

# Inventory for Client and Agency Planning Instructor Training Program

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## Public Law 95-602

1. Developmental Disability is a disability attributable to a mental or physical impairment
2. The age of onset before age 22 years
3. Substantial limitation in three or more specified areas of functioning, and requiring specific and lifelong or extended care.
4. The disability is likely to continue indefinitely

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## DSM-5 Criteria for Intellectual Developmental Disorder/Intellectual Disability

1. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing

Two standard deviations or more below the population mean (65-75): clinical judgment is needed in interpreting the results of IQ tests.

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## DSM-5 Criteria for Intellectual Developmental Disorder/Intellectual Disability

2. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community. Mild, moderate, severe, profound: are defined on the basis of adaptive functioning, and not IQ scores

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## DSM-5 Criteria for Intellectual Developmental Disorder/Intellectual Disability

### Domains of adaptive functioning

- **Conceptual domain:** language, reading, writing, math, reasoning, knowledge, and memory
- **Social domain:** empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.
- **Practical domain:** self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks

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## DSM-5 Criteria for Intellectual Developmental Disorder/Intellectual Disability

3. Onset of intellectual and adaptive deficits during the developmental period

Depends on the etiology and severity of brain dysfunction.

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## Active Treatment (DD-PAS manual)

“A continuous program for each individual, which includes aggressive, consistent implementation of a program for specialized and generic training, treatment, health services and related services that are directed toward:

1. The acquisition of behaviors necessary for the individual to function with as much self-determination and independence as possible
2. The prevention or deceleration of regression or loss of current optimal functional status

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## Inventory for Client and Agency Planning (ICAP)

A comprehensive, structured instrument designed to assess the status, adaptive functioning, and service needs of clients (Examiner's Manual, 1986)

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## ICAP

- Its primary purpose is to aid in screening, monitoring, managing, planning, and evaluating services for people with handicaps, disabled, and/or elderly.
- Useful for monitoring behavioral changes.

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## ICAP

1. What a person can or can not do.
2. What kind of supports a person may need.

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# Qualification for ICAP

1. The ICAP is completed by a person who has known the individual for at least 3 months and who sees him/her on a day-to-day basis.
2. Read the manual before administer

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**ICAP** INVENTORY for CLIENT and AGENCY PLANNING  
RESPONSE BOOKLET 9-22198

Robert H. Bruhnicks  
Bradley K. Hill  
Richard F. Weatherman  
Richard W. Woodcock

**CLIENT**  
Name: LAST FIRST MI  
Address: STREET CITY STATE ZIP  
Phone: ( )  
Residential Facility  
School/Day Program  
County/District Responsible  
Case Manager  
Parent or Guardian  
Respondent (Your Name)  
Relationship to Client  
Reason for Evaluation

Client ID  
Residence ID  
Day Program ID  
Co./District ID  
Case Manager ID  
Other ID

Evaluation Date  
(-) Birth Date  
Age  
YRS MOS

**CALCULATION OF AGE** Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

**ICAP Training Implications Profile**

**MOTOR SKILLS**

**SOCIAL AND COMMUNICATION SKILLS**

**PERSONAL LIVING SKILLS**

**COMMUNITY LIVING SKILLS**

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The ICAP should be completed by a respondent who knows the client well. The respondent should refer to the ICAP manual for more detailed information, definitions of terms, and directions for completing the ICAP.

## A. Descriptive Information

1. SEX (Mark one)
  - ☐ 1. Male
  - ☒ 2. Female
2. HEIGHT \_\_\_\_\_ ft. \_\_\_\_\_ in. (or \_\_\_\_\_ cm.)
3. WEIGHT \_\_\_\_\_ lbs. (or \_\_\_\_\_ kg.)
4. RACE (Mark one)
  - ☐ 1. White
  - ☐ 2. Black
  - ☐ 3. Oriental, Asian, or Pacific Islander
  - ☐ 4. American Indian or Alaskan Native
  - ☐ 5. Other: \_\_\_\_\_
5. HISPANIC ORIGIN (Mark one)
  - ☐ 1. Not Hispanic
  - ☒ 2. Hispanic
6. PRIMARY LANGUAGE UNDERSTOOD (Mark one)
  - ☒ 1. English
  - ☐ 2. Spanish
  - ☐ 3. Other: \_\_\_\_\_
7. PRIMARY MEANS OF EXPRESSION (Mark one)
  - ☐ 1. None
  - ☐ 2. Gestures
  - ☒ 3. Speaks
  - ☐ 4. Sign language or finger spelling
  - ☐ 5. Communication board or device: \_\_\_\_\_
  - ☐ 6. Other: \_\_\_\_\_
8. MARITAL STATUS (Mark one)
  - ☒ 1. Never married
  - ☐ 2. Married
  - ☐ 3. Separated
  - ☐ 4. Divorced
  - ☐ 5. Widow or widower
9. LEGAL STATUS (Mark one)
  - ☐ 1. Legally competent adult
  - ☒ 2. Parent or relative is guardian or conservator
  - ☐ 3. Non-relative is guardian or conservator
  - ☐ 4. State or county is guardian or conservator
  - ☐ 5. Other: \_\_\_\_\_

