ICAP

INVENTORY for CLIENT and AGENCY PLANNING

RESPONSE BOOKLET

9-22890

Robert H. Bruininks
Bradley K. Hill
Richard F. Weatherman
Richard W. Woodcock

CLIENT

Name **Training Purposes only!**
    LAST   FIRST   M.I.

Address _____
      STREET

_____
  CITY   STATE   ZIP

Phone ( ) _____

Residential Facility _____

School/Day Program _____

County/District Responsible _____

Case Manager _____ Phone _____

Parent or Guardian _____ Phone _____

Respondent (Your Name) _____ Your Phone _____

Relationship to Client _____

Reason for Evaluation _____

Client ID _____

Residence ID _____

Day Program ID _____

Co./District ID _____

Case Manager ID _____

Other ID _____

CALCULATION OF AGE Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

	YEAR	MONTH	DAY
Evaluation Date	19	05	08
(−) Birth Date	06	11	06
Age			
	12 YRS.	6 MOS.	

ICAP Training Implications Profile

MOTOR SKILLS

0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54	
	0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54
< 0–3	0–3	0–5	0–7	0–9	1–0	1–4	1–8	2–0	2–6	3	4	5	6	8	10	12	15	18	22	adult

SOCIAL AND COMMUNICATION SKILLS

0,1,2,3,4	5	6	8	10	12	16	20	24	28	32	35	38	42	46	50	53	55	56	57	
0,1	2	3	4	5	6	8	10–12	16	20	24	28	32	35	38	42	46	50	53	55	56	57
<0–3	0–3	0–5	0–7	0–9	1–0	1–4	1–8	2–0	2–6	3	4	5	6	8	10	12	15	18	22	adult

PERSONAL LIVING SKILLS

0,1	2	3	4	5	7	10	13	17	22	28	34	40	44	50	56	60	62	63	
0	1	2	3	4	5	7	10	13	17	22	28	34	40	44	50	56	60	62	63
<0–3	0–3	0–5	0–7	0–9	1–0	1–4	1–8	2–0	2–6	3	4	5	6	8	10	12	15	18	22	adult

COMMUNITY LIVING SKILLS

0	1	2	3	6	8	11	14	17	20	26	32	38	44	50	54	56	57	
0	1	2	3	5	8	11	14	17	20	26	32	38	44	50	54	56	57
>0–5	0–5	0–7	0–9	1–0	1–4	1–8	2–0	2–6	3	4	5	6	8	10	12	15	18	22	adult

20 21 22 23 24 25 26 27 28 29–RRD–12 11 10 09 08

The ICAP should be completed by a respondent who knows the client well. The respondent should refer to the ICAP manual for more detailed information, definition of terms, and directions for completing the ICAP.

A. Descriptive Information

1. SEX (Mark one)
- **X** 1. Male
- ○ 2. Female

2. HEIGHT __5__ ft. __0__ in. (or _____ cm.)

3. WEIGHT __125__ lbs. (or _____ kg.)

4. RACE (Mark one)
- ○ 1. White
- ○ 2. Black
- ○ 3. Oriental, Asian, or Pacific Islander
- ○ 4. American Indian or Alaskan Native
- **X** 5. Other: _____

5. HISPANIC ORIGIN (Mark one)
- **X** 1. Not Hispanic
- ○ 2. Hispanic

6. PRIMARY LANGUAGE UNDERSTOOD (Mark one)
- **X** 1. English
- ○ 2. Spanish
- ○ 3. Other: _____

7. PRIMARY MEANS OF EXPRESSION (Mark one)
- ○ 1. None
- **X** 2. Gestures
- ○ 3. Speaks
- ○ 4. Sign Language or finger spelling
- ○ 5. Communication board or device: _____
- ○ 6. Other. _____

8. MARITAL STATUS (Mark one)
- **X** 1. Never married
- ○ 2. Married
- ○ 3. Separated
- ○ 4. Divorced
- ○ 5. Widow or widower

9. LEGAL STATUS (Mark one)
- ○ 1. Legally competent adult
- **X** 2. Parent or relative is guardian or conservator
- ○ 3. Non-relative is guardian or conservator
- ○ 4. State or county is guardian or conservator
- ○ 5. Other: _____

