

Filling Out The Function Report

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, CONTACT YOUR SOCIAL SECURITY OFFICE. WE WILL HELP YOU.

The information that you give us on this form will be used by the office that makes the disability decision on the child's claim. You can help them by completing as much of the form as you can.

- Print or type.
- Do not ask a doctor or hospital to complete this form.
- When we ask for certain numbers, such as dates and telephone numbers, we provide blocks to fill in. In these places, please print only one number in each block. For numbers under 10, put a zero in the first block for the month and/or day, as appropriate. Make entries like this:

Month	Day	Year
0 5	2 7	9 4

- Be sure to explain your answer if an explanation is requested or needed.
- If more space is needed to answer any of the questions, please use the "REMARKS" section and show the number of the question being answered.

The information we ask for on this form tells us how you think the child's illnesses or injuries affect the way he or she does many of his or her usual activities.

ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A MIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

**PLEASE REMOVE THIS SHEET BEFORE
RETURNING THE COMPLETED FORM.**

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Time It Takes To Complete This Form

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

SECTION 2 - FUNCTION DETAILS

2. A. Does the child have problems seeing?

YES (Continue) ➔

NO (Go to 2.B.)

If "yes," please mark every statement below that is generally true about the child:

Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:

Child cannot be fitted for glasses or contact lenses. Explain:

Child has other seeing problems. If so, please describe:

B. Does the child have problems hearing?

YES (Continue) ➔

NO (Go to 2.C.)

If "yes," please mark every statement below that is generally true about the child:

Child uses hearing aid(s). If the child has problems hearing even with a hearing aid(s) OR has trouble using a hearing aid, please explain:

Child cannot be fitted for hearing aid(s).

Child has other hearing problems. If so, please describe:

Child uses American Sign Language.

Child reads lips.

2.

E. Is the child's ability to progress in learning limited?

YES (Continue) ➡

NO (Go to 2.F.)

NOT SURE (Continue) ➡

If "yes," or "not sure," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

- Yes No Read capital letters of alphabet
- Yes No Read capital letters and small letters
- Yes No Read simple words
- Yes No Read and understands simple sentences
- Yes No Read and understands stories in books or magazines
- Yes No Print some letters
- Yes No Print name
- Yes No Write in longhand (script)
- Yes No Spell most 3-4 letter words
- Yes No Write a simple story with 6-7 sentences
- Yes No Add and subtract numbers over 10
- Yes No Knows days of the week and months of the year
- Yes No Understands money - can make correct change
- Yes No Tells time

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to progress in learning:

2. H. Does the child's impairment(s) affect his or her ability to help himself or herself and cooperate with others in taking care of personal needs?

YES (Continue) ➡

NO (Go to 2.I.)

NOT SURE (Continue) ➡

If "yes" or "not sure" please tell us what the child does or can do by checking "yes" or "no" for each of the following:

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Uses zipper by self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Buttons clothes by self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Ties shoelaces |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Takes a bath or shower without help |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Brushes teeth |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Combs or brushes hair |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Washes hair by self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Chooses clothes by self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Eats by self using a knife, fork, and spoon |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Picks up and puts away toys |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Hangs up clothes |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does what he or she is told most of the time |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Obeys safety rules; for instance, looks for cars before crossing street |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Gets to school on time |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Accepts criticism or correction |

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to help him or herself and cooperate with others in caring for personal needs:

2.

I. Is the child's ability to pay attention and stick with a task limited?

YES (Continue) ➡

NO (Go to 2.J.)

NOT SURE (Continue) ➡

If "yes" or "not sure" please tell us what the child does or can do by checking "yes" or "no" for each of the following:

Yes No Keeps busy on his/her own

Yes No Finishes things he or she starts

Yes No Works on arts and crafts projects (draws, paints, knits, does woodwork)

Yes No Completes homework

Yes No Completes chores most of the time

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to pay attention and stick with a task:

J. Please tell us anything else about the child that you think we should know:

SECTION 3 - REMARKS
