

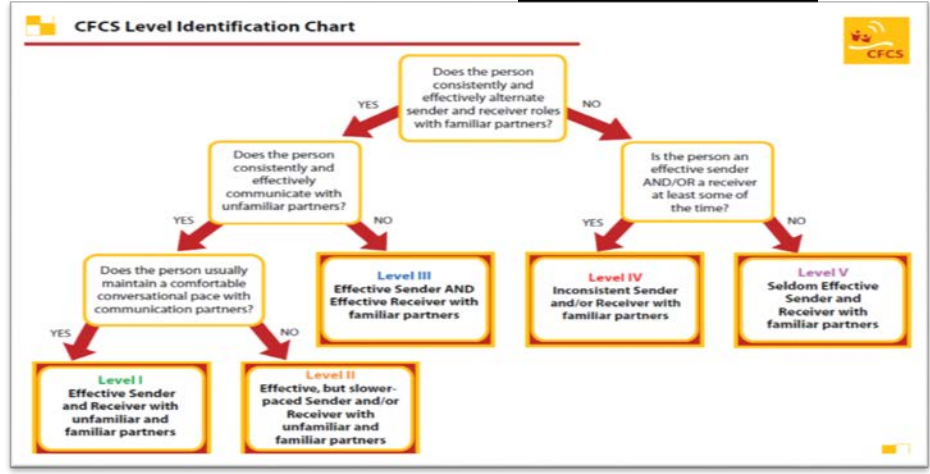
**Early Abilities Outcome Measures Record Form (FOCUS-34®, CFCS and Data Elements)** ID# \_\_\_\_\_

Child's Name:	_____	DOB:	_____	Date FOCUS Completed:	_____
Tool number:	<input type="checkbox"/> First Ix <input type="checkbox"/> Re Ax <input type="checkbox"/> D/C	(yyyy/mm/dd)	_____	Corresponding Service Date:	_____
Does the child have (one only) :	<input type="checkbox"/> ASD <input type="checkbox"/> Confounds (explain): _____ <input type="checkbox"/> Neither				
Is the child multilingual? (one only)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
What goal areas were specifically targeted in PSL since the last visit:	<input type="checkbox"/> None <input type="checkbox"/> Rec Lg <input type="checkbox"/> Ex Lg <input type="checkbox"/> Social Comm <input type="checkbox"/> Artic <input type="checkbox"/> Phono <input type="checkbox"/> Mtr Speech <input type="checkbox"/> Fluency <input type="checkbox"/> Literacy <input type="checkbox"/> Other - Please Specify: _____				
Is the child receiving therapy with a Non-PSL SLP? (one only) :	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> 3+ times per month				
Is the child in an Early Learning Environment totaling? (one only)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2.5 days/week <input type="checkbox"/> 3.5+ days/week				
List all the communication methods used by the child:	<input type="checkbox"/> Speech <input type="checkbox"/> Sounds <input type="checkbox"/> Eye Gaze <input type="checkbox"/> Signs <input type="checkbox"/> Comm Bk etc <input type="checkbox"/> Voice Output <input type="checkbox"/> Other - Please Specify: _____				
Communication Function Classification System (one only):	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V				
Who completed the FOCUS? (one only):	<input type="checkbox"/> Parent <input type="checkbox"/> Clinician	Parent's Name:	_____		

Item	Score	Item	Score
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
<b>Total Score</b>	<b>0</b>	<b>Total Score</b>	<b>0</b>

Capacity Scores	
Exp Lang	0.00
Pragmatics	0.00
Rec Lang/Attn	0.00

Performance Scores	
Intelligibility	0.00
Exp Lang	0.00
Social/Play	0.00
Independence	0.00
Coping/Emotions	0.00



Less than/equal to 6 point difference = not likely a meaningful clinical change  
 7 to 10 point difference = possibly a meaningful clinical change  
 More than /equal to 11 point difference = considered to be significant clinical change

Clinician Name(s): \_\_\_\_\_ 13-Mar-2020