

**CHILDRENS
ASSESSMENT (under 10)**

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|------------------------|--|--|--|---|--|--|--|--|--|--|
| Social Security Number | | | | | | | | | | |
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| Last Name | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | |
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| Date of Birth | | | | | | | |
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| Date Assessment Completed | | | | | | | | | | | |
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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| j. Emotional problems (e.g., withdrawn, stereotypic behaviors, highly anxious) | 1 | 2 | 3 | 4 | 0 |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

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| Service Coordinator Last Name | | | | | | | | | |
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| Service Coordinator First Name | | | | | | | | | |
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| Service Coordinator Phone Number (area code) | | |
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