Disability Determination Worksheet
Used by Rehabilitation Specialist in conjunction with medical evidence of impairment

Client: ____________________________   Date:_____/_____/_____

Part I: Order of Selection

☐ Physical Mobility
   Limited personal mobility
   Includes, but not limited to, ambulation, transportation, and/or accessibility.

Description:_____________________________________________________________
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_______________________________________________________________________
_______________________________________________________________________

☐ Dexterity and Coordination
   Limited dexterity and coordination
   Includes, but not limited to, basic life skills, independent self-care, ability to write
   and/or successfully manipulate objects.

Description:_____________________________________________________________
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_______________________________________________________________________
_______________________________________________________________________

☐ Physical Tolerance
   Limited physical tolerances
   Includes, but not limited to, endurance, speed, and/or fatigue.

Description:_____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

☐ Personal Behaviors
   Inappropriate behaviors
   Includes, but not limited to, interpersonal relationships, attendance, punctuality,
   grooming, hygiene, and/or social responsibility.
Disability Determination Worksheet

Description: ________________________________________________________________

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☐ Capacity to Learn
   Limited learning capacity
      Includes, but not limited to, reduced capacity to retain or learn at an acceptable
      rate through traditional means due to difficulties with visual or auditory
      processing, cognitive integration, retention or retrieval of information, and/or
      reduction of sensory receptivity.

Description: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

☐ Repeated Hospitalizations
   The severity of the impairment has caused repeated hospitalizations and/or medical
   interventions.

Description: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

☐ Environment Interaction
   Limited ability to perceive or interact with the environment
      Includes, but not limited to, communication, safety, and/or health.

Description: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Disability Determination Worksheet

☐ **Life Planning**
Experiences great difficulty formulating plans dealing with employment, residence, or the direction of one’s own life. Also, includes, but not limited to, limited ability as regards reality adjustment, quality assessment of available choices, and/or thinking through choices to logical conclusion.

*Description:* ______________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Part II: Determination

☐ Most Severely Disabled (MSD) – The impairment(s) must seriously limit three or more of the individual’s functional capacities, and the individual must be expected to require multiple vocational rehabilitation services over an extended period of time.

☐ Severely Disabled (SD) – The impairment(s) must seriously limit one or more of the individual’s functional capacities and, the individual must be expected to require multiple vocational rehabilitation services over an extended period of time.

☐ Non-severely Disabled (NSD) – The individual has a physical or mental impairment that does not meet the definition for MSD or SD.

_______________________________________________________________________

Counselor
Indicators of Functional Limitation

1. Physical Mobility
   - Difficulty with ambulation or movement
   - Physical constraints prevents independence in transportation

2. Dexterity and Coordination
   - Hand tremors due to side effects of necessary medication
   - Psychomotor retardation
   - Impaired eye-hand coordination
   - Impaired fine or gross motor skills

3. Physical Tolerance
   - Easily fatigued due to reliance on lip reading for receptive communication
   - Reduced physical tolerance
   - Decreased energy level
   - Impaired tactile perception

4. Personal Behaviors
   - Difficulty handling stressful situations
   - Poor self-esteem, lack of confidence
   - Inappropriate behaviorism
   - Depression
   - Anxiety attacks
   - Delusions
   - Difficulty with social interaction, dealing with public or co-workers due to communication issues
   - Unable to form positive/appropriate social interpersonal relationships
   - Needs supervision to maintain basic quality of life
   - Inability of accept criticism
   - Inability to initiate conversation
   - Inability to achieve work tasks within reasonable time limits
   - Inability to cope with the stress of time demands
   - Mood swings
   - Inability to control impulsivity
   - Inability to monitor his/her own behavior
   - Overwhelming fears of failure
   - Inability to control restlessness, anxiety
   - Self-defeating behaviors
   - Impaired social judgment
   - Impaired social skills
Indicators of Functional Limitation

5. Capacity to learn
   - Inability to control anger
   - Inability to control depression
   - Short term memory problems
   - Concentration difficulties
   - Difficulty organizing thoughts, confusion
   - Poor attention span
   - Inability to follow multi-step directions
   - Hyperactivity
   - Unable to learn at an acceptable rate though traditional means due to reduced sensory receptivity

6. Repeated Hospitalizations
   - Repeated hospitalizations
   - Frequent episodes of illness causing tardiness or absences

7. Environmental Interactions
   - Digressive speech
   - Cannot express him/herself effectively
   - Impaired visual perception
   - Impaired auditory perception

8. Life Planning
   - Difficulty making decisions
   - Unable to formulate plans regarding own life, future plans
   - Unable to deal realistically with situations requiring the selection of a course of action from available alternatives