B. Diagnostic Status

1. PRIMARY DIAGNOSIS (Mark one) AND
2. ADDITIONAL DIAGNOSED CONDITIONS (Mark all that apply)

Primary	Additional	
○	○	1. None
○	**X**	2. Autism
○	○	3. Blindness
○	○	4. Brain or neurological damage; chronic brain syndrome
○	○	5. Cerebral palsy
○	○	6. Chemical dependency
○	○	7. Deafness
○	○	8. Epilepsy or seizures
○	**X**	9. Mental retardation
○	○	10. Physical health problems requiring medical care by licensed nurse or physician: _____
○	○	11. Mental illness (formal diagnosis); psychosis, schizophrenia, etc.
○	**X**	12. Situational mental health problem (formal diagnosis); depression, anxiety, fearfulness, mood disturbance
○	**X**	13. Other: __ADHD__

Comments:

12. mood disorder
ADHD

C. Functional Limitations and Needed Assistance

1. LEVEL OF MENTAL RETARDATION (Mark one)

- ○ 1. Not mentally retarded
- ○ 2. Mild (IQ 52–70)
- ✗ 3. Moderate (IQ 36–51)
- ○ 4. Severe (IQ 20–35)
- ○ 5. Profound (IQ under 20)
- ○ 6. Unknown, delayed, at risk

2. VISION (Mark one)

- ✗ 1. Sees well (may wear glasses)
- ○ 2. Vision problems limit reading or travel (may wear glasses)
- ○ 3. Little or no useful vision (even with glasses)

3. HEARING (Mark one)

- ✗ 1. Hears normal voices (may use hearing aid)
- ○ 2. Hears only loud voices (may use hearing aid)
- ○ 3. Little or no useful hearing (even with hearing aid)

4. FREQUENCY OF SEIZURES (Mark one)

- ✗ 1. None, or controlled
- ○ 2. Less than monthly seizures
- ○ 3. Monthly seizures
- ○ 4. Weekly or more often

5. HEALTH (Mark one)

- ✗ 1. No limitation in daily activities
- ○ 2. Few or slight limitations in daily activities
- ○ 3. Many or significant limitations in daily activities

6. REQUIRED CARE BY NURSE OR PHYSICIAN (Mark one)

- ✗ 1. Less than monthly   *every three months*
- ○ 2. Monthly
- ○ 3. Weekly
- ○ 4. Daily
- ○ 5. 24-hour immediate access

7. CURRENT MEDICATIONS (Mark all that apply)

- ○ 1. None
- ○ 2. For health problem: _____
- ✗ 3. For mood, anxiety, sleep or behavior: _-Lamictal_ _-Geodon_
- ○ 4. For epilepsy, seizures: _____
- ✗ 5. Other: _Trazadone_
- ○ 6. Unknown

8. ARM/HAND (Mark one)

- ✗ 1. No limitation in daily activities
- ○ 2. Some daily activities limited
- ○ 3. Most daily activities limited

9. MOBILITY (Mark one)

- ✗ 1. Walks (with or without aids)
- ○ 2. Does not walk
- ○ 3. Limited to bed most of the day
- ○ 4. Confined to bed for entire day

10. MOBILITY ASSISTANCE NEEDED (Mark all that apply)

- ✗ 1. None
- ○ 2. Needs assistive devices (cane, walker, wheelchair): _____
- ○ 3. Occasionally needs help of another person
- ○ 4. Always needs help of another person

Comments:

5. No specific limitations, but behaviors limit his ability per mom's explanations.

10. only for safety when outside.