## B. Diagnostic Status

1. PRIMARY DIAGNOSIS (Mark one) AND
  2. ADDITIONAL DIAGNOSED CONDITIONS (Mark all that apply)
- ☐ 1. None
  - ☐ 2. Autism
  - ☐ 3. Blindness
  - ☐ 4. Brain or neurological damage: chronic brain syndrome
  - ☐ 5. Cerebral palsy
  - ☐ 6. Chemical dependency
  - ☐ 7. Deafness
  - ☐ 8. Epilepsy or seizures
  - ☒ 9. Mental retardation
  - ☐ 10. Physical health problems requiring medical care by licensed nurse or physician: \_\_\_\_\_
  - ☐ 11. Mental illness (formal diagnosis): psychosis, schizophrenia, etc.
  - ☐ 12. Situational mental health problem (formal diagnosis): depression, anxiety, fearfulness, mood disturbance
  - ☐ 13. Other: \_\_\_\_\_

Comments:

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## C. Functional Limitations and Needed Assistance

1. LEVEL OF MENTAL RETARDATION (Mark one)
  - ☐ 1. Not mentally retarded
  - ☐ 2. Mild (IQ 55-79)
  - ☒ 3. Moderate (IQ 35-54)
  - ☐ 4. Severe (IQ 20-34)
  - ☐ 5. Profound (IQ under 20)
  - ☐ 6. Unknown, Delayed, At Risk
2. VISION (Mark one)
  - ☐ 1. Sees well (may wear glasses)
  - ☒ 2. Vision problems limit reading or travel (may wear glasses)
  - ☐ 3. Little or no useful vision (even with glasses)
3. HEARING (Mark one)
  - ☒ 1. Hears normal voices (may use hearing aid)
  - ☐ 2. Hears only loud voices (may use hearing aid)
  - ☐ 3. Little or no useful hearing (even with hearing aid)
4. FREQUENCY OF SEIZURES (Mark one)
  - ☒ 1. None, or controlled
  - ☐ 2. Less than monthly seizures
  - ☐ 3. Monthly seizures
  - ☐ 4. Weekly or more often
5. HEALTH (Mark one)
  - ☒ 1. No limitation in daily activities
  - ☐ 2. Few or slight limitations in daily activities
  - ☐ 3. Many or significant limitations in daily activities

## 6. REQUIRED CARE BY NURSE OR PHYSICIAN (Mark one)

- ☒ 1. Less than monthly
- ☐ 2. Monthly
- ☐ 3. Weekly
- ☐ 4. Daily
- ☐ 5. 24-hour immediate assistance

## 7. CURRENT MEDICATIONS (Mark all that apply)

- ☒ 1. None
- ☐ 2. For health problem: \_\_\_\_\_
- ☐ 3. For mood, anxiety, sleep, or behavior: \_\_\_\_\_
- ☐ 4. For epilepsy, seizures: \_\_\_\_\_
- ☐ 5. Other: \_\_\_\_\_
- ☐ 6. Unknown

## 8. ARM/HAND (Mark one)

- ☒ 1. No limitation in daily activities
- ☐ 2. Some daily activities limited
- ☐ 3. Most daily activities limited

## 9. MOBILITY (Mark one)

- ☐ 1. Walks (with or without aids, such as crutches, walker, etc.)
- ☒ 2. Usually in a wheelchair, or does not walk
- ☐ 3. Limited to bed most of the day
- ☐ 4. Confined to bed for entire day

## 10. MOBILITY ASSISTANCE NEEDED (Mark all that apply)

- ☐ 1. None
- ☒ 2. Needs assistive device (cane, walker, wheelchair): \_\_\_\_\_
- ☐ 3. Occasionally needs help of another person
- ☐ 4. Always needs help of another person

