

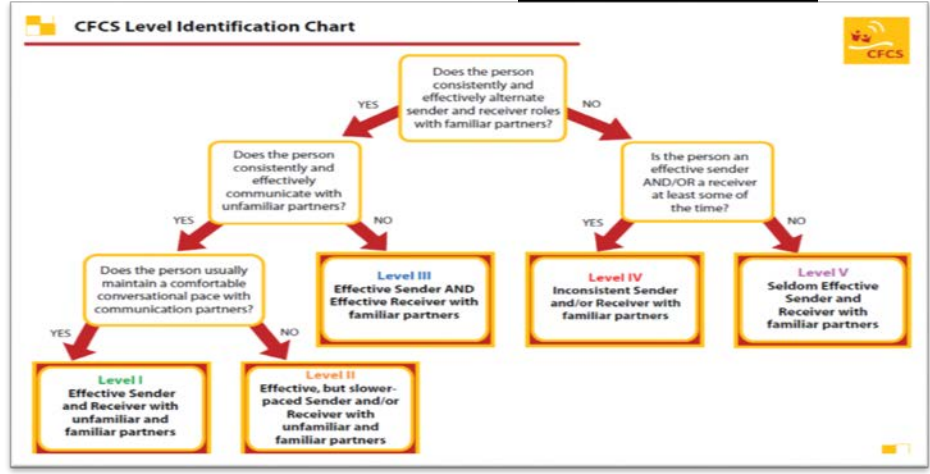
Early Abilities Outcome Measures Record Form (FOCUS-34®, CFCS and Data Elements) ID# _____

| | | | | | |
|---|--|----------------|-------|-----------------------------|-------|
| Child's Name: | _____ | DOB: | _____ | Date FOCUS Completed: | _____ |
| Tool number: | <input type="checkbox"/> First Tx <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 | | | |
| Total Score | 0 | Total Score | 0 |

| 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): _____ 12-Feb-2021