D. Adaptive Behavior

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.
- Estimate by rating how well the client *could do* the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Picks up small objects with one hand.
○	○	○	●	2. Transfers small objects from one hand to the other hand.
○	○	○	●	3. Sits alone for thirty seconds with head and back held straight and steady (without support).
○	○	○	●	4. Stands for at least five seconds by holding on to furniture or other objects.
○	○	○	●	5. Pulls self into a standing position.
○	○	●	○	6. Puts small objects into containers and takes them out again.
○	○	○	●	7. Stands alone and walks for at least six feet.
○	●	○	○	8. Scribbles or marks with a pencil or crayon on a sheet of paper.
○	●	○	○	9. Removes wrappings from small objects such as gum or candy.
○	○	○	●	10. Turns knob or handle and opens a door.
○	○	○	●	11. Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
○	○	○	●	12. Climbs a six-foot ladder (for example, a stepladder or a slide).
●	○	○	○	13. Cuts with scissors along a thick, straight line.
●	○	○	○	14. Prints first name, copying from an example.
○	●	○	○	15. Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).
●	○	○	○	16. Folds a letter into three equal sections and seals it in an envelope.
●	○	○	○	17. Threads a sewing needle.
●	○	○	○	18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

5 SUM ×0 **3** SUM ×1 **1** SUM ×2 **9** SUM ×3

$$\boxed{3} + \boxed{2} + \boxed{27} = \boxed{32}$$ MOTOR SKILLS

RAW SCORE (54)

2. SOCIAL AND COMMUNICATION SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

    1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

        2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

            3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Makes sounds or gestures to get attention.
○	○	○	●	2. Reaches for a person whom he or she wants.
○	○	○	●	3. Turns head toward speaker when name is called.
○	●	○	○	4. Imitates actions when asked, such as waving or clapping hands.
○	●	○	○	5. Hands toys or other objects to another person.
●	○	○	○	6. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as "Do you want some milk?"
●	○	○	○	7. Points to familiar pictures in a book on request.
●	○	○	○	8. Says at least ten words that can be understood by someone who knows him or her.
●	○	○	○	9. Asks simple questions (for example, "What's that?").
●	○	○	○	10. Speaks in three-or four-word sentences.
●	○	○	○	11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water).
●	○	○	○	12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else.)
●	○	○	○	13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).
●	○	○	○	14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER).
●	○	○	○	15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie).
●	○	○	○	16. Locates or remembers telephone numbers and calls friends on the telephone.
●	○	○	○	17. Writes, prints, or types understandable and legible notes or letters for mailing.
●	○	○	○	18. Locates needed information in the telephone yellow pages or the want ads.
●	○	○	○	19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home.

14 SUM ×0   2 SUM ×1   0 SUM ×2   3 SUM ×3

[2] + [0] + [9] = [11]   **SOCIAL AND COMMUNICATION SKILLS**

RAW SCORE (57)

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

    1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

        2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

            3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
○	○	○	●	1. Swallows soft foods.
○	○	○	●	2. Picks up and eats foods such as crackers.
○	○	○	●	3. Holds out arms and legs while being dressed.
○	○	●	○	4. Holds hands under running water to wash them when placed in front of a sink.
○	●	○	○	5. Eats solid foods with a spoon with little spilling.
●	○	○	○	6. Stays dry for at least three hours.
○	○	○	●	7. Removes pants and underpants.
●	○	○	○	8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.
○	○	○	●	9. Puts on T-shirt or pullover shirt, although it may be on backward.
●	○	○	○	10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.
●	○	○	○	11. Closes the bathroom door when appropriate before using the toilet.
●	○	○	○	12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.
●	○	○	○	13. Cuts food with a knife instead of trying to eat pieces that are too large.
●	○	○	○	14. Washes, rinses, and dries hair.
●	○	○	○	15. Washes and dries dishes and puts them away.
●	○	○	○	16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.
●	○	○	○	17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.
●	○	○	○	18. Prepares shopping list for at least six items from a grocery store.
●	○	○	○	19. Loads and operates a washing machine using an appropriate setting and amount of detergent.
●	○	○	○	20. Plans, prepares, and serves main meal for more than two people.
●	○	○	○	21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.