Comments:

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## ICAP

### Adaptive Behavior Domains

1. Motor skills
2. Social and communication skills
3. Personal living skills
4. Community living skills

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## Ratings for Adaptive Behavior

1. Primary criterion is independence
2. How much support is necessary to achieve independence

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## Scoring of Adaptive Behavior

- 3 = Does task very well (independent)
- 2 = Does task very well
- 1 = Does task, but not well
- 0 = Never or rarely performs task

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## Ratings for Adaptive Behavior

### Does very well (3)

1. Indicates complete independence on the task.
2. The individual has mastered the skill or the skill is too easy for him/her.
3. The individual does the task completely and very well without any help or supervision.
4. The individual must know when it is necessary to do the task without being asked or reminded.

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## Ratings for Adaptive Behavior

### Does very well (3)

1. Should be given only if the client is able to do the task without being asked or reminded.
2. If the client appropriately seeks permission before initiating a task and does it very well, mark “Does very well (3)”
3. If a task consists of multiple parts and the client does not do equally well on all parts of the task, mark the lowest rating.

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## Ratings for Adaptive Behavior

### Does fairly well (2)

1. Indicates the person performs the task reasonably well without help or supervision.
2. The individual has not completely mastered the task, but he/she can do all parts of it.
3. Does the task  $\frac{3}{4}$  of the time.
4. May need to be asked or reminded to initiate the task.

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## Ratings for Adaptive Behavior

### Does, but not well (1)

1. indicates the individual sometimes does or tries to do all parts of the task without help or supervision, but the result is not good
2. Done well  $\frac{1}{4}$  of the time
3. may need to be asked

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## Ratings for Adaptive Behavior

### Never or rarely (0)

1. indicates the task is too hard, or the individual is not permitted to do the task because it is not safe, or the individual never or rarely performs all parts of the task even if asked

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## Factors that might affect Ratings

1. Extensive refusals can affect scoring
  - \*Combination of adaptive behavior (weighted 70%) and maladaptive behavior (weighted 30%)
2. If there is a discrepancy between the quality and the frequency of the performance, the score should be based primarily on the quality
3. The focus of the adaptive behavior section is on ability

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## Factors that might affect Ratings

1. Opportunity
2. Safety
3. Awareness, motivation, & social expectations
4. Items with more than one part
5. Physical disability
6. Adaptive equipment

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# The ICAP

## Adaptive Behavior Domains

- Social and communication skills
  1. interaction with others in various social settings
  2. language comprehension and expression

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----- 2. SOCIAL AND COMMUNICATION SKILLS -----

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked	1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked	2. DOES FAIRLY WELL—or ½ of the time—may need to be asked	3. DOES VERY WELL—always or almost always—without being asked	
0	1	2	3	1. Makes sounds or gestures to get attention.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2. Reaches for a person whom he or she wants.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3. Turns head toward speaker when name is called.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4. Imitates actions when asked, such as waving or clapping hands.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5. Hands toys or other objects to another person.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	6. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as, "Do you want some milk?"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	7. Points to familiar pictures in a book on request.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	8. Says at least ten words that can be understood by someone who knows him or her.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	9. Asks simple questions (for example, "What's that?").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	10. Speaks in three- or four-word sentences.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water).
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else).
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Locates or remembers telephone numbers and calls friends on the telephone.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Writes, prints, or types understandable and legible notes or letters for mailing.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Locates needed information in the telephone yellow pages or the want ads.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home.

  

$\frac{5}{\times 0}$ SUM	$\frac{3}{\times 1}$ SUM	$\frac{1}{\times 2}$ SUM	$\frac{10}{\times 3}$ SUM	
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="30"/>	<input type="text" value="35"/>	SOCIAL AND COMMUNICATION SKILLS
RAW SCORE (37)				5

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# The ICAP

## Adaptive Behavior Domains

- Personal living skills

1. Measures effectiveness in meeting the normal demands of personal independence and autonomy, primarily in the home environment
2. Eating and meal preparation
3. Toileting
4. Dressing
5. Personal self-care
6. Domestic skills

