skills; - Some difficulties in play, writing, drawing or dressing.	- Restricted movements of one or both hands when reading/ stretching/ feeding/ writing/ dressing i.e. affects daily life; - Poor manipulative skills.	- Requires aids/ assistance for fine motor function.	- No bilateral grasp and release; - Unable to feed self or write, might use a switch system.	Not tested
VISION (4)	No problems	- VQ < 6/18 in better eye; - Problem e.g. amblyopia in one eye; - Minor visual field loss.	- VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility); - Reads print with aids; - Defect in at least half visual field.	- Partially sighted i.e. VA 6/36 – 6/60 in better eye.	- (Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements).	Not tested
HEARING (5)	No problems	- One ear normal (<30 dB), profound loss in other (>70 dB); - Bilateral hearing loss of 30 – 40 dB.	- Bilateral hearing loss with 41-70 dB loss in better ear and / or failed free-field testing on 2+ occasions over a six month period.	- Hearing loss of 71 – 90 dB in better ear	- Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted.	Not tested
SPEECH & LANGUAGE/	No problems	- Child may show isolated pockets of specific speech and	- Child may show an uneven profile of development across	- Communication difficulties present as the primary	- Child presents with complex communication	Not tested

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COMMUNICATION (6)		/ or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay.	verbal/ non-verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in association with globally delayed learning skills and other areas of development.	factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the key area of form, content and/or use.	needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions where alternative systems used as primary means of communication.	
BEHAVIOURAL PROBLEMS (7)	No problems	<ul style="list-style-type: none"> - Sometimes aggressive or difficult to manage/control (2+ times a week); - Sometimes tearful/ depressed/ anxious (unrelated to immediate circumstances); 	<ul style="list-style-type: none"> - Frequent aggressive or difficult to manage/control (once a day); - Frequent tearful/ depressed/ anxious (once a day); - Rarely settles to age-appropriate activity; 	<ul style="list-style-type: none"> - Persistently aggressive or difficult to manage/control (several times a day); - Depressed/ anxious sufficient to be considered at risk of self-harm or to be disrupting daily routines i.e. 	<ul style="list-style-type: none"> - Aggressive behaviour causing significant injury to others requiring constant adult supervision; - Severe persistent self-harm behaviours (overdose, head banging, cutting) or 	Not tested

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		<ul style="list-style-type: none"> - Restless/ distractible – often does not settle to age-appropriate activity; - Problems probably outside norms for age and social group. 	<ul style="list-style-type: none"> - Problems causing considerable difficulties to family or group. 	<ul style="list-style-type: none"> attendance at school; - Never settles to age-appropriate activity; - Unable to function in a group. 	<ul style="list-style-type: none"> assessed as suicide risk by appropriate child mental health professional. 	
SOCIAL/ ENVIRONMENTAL (8)	Category not used at present.					
SELF HELP (9)	No problems	<ul style="list-style-type: none"> - Some delay in independent function in relation to age norm; - Organisational difficulties requiring supervision. 	<ul style="list-style-type: none"> - Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes. 	<ul style="list-style-type: none"> - Requires constant assistance with ADL. 	<ul style="list-style-type: none"> - Totally dependent on others for ADL. 	Not tested
PHYSICAL HEALTH (10)	No problems	<ul style="list-style-type: none"> - Well controlled symptoms. 	<ul style="list-style-type: none"> - Partially controlled symptoms. 	<ul style="list-style-type: none"> - Has a serious deteriorating illness; - Poor control of symptoms; - Oxygen dependant. 	<ul style="list-style-type: none"> - Palliative care required; - Requires mechanical ventilation. 	Not tested

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EATING, DRINKING AND SWALLOWING (11)	No problems	<ul style="list-style-type: none"> - Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth; - Infrequent episodes of choking: minimal risk of aspiration; - Rejection or intolerance of some textures e.g. spits out or gags on lumps; - Manages without NG or gastrostomy. 	<ul style="list-style-type: none"> - Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth; - Periodic episodes of choking: some risk of aspiration; - Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away; - Needs intermittent NG or gastrostomy feeding. 	<ul style="list-style-type: none"> - Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth; - Adverse reaction often observed when food or drink presented e.g. cries, extends; - Needs long term NG or gastrostomy feeding. 	<ul style="list-style-type: none"> - Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth; - Frequent choking on all intake; significant risk of aspiration; - No oral feeding ability. 	Not tested