14 SUM ×0   1 SUM ×1   1 SUM ×2   5 SUM ×3

1 + 2 + 15 = 18   PERSONAL LIVING SKILLS

RAW SCORE (63)

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3		
○	○	○	●	1.	Finds toys or objects that are always kept in the same place.
○	○	●	○	2.	Finds own way to a specified room when told to go (for example, "Go wait in the kitchen").
●	○	○	○	3.	Indicates when a chore or assigned task is finished.
●	○	○	○	4.	Stays in an unfenced yard for ten minutes when expected without wandering away.
●	○	○	○	5.	Uses the words "morning" and "night" correctly.
●	○	○	○	6.	Trades something for money or another item of value (for example, trades one book for another one or for money).
●	○	○	○	7.	Buys items from a vending machine (for example, candy, milk or soda pop).
●	○	○	○	8.	Crosses nearby residential streets, roads, and unmarked intersections alone.
●	○	○	○	9.	Buys specific items requested on an errand, although may not count change correctly.
●	○	○	○	10.	States day, month, and year of birth.
●	○	○	○	11.	Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).
●	○	○	○	12.	Correctly counts change from a five-dollar bill after making a purchase.
●	○	○	○	13.	Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).
●	○	○	○	14.	Writes down, if necessary, and keeps appointments made at least three days in advance.
●	○	○	○	15.	Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).
●	○	○	○	16.	Works at a steady pace on a job for at least two hours.
●	○	○	○	17.	Completes applications and interviews for jobs.
●	○	○	○	18.	Receives bills in the mail and pays them before they are overdue.
●	○	○	○	19.	Balances a checkbook monthly.

17 SUM ×0 8 SUM ×1 1 SUM ×2 1 SUM ×3

[0] + [2] + [3] = [5] COMMUNITY LIVING SKILLS

RAW SCORE (57)

E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM:

head butting ; hits self

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ✕ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ✕ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: **examples: leaves marks**

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM:

head butting ; hitting

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ✕ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ✕ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: **leaves scratches**

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM:

N/A

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ✕ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ○ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ✕ 0. Not serious; not a problem
- ○ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: _____

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM:

Interuptive ; picks fights

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity*.

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- ○ 0. Never
- ○ 1. Less than once a month
- ○ 2. One to 3 times a month
- ○ 3. One to 6 times a week
- ✕ 4. One to 10 times a day
- ○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ○ 0. Not serious; not a problem
- ✕ 1. Slightly serious; a mild problem
- ○ 2. Moderately serious; a moderate problem
- ○ 3. Very serious; a severe problem
- ○ 4. Extremely serious; a critical problem

Comments: _____

5. UNUSUAL OR REPETITIVE HABITS

Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.

a. If yes, describe the PRIMARY PROBLEM:

Pacing + jumping; making noises

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity.*

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

○ 0. Never
○ 1. Less than once a month
○ 2. One to 3 times a month
○ 3. One to 6 times a week
○ 4. One to 10 times a day
✗ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

✗ 0. Not serious; not a problem
○ 1. Slightly serious; a mild problem
○ 2. Moderately serious; a moderate problem
○ 3. Very serious; a severe problem
○ 4 Extremely serious; a critical problem

Comments: _____

6. SOCIALLY OFFENSIVE BEHAVIOR

Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.

a. If yes, describe the PRIMARY PROBLEM:

Standing too close / touching others

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity.*

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

○ 0. Never
○ 1. Less than once a month
○ 2. One to 3 times a month
○ 3. One to 6 times a week
○ 4. One to 10 times a day
✗ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

○ 0. Not serious; not a problem
○ 1. Slightly serious; a mild problem
○ 2. Moderately serious; a moderate problem
✗ 3. Very serious; a severe problem
○ 4. Extremely serious; a critical problem

Comments: Activities offensive to others

7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.

a. If yes, describe the PRIMARY PROBLEM:

N/A

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity.*

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

✗ 0. Never
○ 1. Less than once a month
○ 2. One to 3 times a month
○ 3. One to 6 times a week
○ 4. One to 10 times a day
○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

✗ 0. Not serious; not a problem
○ 1. Slightly serious; a mild problem
○ 2. Moderately serious; a moderate problem
○ 3. Very serious; a severe problem
○ 4. Extremely serious; a critical problem

Comments: _____

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

a. If yes, describe the PRIMARY PROBLEM:

refusing to obey; refusing school

If *none*, mark *never* (0) for *frequency* and *not serious* (0) for *severity.*

