Community Functioning Evaluation Children's Services Form (0-5 version)

Instructions on completing the CFE form:

The following client information is required: (failure to complete these items will result in an invalid form, meaning the data will not be collected)

Client Name
Date form complete
Date of Birth
PSP client ID number
Reporting Unit number (RU#)
Intake: Initial 6 mos Annual

Intake: Initial, 6 mos., Annual, Discharge

Source of Information Staff ID Number

Complete each item within the categories:

For each item, choose only one from 0-3.

Early Care and Education
Emotional and Behavioral Functioning
Developmental Functioning
Health of Child
Basic Needs
Safety Concerns

Social Relationships Living Arrangements and Family functioning

Enter name and phone number of the individual completing report.

CFE FORMS MAY NOT BE XEROXED!

<u>PLEASE: ONLY use Black or Blue ink when completing the CFE form.</u> Regardless of the number pencil used; the system cannot see the images to read.

Fill in bubbles completely, if an error is made, you may use white out or simply put an X through the incorrect bubble.

Forms must be original; xeroxed forms are not acceptable as the Teleform system cannot recognize xeroxed copies, therefore rejecting your form. If this occurs, your data will not be collected.

Please keep you're hand writing as clear and precise as possible, e.g., no cursive writing. While writing numbers stay within the box. The system only looks for images inside the boxes and/or bubbles to read. Anything outside a box and/or a bubble, it is not read. Remember, your forms are being read by a computer and it is doing it's very best to read your writing. Thank You!

If you have questions or problems with faxing your forms, please call Vickie McClary at (510) 567-6884.

To access forms, please go to: http://www.acbhcs.org/providers/forms/childform.htm