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Functional Capacity Evaluation

NAME _____ SSN or WID _____ DATE OF INJURY _____ DATE OF BIRTH _____

Client works on average of 8 10 or 12 hours per day (check one)

1. In a work day, client can (check number of hours full capacity for each activity):

a. Sit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
b. Stand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
c. Walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Comments: (if appropriate, note frequency per hour or day)

NOTE: For a full regular work day "Occasionally" equals 1% to 33%, "Frequently" equals 34% to 66%, "Continuously" equals 67% to 100%

2. Client is able to: (check one)

a. Twist	Not at All	Occasionally	Frequently	Continuously
b. Bend/Stoop (lumber)				
c. Cervical Bend				
d. Squat				
e. Crawl				
f. Climb Ladders				
g. Climb Stairs				
h. Reach Above Shoulder Level				
i. Crouch				
j. Kneel				
k. Balance				
l. Walk on Uneven Ground				
m. Work Above Ground				
n. Push/Pull				
o. Other: _____				

3. Client can carry (lbs.) _____ Seldom _____ Occasionally _____ Frequently _____ Continuously _____

4. Client can lift (lbs.):

a. Floor to Waist	Seldom	Occasionally	Frequently	Continuously
b. Waist to Shoulder Level				
c. Shoulder to Overhead				
d. Waist to Waist				

5. Client can use hands for frequent action such as:

a. Right	Simple Grasping	Firm Grasping	Fine Manipulating
b. Left	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Client can use head and neck:

a. Static position	Not at All	Occasionally	Frequently	Continuously
b. Flexing				
c. Rotating				

7. Restriction of Activities Required by Physical Impairment

<input type="checkbox"/> extreme cold	<input type="checkbox"/> extreme heat	<input type="checkbox"/> wet or humid	<input type="checkbox"/> slippery floors
<input type="checkbox"/> vibration	<input type="checkbox"/> near moving equipment	<input type="checkbox"/> drive auto/equipment	<input type="checkbox"/> other: _____

8. Comments/Recommendations _____

SIGNATURE OF THERAPIST _____ DATE _____

SIGNATURE OF PHYSICIAN _____ DATE _____

FCE (10/29/09)

First Grade

All students at our school are screened for reading difficulties three times a year using the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) Next. This is one assessment that helps us identify students who may need extra help in learning the skills needed to become a strong reader. Your child's performance on this assessment follows:

	Fall	Winter	Spring
Letter Naming Fluency	_____	_____	_____
Phoneme Segmentation Fluency	_____ (40)	_____	_____
Nonsense Word Fluency	CLS: _____ (27)	CLS: _____ (43)	CLS: _____ (58)
DIBELS Oral Reading Fluency (DORF)	_____	WC: _____ (23) Accuracy: _____ (78%)	WC: _____ (47) Accuracy: _____ (90%) Retell: _____ (15)
Composite Score	_____ (113)	_____ (130)	_____ (155)
Instructional Recommendations	_____		

The results of this assessment indicate: _____ Numbers in parentheses indicate expected performance

W S

Your child is on track to becoming a strong reader

Your child may need some extra help with basic reading skills

Teacher Comments: _____

Letter Naming Fluency (LNF)

On the LNF assessment, your child is shown a page of random letters and asked to name the letters. The number of letters your child names correctly in one minute is counted. Although the ability to name letters is a strong predictor of later reading achievement, studies have demonstrated that it is possible for children to learn letter-sound correspondence without naming letters. Therefore, naming letters is not a powerful instructional target and benchmark goals are not provided.

Phoneme Segmentation Fluency (PSF)

Understanding that spoken words can be broken down into individual sounds and then blended back together to form a word is an important skill in learning to read and write. On the PSF assessment, your child is given a spoken word and asked to say each sound in the word ("Tell me the sounds in the word 'map'?" "Ckck. /m/ /p/").

Nonsense Word Fluency (NWF)

Children with strong phonics skills know the sounds of letters and are able to blend them together to form words. On the NWF assessment, your child is shown a "nonsense word" (containing 2 or 3 letters (e.g. lam, ibl) and asked to read the word. Your child is given credit for each correct sound (Correct Letter Sound- CLS) and added credit if he/she reads the word without saying each individual sound (Whole Words Read- WWR). Nonsense words are used so that the teacher knows your child is connecting the sound to the letter rather than recognizing the word by sight.

DIBELS Oral Reading Fluency (DORF)

On the DORF assessment, your child will read three passages appropriate for his/her grade level for one minute and then asked to retell what was read. The teacher will calculate the words read correctly (Words Correct- WC), your child's accuracy rate, and the number of words your child uses to appropriately retell what was read. Retelling the story or text is important because it gives the teacher an indication if your child not only can read the words, but can understand what he/she is reading as well. The median WC, accuracy and retell will be used as your child's score on this assessment.

Composite Score

The Composite Score is a combination of the assessments and provides the best overall estimate of your child's reading proficiency.

----- Visit www.maketeach.com for first grade reading activities! -----

REPORT OF LATENT TUBERCULOSIS (TB) INFECTION

FOR LOCAL HEALTH DEPARTMENT USE ONLY

1. Patient Name (Last, First, MI) _____

2. Address (number and street) _____

City _____ State _____ Zip Code _____

3. Date of Birth _____ Sex M F

4. Ethnicity Hispanic or Latino Not Hispanic or Latino

5. Race (check all that apply) White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander (specify) _____

6. If you have to be in the U.S., country of birth _____

7. Primary Source Evaluated for TB (check all that apply)

Contact Investigation - Name of case _____ Employment - Administrative Testing

Health Care Provider Household Contact International Travel - Country _____ Investigative Medical Exam - At _____

8. Previous positive PPD or IGRA? Yes No If yes, year _____

9. Previous Isoniazid (INH) therapy? Yes No If yes, year _____

10. TB History (check all that apply)

History of TB History of TB with evidence of active TB disease History of TB with evidence of active TB disease History of TB with evidence of active TB disease

11. TB History (check all that apply)

History of TB History of TB with evidence of active TB disease History of TB with evidence of active TB disease

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