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

○ 0. Never
○ 1. Less than once a month
○ 2. One to 3 times a month
○ 3. One to 6 times a week
✗ 4. One to 10 times a day
○ 5. One or more times an hour

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

○ 0. Not serious; not a problem
○ 1. Slightly serious; a mild problem
✗ 2. Moderately serious; a moderate problem
○ 3. Very serious; a severe problem
○ 4. Extremely serious; a critical problem

Comments: does not engage w/ teacher or follow rules of house

---

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people *usually* respond when the client exhibits problem behaviors? *(Mark one)*

○ 0. No problem behaviors in any of the 8 categories
○ 1. Do nothing, or offer comfort
✗ 2. Ask client to stop, reason with him or her
✗ 3. Purposely ignore, reward other behavior
○ 4. Ask client to amend or correct the situation
○ 5. Structure or restructure surroundings, remove material
✗ 6. Ask client to leave room, sit elsewhere (time out)
○ 7. Take away privileges from client
✗ 8. Physically redirect, remove or restrain client
○ 9. Get help (two or more people needed to control client)
○ 10. Other: _____

Comments: Provide example/s

F. Residential Placement

1. CURRENT RESIDENCE
(Mark One)

2. RECOMMENDED CHANGE
within next two years, if any
(Mark One)

1. With parents or relatives
2. Foster home
3. Independent in own home or rental unit
4. Independent with regular home-based services or monitoring
5. Room and board without personal care
6. Semi-independent unit with supervisory staff in building
7. Group residence with staff providing care, supervision and training (includes all sizes and ICF-MR/DD)
   Number of residents: _____
8. Personal care facility with staff providing care, but no training or nursing services
9. Intermediate care nursing facility
10. Skilled nursing facility
11. State institution
12. Other: _____
13. No change recommended

Comments:

G. Daytime Program

1. CURRENT FORMAL DAYTIME ACTIVITY
(Mark One)

2. RECOMMENDED CHANGE
within next two years, if any
(Mark One)

1. No formal daily program outside the home
2. Regular volunteer activities outside the home
3. School: _____
4. Day care
5. Daytime activity center (personal, social, prevocational activities)
6. Work activity center (social and vocational training)
7. Sheltered workshop
8. Supervised or supported on-site job placement
9. Competitive employment
10. Other: _____
11. No change recommended

Comments:

H. Support Services

1. PRESENTLY BEING USED (Mark all that apply)	2. NOT USED NOW, BUT EVALUATION NEEDED (Mark all that apply)	
○	○	1. None
○	○	2. Case management: _____
○	○	3. Home-based support service: _____
○	○	4. Specialized dental care: _____
○	○	5. Specialized medical care: _____
○	○	6. Specialized nursing care: _____
○	○	7. Specialized mental health services: _____
○	○	8. Specialized nutritional or dietary services: _____
○	○	9. Therapies—occupational, physical or speech: _____
○	○	10. Respite care (to aid caretaker or parent): _____
○	○	11. Specialized transportation services: _____
○	○	12. Vocational evaluation: _____
○	○	13. Other: _____

Comments:

I. Social and Leisure Activities

1. SOCIAL AND LEISURE ACTIVITIES WITHIN LAST MONTH
(Mark all that apply)

- ○ 1. None
- ○ 2. Talked to family or friends on telephone
- ○ 3. Visited with family
- ○ 4. Visited with friends or neighbors from outside residence
- ○ 5. Went shopping or out to eat (alone or with someone else)
- ○ 6. Attended outside social or recreational activity
- ○ 7. Engaged in hobby or personal leisure activity
- ○ 8. Other: _____

2. FACTORS LIMITING SOCIAL ACTIVITIES
(Mark all that apply)

- ○ 1. None
- ○ 2. Lack of interest
- ○ 3. No one to accompany the client
- ○ 4. Lack of transportation
- ○ 5. Lack of money
- ○ 6. Health problem
- ○ 7. Behavior problem
- ○ 8. Other: _____

Comments:

Do these results provide an accurate representation of the client's present functioning: _____ 1. Yes _____ 2. No

If not, what is the reason for questioning results? _____

_____

_____

J. General Information and Recommendations

Important information for program decisions from Section B, **Diagnostic Status,** and Section C, **Functional Limitations**

