

Questionnaire: Day Treatment

Children's Day Treatment

1. Date of Functional Assessment:

2. Functional Assessment Scores:

3. Are services being provided pursuant to IDEA?

(Please select one.)

- ☐ Yes
- ☐ No
- ☐ Partial

4. Does member have an active IEP?

(Please select one.)

- ☐ Yes
- ☐ No

4.2.1. Please select rationale

(Please select one.)

- ☐ Member has not been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU).
- ☐ Member has been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU) and does not qualify for an IEP.
- ☐ The member does have an IEP however the IEP team did not agree the services is needed for the member pursuant to IDEA. This services is being providing in addition to other services from the member's Child Development Services (CDS) region or School Administrative Unit (SAU).
- ☐ Member parent/guardian is accessing services in addition to what has been suggested by Child Development Services (CDS) or their School Administrative Unit (SAU).

4.2.1.5.1. How many hours per week are based upon CDS/SAU suggestion?

Min/Max - 0/168; 2 decimal places allowed

4.2.1.5.2. How many additional hours per week are being provided?

Min/Max - 0/168; 2 decimal places allowed