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3. PERSONAL LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ½ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	1. Swallows soft foods.
○	○	○	●	2. Picks up and eats foods such as crackers.
○	○	○	●	3. Holds out arms and legs while being dressed.
○	○	○	●	4. Holds hands under running water to wash them when placed in front of a sink.
○	○	○	●	5. Eats solid foods with a spoon with little spilling.
○	○	○	●	6. Stays dry for at least three hours.
○	○	○	○	7. Removes pants and underpants.
○	○	○	○	8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.
○	○	○	○	9. Puts on T-shirt or pullover shirt, although it may be on backward.
○	○	○	○	10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.
○	○	○	○	11. Closes the bathroom door when appropriate before using the toilet.
○	○	○	○	12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.
○	○	○	○	13. Cuts food with a knife instead of trying to eat pieces that are too large.
○	○	○	○	14. Washes, rinses, and dries hair.
○	○	○	○	15. Washes and dries dishes and puts them away.
○	○	○	○	16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.
○	○	○	○	17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.
○	○	○	○	18. Prepares shopping list for at least six items from a grocery store.
○	○	○	○	19. Loads and operates a washing machine using an appropriate setting and amount of detergent.
○	○	○	○	20. Plans, prepares, and serves main meal for more than two people.
○	○	○	○	21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.

$\frac{8}{n=0}$  SUM     $\frac{1}{n=1}$  SUM     $\frac{3}{n=2}$  SUM     $\frac{6}{n=3}$  SUM

4 + 6 + 18 = 28 PERSONAL LIVING SKILLS

RAW SCORE (63)

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# The ICAP Adaptive Behavior Domains

- Community living skills
  1. Time and punctuality
  2. Money and value
  3. Work skills
  4. Home-community orientation

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4. COMMUNITY LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or 1/4 of the time—may need to be asked

2. DOES FAIRLY WELL—or 3/4 of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	1. Finds toys or objects that are always kept in the same place.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2. Finds own way to a specified room when told to go (for example, "Go wait in the kitchen").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3. Indicates when a chore or assigned task is finished.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4. Stays in an unfenced yard for ten minutes when expected without wandering away.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5. Uses the words "morning" and "night" correctly.
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Trades something for money or another item of value (for example, trades one book for another one or for money).
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Buys items that cost at least twenty-five cents from a vending machine (for example, candy, milk or soda pop).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Crosses nearby residential streets, roads, and unmarked intersections alone.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Buys specific items requested on an errand, although may not count change correctly.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. States day, month, and year of birth.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Correctly counts change from a five-dollar bill after making a purchase.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Writes down, if necessary, and keeps appointments made at least three days in advance.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Works at a steady pace on a job for at least two hours.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Completes applications and interviews for jobs.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Receives bills in the mail and pays them before they are overdue.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Balances a checkbook monthly.

$\frac{13}{\times 0} \text{ SUM}$      $\frac{2}{\times 1} \text{ SUM}$      $\frac{0}{\times 2} \text{ SUM}$      $\frac{1}{\times 3} \text{ SUM}$

+  +  =

COMMUNITY LIVING SKILLS

RAW SCORE (57)

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## ICAP Problem Behavior

1. Hurtful to self
2. Hurtful to others
3. Destructive to property
4. Disruptive behavior
5. Unusual/repetitive habits
6. Socially offensive behavior
7. Withdrawn or inattentive behavior
8. Uncooperative behavior

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## ICAP Maladaptive Behavior Index

1. **Internalized MBI:** Behaviors hurtful to self, unusual or repetitive habits, and withdrawal or inattentive behavior
2. **Externalized MBI:** Behaviors hurtful to others, destructive to property, and disruptive behavior
3. **Asocial MBI:** Socially offensive behavior and uncooperative behavior
4. **General MBI:** Overall measure of problem behavior

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# Problem Behavior

1. Behaviors that impact or interfere with a person's day to day activities or with the activities of those around him/her.
2. If an individual has more than one type of problem behavior within a category, identify the most problematic behavior
3. Count episodes of a behavior as a single occurrence