_____
_____
_____

Information from other sources:

Test	Date	Scores

Additional information needed to make program decisions for this client:

_____
_____

PROGRAM GOALS

ADAPTIVE BEHAVIOR:

Motor Skills: _____

Social and Communication Skills: _____

Personal Living Skills: _____

Community Living Skills: _____

PROBLEM BEHAVIOR:

_____
_____

SERVICE GOALS

Physical, Medical, Therapeutic Care: _____

Residential Services: _____

Daytime and Social Activities: _____

Educational Services: _____

Support Services: _____

Social and Leisure Activities: _____

Other recommendations, future reviews and needed actions: _____

_____
_____

SUMMARY OF SCORES
Adaptive Behavior
(Norms based on subject's age)

SCALE			INSTRUCTIONAL RANGE		±1 SE$_M$ CONFIDENCE BAND			

SCALE

	Raw Score	(a) Domain Score	(b) SE$_M$	Age Score	Easy	Difficult	(c) Average Domain Score	(d) Domain Difference Score	(e) Domain Difference Score −1 SE$_M$	(f) Domain Difference Score +1 SE$_M$

Motor Skills — Raw Score: **32** (54) — **Pg. 4**

- a / Table A, b / Table A, Age Score Table A, to Table A
- c (Table F), a−c=d (+ or −), d−b=e, d+b=f
- Use this Column in (Table G): PR ___ to ___; SS ___ to ___; NCE ___ to ___; RPI ___/90 ___/90 to ___/90

Social and Communication Skills — Raw Score: **11** (57) — **Pg. 5**

- a / Table B, b / Table B, Age Score Table B, to Table B
- c (Table F), a−c=d (+ or −), d−b=e, d+b=f
- Use this Column in (Table G): PR ___ to ___; SS ___ to ___; NCE ___ to ___; RPI ___/90 ___/90 to ___/90

Personal Living Skills — Raw Score: **18** (63) — **Pg. 6**

- a / Table C, b / Table C, Age Score Table C, to Table C
- c (Table F), a−c=d (+ or −), d−b=e, d+b=f
- Use this Column in (Table G): PR ___ to ___; SS ___ to ___; NCE ___ to ___; RPI ___/90 ___/90 to ___/90

Community Living Skills — Raw Score: **5** (57) — **Pg. 7**

- a / Table D, b / Table D, Age Score Table D, to Table D
- c (Table F), a−c=d (+ or −), d−b=e, d+b=f
- Use this Column in (Table G): PR ___ to ___; SS ___ to ___; NCE ___ to ___; RPI ___/90 ___/90 to ___/90

Sum of the Four Domain Scores — Total: **66**

Broad Independence

- a = Total ÷ 4 (Table E), b / Table E, Age Score Table E, to Table E
- c (Table F), a−c=d (+ or −), d−b=e, d+b=f
- Use this Column in (Table G): PR ___ to ___; SS ___ to ___; NCE ___ to ___; RPI ___/90 ___/90 to ___/90

MALADAPTIVE BEHAVIOR WORKSHEET
Calculating Maladaptive Indexes

Instructions:

Step 1. Circle the Part Scores for each of the client's Frequency and Severity ratings.

Step 2. Circle the Part Scores for the client's age in years.

Step 3. Total the circled Part Scores for each index and record in the space labeled "Sum."

Step 4. Subtract this sum from 100 to obtain the Maladaptive Index. Record a "+" or "−" as appropriate.

Step 5. Transfer these scores to the Maladaptive Behavior Indexes Profile on the back cover.

Interpretation:

The indexes have a mean of zero for normal clients of the same age. Negative scores indicate problem behavior toward the maladaptive end of the scale. The typical standard deviation observed in various clinical samples at several age levels is 10 points. Nonhandicapped groups typically have standard deviations of about 8 points. Evaluating the clinical significance of the Maladaptive Behavior Indexes may be aided by using the levels of seriousness in the following table. These levels of seriousness also appear at the bottom of the Maladaptive Behavior Indexes Profile on page 16.

