



# "Pierce" Functional Screening (PFS)

Examiner's Name: \_\_\_\_\_

School/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Test: \_\_\_\_\_

## Client's Demographic Information

Client's Name: \_\_\_\_\_

Date of Test: \_\_\_\_\_  
                            year                    month                    day

Date of Birth: \_\_\_\_\_  
                            year                    month                    day

Chronological Age: \_\_\_\_\_  
                            year                    month                    day

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referral for: gross ~ fine visual motor skills, and/or speech in the area(s) of concern:

- Play     Communication Device/Alternative Platform     Education (Literacy)     ADL's

## Play

Interface with toy(s) Typical toys type: \_\_\_\_\_

Active participation  Passive participation

Adaptive toy(s) specific type: \_\_\_\_\_

Response to toy of choice:  Good  Fair  Poor

## Communication

Previous device: \_\_\_\_\_ Current device: \_\_\_\_\_

Communication device(s) Check all that apply:

Previous device:  Augmentative (unaided and/or aided)  Alternative

Response to communication of choice:

Type of interface:  Static  Dynamic

Good  Fair  Poor

Overlay layout:  Pictures  Symbols  Letters

Picture book:  Yes  No

Phrases  Words  Sign language

## Education

Interface with literacy: Specific Types

None  Regular books  Adaptive books  iPad  iPod  Communication device  Other \_\_\_\_\_

List specific types of literacy: \_\_\_\_\_

Response to literacy materials:

Good  Fair  Poor

Written expression:

Standard tools pencils, pens, keyboard etc.  Voice to text  Adaptive tools (switches, iPad, etc.)

List specific types of written expression tools: \_\_\_\_\_

Response to written expression materials:

Good  Fair  Poor

Activities of Daily Living: \_\_\_ Bathing \_\_\_ Eating \_\_\_ Dressing \_\_\_

Good  Fair  Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Body Movements	INTENTIONAL V/M MOVEMENT	LACK VISUAL FOCUS/ AWKWARD MOTOR MOVEMENT	DELIBERATE INTENTIONAL V/M MOVEMENT	Reflexive hypertonic intentional V/M movement	Physical assistance/ lack visual focus V/M movement	Unintentional movement VM ~ unplanned movement (reflexive) and lack visual skills	No movement	Functional Scores
	6 good +	5 good	4 fair +	3 fair	2 poor +	1 poor	0 poor -	
Chin								
Mouth								
Head								
Shoulder right								
Shoulder Left								
Elbow right								

Elbow left								
Wrist/Hand right								
Wrist/Hand left								
Fingers right Thumb, index, middle, ring, and/or pinky								
Fingers left Thumb, index, middle, ring, and/or pinky								
Hip right								
Hip left								
Knee right								
Knee left								
Foot right								
Foot left								

Toes ~right foot								
Toes~ left foot								

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**Results of Targeted Functional Skills:**

List functional body part(s)

**List  
Scores**


**Results:** \_\_\_\_\_

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