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E. Problem Behavior		PROBLEM BEHAVIOR CATEGORIES:	
<p><b>DIRECTIONS:</b> For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's <i>primary problem</i> and indicate its <i>frequency</i> and <i>severity</i>.</p>		<ul style="list-style-type: none"> <li>Hurtful to Self</li> <li>Hurtful to Others</li> <li>Destructive to Property</li> <li>Disruptive Behavior</li> <li>Unusual or Repetitive Habits</li> <li>Socially Offensive Behavior</li> <li>Withdrawal or Inattentive Behavior</li> <li>Uncooperative Behavior</li> </ul>	
<p><b>1. HURTFUL TO SELF</b>  <i>Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or swallowing.</i></p> <p>a. If yes, describe the <b>PRIMARY PROBLEM</b>:  <u>Bangs head</u></p> <p>If none, mark <i>never</i> (0) for frequency and <i>not serious</i> (0) for severity.</p> <p>b. <b>FREQUENCY:</b> How often does this behavior usually occur? (Mark one)</p> <p><input type="radio"/> 0. Never</p> <p><input type="radio"/> 1. Less than once a month</p> <p><input type="radio"/> 2. One to 3 times a month</p> <p><input type="radio"/> 3. One to 5 times a week</p> <p><input checked="" type="radio"/> 4. One to 10 times a day</p> <p><input type="radio"/> 5. One or more times an hour</p> <p>c. <b>SEVERITY:</b> How serious is the problem usually caused by this behavior? (Mark one)</p> <p><input type="radio"/> 0. Not serious; not a problem</p> <p><input type="radio"/> 1. Slightly serious; a mild problem</p> <p><input checked="" type="radio"/> 2. Moderately serious; a moderate problem</p> <p><input type="radio"/> 3. Very serious; a severe problem</p> <p><input type="radio"/> 4. Extremely serious; a critical problem</p>		<p><b>3. DESTRUCTIVE TO PROPERTY</b>  <i>Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.</i></p> <p>a. If yes, describe the <b>PRIMARY PROBLEM</b>:  <u>Breaks things</u></p> <p>If none, mark <i>never</i> (0) for frequency and <i>not serious</i> (0) for severity.</p> <p>b. <b>FREQUENCY:</b> How often does this behavior usually occur? (Mark one)</p> <p><input type="radio"/> 0. Never</p> <p><input checked="" type="radio"/> 1. Less than once a month</p> <p><input type="radio"/> 2. One to 3 times a month</p> <p><input type="radio"/> 3. One to 5 times a week</p> <p><input type="radio"/> 4. One to 10 times a day</p> <p><input type="radio"/> 5. One or more times an hour</p> <p>c. <b>SEVERITY:</b> How serious is the problem usually caused by this behavior? (Mark one)</p> <p><input type="radio"/> 0. Not serious; not a problem</p> <p><input checked="" type="radio"/> 1. Slightly serious; a mild problem</p> <p><input type="radio"/> 2. Moderately serious; a moderate problem</p> <p><input type="radio"/> 3. Very serious; a severe problem</p> <p><input type="radio"/> 4. Extremely serious; a critical problem</p>	
<p><b>2. HURTFUL TO OTHERS</b>  <i>Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.</i></p> <p>a. If yes, describe the <b>PRIMARY PROBLEM</b>:  <u>Hitting</u></p> <p>If none, mark <i>never</i> (0) for frequency and <i>not serious</i> (0) for severity.</p> <p>b. <b>FREQUENCY:</b> How often does this behavior usually occur? (Mark one)</p> <p><input type="radio"/> 0. Never</p> <p><input type="radio"/> 1. Less than once a month</p> <p><input type="radio"/> 2. One to 3 times a month</p> <p><input type="radio"/> 3. One to 5 times a week</p> <p><input checked="" type="radio"/> 4. One to 10 times a day</p> <p><input type="radio"/> 5. One or more times an hour</p> <p>c. <b>SEVERITY:</b> How serious is the problem usually caused by this behavior? (Mark one)</p> <p><input type="radio"/> 0. Not serious; not a problem</p> <p><input type="radio"/> 1. Slightly serious; a mild problem</p> <p><input checked="" type="radio"/> 2. Moderately serious; a moderate problem</p> <p><input type="radio"/> 3. Very serious; a severe problem</p> <p><input type="radio"/> 4. Extremely serious; a critical problem</p>		<p><b>4. DISRUPTIVE BEHAVIOR</b>  <i>Interferes with activities of others—for example, by crying, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.</i></p> <p>a. If yes, describe the <b>PRIMARY PROBLEM</b>:  <u>Yelling/boobies</u></p> <p>If none, mark <i>never</i> (0) for frequency and <i>not serious</i> (0) for severity.</p> <p>b. <b>FREQUENCY:</b> How often does this behavior usually occur? (Mark one)</p> <p><input type="radio"/> 0. Never</p> <p><input type="radio"/> 1. Less than once a month</p> <p><input type="radio"/> 2. One to 3 times a month</p> <p><input type="radio"/> 3. One to 5 times a week</p> <p><input checked="" type="radio"/> 4. One to 10 times a day</p> <p><input type="radio"/> 5. One or more times an hour</p> <p>c. <b>SEVERITY:</b> How serious is the problem usually caused by this behavior? (Mark one)</p> <p><input type="radio"/> 0. Not serious; not a problem</p> <p><input type="radio"/> 1. Slightly serious; a mild problem</p> <p><input checked="" type="radio"/> 2. Moderately serious; a moderate problem</p> <p><input type="radio"/> 3. Very serious; a severe problem</p> <p><input type="radio"/> 4. Extremely serious; a critical problem</p>	