Level of Seriousness	Index Value
N—Normal	+10 to −10
MgS—Marginally Serious	−11 to −20
MdS—Moderately Serious	−21 to −30
S—Serious	−31 to −40
VS—Very Serious	−41 and below

Part Scores for Ratings

Problem Behavior		INTERNALIZED					
Step 1							
1. Hurtful to Self		0	1	2	3	4	5
Raw score _____ Frequency:		16	18	20	22	23	25
Raw score _____ Severity:		16	19	22	25	28	—
2. Hurtful to Others							
Raw score _____ Frequency:							
Raw score _____ Severity:							
3. Destructive to Property							
Raw score _____ Frequency:							
Raw score _____ Severity:							
4. Disruptive Behavior							
Raw score _____ Frequency:							
Raw score _____ Severity:							
5. Unusual or Repetitive Habits		0	1	2	3	4	5
Raw score _____ Frequency:		16	17	18	20	21	22
Raw score _____ Severity:		16	19	21	24	27	—
6. Socially Offensive Behavior							
Raw score _____ Frequency:							
Raw score _____ Severity:							
7. Withdrawal or Inattentive Behavior		0	1	2	3	4	5
Raw score _____ Frequency:		16	18	20	21	23	25
Raw score _____ Severity:		16	19	22	25	29	—
8. Uncooperative Behavior							
Raw score _____ Frequency:							
Raw score _____ Severity:							

	Part Scores for Age in Years	1–8	9–15	16+
Step 2		0	1	2

Client's Age _____

Step 3	Sum of Part Scores	100
		− _____ SUM

Step 4 Maladaptive Index

[ ] + or −

Internalized Maladaptive Index (IMI)

Part Scores for Ratings

	ASOCIAL	EXTERNALIZED	GENERAL

Step 1

Pg 8

GENERAL (Block 1):
0	1	2	3	4	5
6	7	7	8	(9)	10
6	7	8	(10)	11	—

EXTERNALIZED (Block 2):
0	1	2	3	4	5
15	17	19	22	24	26
15	18	21	24	27	—

GENERAL (Block 2):
0	1	2	3	4	5
6	7	8	10	(11)	12
6	7	9	(11)	13	—

EXTERNALIZED (Block 3):
0	1	2	3	4	5
15	17	20	23	25	28
15	18	22	25	29	—

GENERAL (Block 3):
0	1	2	3	4	5
(6)	7	9	10	12	13
(6)	8	10	12	14	—

EXTERNALIZED (Block 4):
0	1	2	3	4	5
15	16	18	19	21	22
15	17	20	22	25	—

GENERAL (Block 4):
0	1	2	3	4	5
	6	7	8	(9)	10
6	(7)	9	10	12	—

Pg 9

GENERAL (Block 5):
0	1	2	3	4	5
6	6	6	7	7	(8)
(6)	7	7	8	9	—

ASOCIAL (Block 6):
0	1	2	3	4	5
23	25	27	30	32	34
23	26	30	33	36	—

GENERAL (Block 6):
0	1	2	3	4	5
6	6	7	8	9	(9)
6	7	8	(9)	10	—

GENERAL (Block 7):
0	1	2	3	4	5
(6)	6	7	7	8	8
(6)	7	8	9	10	—

ASOCIAL (Block 8):
0	1	2	3	4	5
23	26	28	31	33	35
23	27	30	34	37	—

GENERAL (Block 8):
0	1	2	3	4	5
6	7	8	8	(9)	10
6	7	(8)	10	11	—

Step 2

ASOCIAL:
1–7	8–10	11–12	13–15
0	1	2	3

16–18	19–21	22+
4	5	6

EXTERNALIZED:
1–6	7–10	11	12–13
0	1	2	3

14–15	16	17–18	19+
4	5	6	7

GENERAL:
1–7	8–11	12–13	14	15+
0	1	(2)	3	4

Age Category

Step 3

ASOCIAL	EXTERNALIZED	GENERAL
100	100	100
– ____ SUM	– ____ SUM	– 132 SUM

Step 4

ASOCIAL	EXTERNALIZED	GENERAL
[ ] + or –	[ ] + or –	32 + or –
Asocial Maladaptive Index (AMI)	Externalized Maladaptive Index (EMI)	General Maladaptive Index (GMI)

