Functional Ability Categories & Representative Activities

Assessment used with permission from NWTC Early Childhood Associate Degree

In order to be successful in the field of Early Childhood, the following skills and abilities are needed. For each item, check yes or no. If you can only do the particular skill with adaptation, please give more information. For example, if you can only push and pull objects up to 40 pounds with a particular adaptation, describe the adaptation.

Gross Motor Skills

Can you push and pull objects up to 40 lbs on a frequent basis (e.g. strollers, wagons)? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you lift and carry objects up to 40 lbs without losing stability or balance? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you bend, stoop, kneel, squat (or otherwise get to child level) quickly without losing stability or balance? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you reach above own shoulders to access or replace equipment and supplies? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you arrange environment (furniture and supplies) to prepare for activities, ensuring safety and accessibility? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you transport/evacuate children in emergencies? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you move within confined spaces? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you reach below waist (e.g. to plug in appliances, pick up toys)? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you reach in front of own body (e.g. to hold children, show books and toys, help diaper/dress children, set tables, etc.)? Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Can you participate in children’s group games? Yes ___ No ___ With Adaptation ____
Fine Motor Skills

Can you perform moderate manipulative tasks such as writing, fastening buttons/zippers, turn the pages of a book, etc.? Yes ___ No ___ With Adaptation ____ Describe: _______________________________

Can you pick up objects with your hands? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you write with a pen or pencil? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you key/type (use a computer)? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you twist objects (e.g. turn door knobs)? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you squeeze (e.g. open medications, handle small items)? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you assist in making games and learning materials for children? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you assist in record keeping and maintaining written progress notes? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Can you assist with self care activities such as dressing, feeding, diapering? Yes ___ No ___ With Adaptation ____

Describe: _______________________________

Physical Endurance

Can you tolerate long periods of sitting, standing, and/or walking/mobility without becoming fatigued? Yes ___ No ___ With Adaptation ____ Describe: _______________________________

Can you sustain repetitive movements (e.g. playing, pushing swings, etc.)? Yes ___ No ___

With Adaptation ____ Describe: _______________________________
Hearing

Can you distinguish normal sounds from background noises? Yes ___ No ___

With Adaptation ____ Describe: ________________________________

Can you hear normal speaking level sounds? Yes ___ No ___ With Adaptation ____

Describe: _______________________________________

Can you hear faint voices and/or body sounds (e.g. that may indicate child’s pain, needs, etc.)?

Yes ___ No ___ With Adaptation ____ Describe: ________________________________

Can you hear fire alarms, apnea monitors, telephones & doorbells ringing? Yes ___ No ___

With Adaptation ____ Describe: ________________________________

Can you differentiate playful from harmful play sounds in a loud setting? Yes ___ No ___

With Adaptation ____ Describe: _______________________________________

Vision

Can you identify children/adolescents, co-workers, and visitors from a distance of 10 feet?

Yes ___ No ___ With Adaptation ____ Describe: ________________________________

Can you read typed and written correspondence (books, parent notes, calendars, activity plans, etc.)?

Yes ___ No ___ With Adaptation ____ Describe: ________________________________

Can you see objects 20 inches away (e.g. computer screens, skin conditions)? Yes ___ No ___

With Adaptation ____ Describe: ________________________________

Can you use peripheral vision and depth perception (e.g. to help children safely cross streets, climb stairs, etc.)? Yes ___ No ___ With Adaptation ____ Describe: ________________________________

Can you distinguish color and color intensity (e.g. to determine if a child looks pale, has a rash, matches colored objects correctly)? Yes ___ No ___ With Adaptation ______

Describe: _______________________________________

Can you determine safety standards of equipment (e.g. loose nuts & bolts, frayed cords, dangerous areas, uneven surfaces, etc.)? Yes ___ No ___ With Adaptation ______

Describe: _______________________________________
Environment

Can you tolerate the following?

• exposure to bodily fluids (diaper changes, bloody or runny noses, etc.) Yes ___ No ___
  With Adaptation ____ Describe: _______________________________________

• bacteria and infectious agents from ill children Yes ___ No ___ With Adaptation ____ Describe:
  _______________________________________

• exposure to chemicals and agents such as disinfectants, soaps, cleaners, bleaches, etc.
  Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

• minor bodily injuries (scrapes, bruises, bites) caused by the unpredictable behaviors of young children
  Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

• exposure to loud and/or unpleasant noises due to the unpredictable nature of young children
  Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

• exposure to strong odors (e.g. cleaning supplies, soiled diapers) Yes ___ No ___ With Adaptation ____
  Describe: _______________________________________

• supervise children’s play activities, enforcing safety rules Yes ___ No ___ With Adaptation ____
  Describe: _______________________________________

Reading & Writing

Can you read, write and understand written documents such as books, parent notes, calendars, activity plans,
medication instructions, progress notes, emergency procedures, etc.

Yes ___ No ___ With Adaptation ____ Describe: _______________________________________

Math

Can you tell time? Yes ___ No ___ With Adaptation ____ Describe: ______________________________

Can you add and subtract basic numbers? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Can you document numbers in records (charts, medication dispersal, etc.)? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Can you measure quantities for snack or food preparation? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Can you dial phone numbers to summon emergency assistance? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Emotional Stability

Can you provide children and families with emotional support? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you adapt to changing environments/stress? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you manage or deal with the unexpected? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you respond to a crisis situation in a manner that maintains the health and safety of the children in the classroom/program? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you cope with own emotions? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you cope with strong emotions in others (anger, fear, grief)? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you concentrate on details despite frequent interruption? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you tolerate individual differences, values and beliefs? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Analytical Thinking

Can you perform multiple responsibilities concurrently? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you process and interpret information from multiple sources? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you problem solve? Yes ___ No ___ With Adaptation ___
Describe: _______________________________________

Can you evaluate outcomes? Yes ___ No ___ With Adaptation ___
Describe: _________________________________
Prioritize tasks Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Use long-term memory Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Use short-term memory Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Critical Thinking Can you identify cause and effect relationships? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Plan and implement activities for others Yes ___ No ___ With Adaptation ____ Describe:
_______________________________________

Provide identifiable activity routines for children and facilitate transitions Yes ___ No ___ With Adaptation ____ Describe:  
_______________________________________

Sequence information Yes ___ No ___ With Adaptation ____ Describe:
_______________________________________

Make decisions independently Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Adapt decisions based on new information Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Modify environments based on individual needs of children Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Interpersonal Skills Can you establish professional relationships? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Establish rapport with families and community groups Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Respect and value cultural differences of others Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Negotiate interpersonal conflict Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Respect dignity and rights of all children Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Encourage and model positive social relationships and habits Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Communication Skills Can you speak loudly enough to be heard in a noisy room? Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Speak at an understandable, conversational level Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Interact with parents and co-workers in a positive, friendly manner Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Speak and write English Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Listen and comprehend the written/spoken word Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Collaborate with others (e.g. therapists, health care workers, etc.) Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Recognize and respect family/child confidentiality Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Participate in staff meetings, training sessions and meet continuing education requirements as outlined in state certification/licensing regulations Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

Work cooperatively with staff to develop potential of individual children. Yes ___ No ___ With Adaptation ____
Describe: _______________________________________

“I have answered the above questions to the best of my ability. I have added descriptions of the adaptation needed, if necessary.” Name (print) ____________________________________
Signature ____________________________