15

Maladaptive Behavior Indexes Profile (Plot indexes from pp. 14–15)

INSTRUCTIONS:

1. Record scores for each of the Maladaptive Behavior Indexes from pp. 14–15 in column a.
2. Subtract the SE_M in column b from each score in column a, and record this difference in column c.
3. Add the SE_M in column b to each score in column a, and record the sum in column d.
4. Draw a bar from the $-1SE_M$ value (c) to the $+1SE_M$ value (d) for each index.
5. Draw a vertical line through the profile at the point corresponding to the GMI score in column a.

		(a) Index	(b) SE_M	$a-b=(c)$ Index $-1 SE_M$	$a+b=(d)$ Index $+1 SE_M$
Internalized	(IMI)		3		to
Asocial	(AMI)		4		to
Externalized	(EMI)		3		to
General	(GMI)		2		to

		VERY SERIOUS						SERIOUS		MODERATELY SERIOUS		MARGINALLY SERIOUS		NORMAL					
Internalized (IMI)		−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(IMI)
Asocial (AMI)		−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(AMI)
Externalized (EMI)		−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(EMI)
General (GMI)		−70	−65	−60	−55	−50	−45	−40	−35	−30	−25	−20	−15	−10	−5	0	+5	+10	(GMI)

ICAP Service Level Profile

INSTRUCTIONS:

1. Circle the column number that includes the subject's Total Adaptive Behavior Raw Score at the top of the ICAP Service Level Profile.
2. Circle the row number that includes the subject's General Maladaptive Behavior Index (from above profile) in the left column of the ICAP Service Level Profile.
3. Circle the number in the profile at the intersection of the two scores (step 1 and 2 above).

ADAPTIVE BEHAVIOR — RAW SCORES

- Motor Skills (p. 4)
- Social and Communication Skills (p. 5)
- Personal Living Skills (p. 6)
- Community Living Skills (p. 7)

Total Adaptive Behavior Raw Score — SUM

Adaptive Behavior Raw Score

GMI \ Raw	0 to 6	7 to 13	14 to 20	21 to 27	28 to 34	35 to 41	42 to 48	49 to 55	56 to 62	63 to 69	70 to 76	77 to 83	84 to 90	91 to 97	98 to 104	105 to 111	112 to 118	119 to 125	126 to 132	133 to 139	140 to 146	147 to 153	154 to 160	161 to 167	168 to 174	175 to 181	182 to 188	189 to 195	196 to 202	203 to 209	210 to 216	217 to 223	224 to 231
2 to 4	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	9
−1 to 1	1	2	2	2	2	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	9
−2 to −4	1	1	2	2	2	2	3	3	3	4	4	4	4	5	5	5	5	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	9
−5 to −7	1	1	1	2	2	2	2	3	3	3	3	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9
−8 to −10	1	1	1	1	2	2	2	3	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9
−11 to −13	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8
−14 to −16	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8
−17 to −19	1	1	1	1	1	1		2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8
−20 to −22	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8
−23 to −25	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7
−26 to −28	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7
−29 to −31	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7
−32 to −34	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	6	7	7
−35 to −37	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	4	5	5	5	5	6	6	6	6	6
−38 to −40	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	5	5	5	5	6	6	6	6
−41 to −43	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6
−44 to −46	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6
−47 to −49	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5
−50 to −52	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5
−53 to −55	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	3	3	4	4	4	4	5	5
−56 to −58	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	5
−59 to −61	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4
−62 to −64	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	3	3	4	4	4
less than −65	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	3	3	4	4

General Maladaptive Index

Client's ICAP Service Score ☐

Table 1

ICAP Service Levels

Level	Score	Description	Level	Score	Description
1	1–19	Total personal care and intense supervision	6	60–69	
2	20–29		7	70–79	Limited personal care and/or regular supervision
3	30–39	Extensive personal care and/or constant supervision	8	80–89	
4	40–49		9	90+	Infrequent or no assistance for daily living
5	50–59	Regular personal care and/or close supervision			