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**5. UNUSUAL OR REPETITIVE HABITS**  
*Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tic), failing to eat, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.*

a. If yes, describe the PRIMARY PROBLEM:  
 If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)  
☐ 0. Never  
☐ 1. Less than once a month  
☐ 2. One to 2 times a month  
☐ 3. One to 6 times a week  
☐ 4. One to 10 times a day  
☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)  
☒ 0. Not serious; not a problem  
☐ 1. Slightly serious; a mild problem  
☐ 2. Moderately serious; a moderate problem  
☐ 3. Very serious; a severe problem  
☐ 4. Extremely serious; a critical problem

**6. SOCIALLY OFFENSIVE BEHAVIOR**  
*Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking noses, belching, expelling gas, touching genitals, or urinating in inappropriate places.*

a. If yes, describe the PRIMARY PROBLEM:  
*Inappropriate touching*

b. FREQUENCY: How often does this behavior usually occur? (Mark one)  
☐ 0. Never  
☐ 1. Less than once a month  
☐ 2. One to 3 times a month  
☐ 3. One to 6 times a week  
☒ 4. One to 10 times a day  
☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)  
☐ 0. Not serious; not a problem  
☐ 1. Slightly serious; a mild problem  
☒ 2. Moderately serious; a moderate problem  
☐ 3. Very serious; a severe problem  
☐ 4. Extremely serious; a critical problem

**7. WITHDRAWAL OR INATTENTIVE BEHAVIOR**  
*Exclusivity being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.*

a. If yes, describe the PRIMARY PROBLEM:  
 If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)  
☐ 0. Never  
☐ 1. Less than once a month  
☐ 2. One to 3 times a month  
☐ 3. One to 6 times a week  
☐ 4. One to 10 times a day  
☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)  
☐ 0. Not serious; not a problem  
☐ 1. Slightly serious; a mild problem  
☐ 2. Moderately serious; a moderate problem  
☐ 3. Very serious; a severe problem  
☐ 4. Extremely serious; a critical problem

**8. UNCOOPERATIVE BEHAVIOR**  
*Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.*

a. If yes, describe the PRIMARY PROBLEM:  
*Refusing to participate*

b. FREQUENCY: How often does this behavior usually occur? (Mark one)  
☐ 0. Never  
☐ 1. Less than once a month  
☐ 2. One to 3 times a month  
☒ 3. One to 6 times a week  
☐ 4. One to 10 times a day  
☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)  
☐ 0. Not serious; not a problem  
☐ 1. Slightly serious; a mild problem  
☒ 2. Moderately serious; a moderate problem  
☐ 3. Very serious; a severe problem  
☐ 4. Extremely serious; a critical problem

**9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES**  
 How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)  
☐ 0. No problem behaviors in any of the 8 categories  
☐ 1. Do nothing, or offer comfort  
☒ 2. Ask client to stop, reason with him or her  
☐ 3. Purposely ignore, reward other behavior  
☐ 4. Ask client to amend or correct the situation  
☐ 5. Structure or restructure surroundings, remove material  
☐ 6. Ask client to leave room, sit elsewhere (time out)  
☐ 7. Take away privileges from client  
☐ 8. Physically restrain, remove or restrain client  
☐ 9. Get help (two or more people needed to control client)  
☐ 10. Other:

Comments:  
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## ICAP Program Planning

1. Residential placement
2. Daytime program

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H. Support Services	
1. PRESENTLY BEING USED (Mark all that apply)	2. NOT USED NOW, BUT EVALUATION NEEDED (Mark all that apply)
<input type="radio"/> 1. None <input type="radio"/> 2. Case management <input type="radio"/> 3. Home-based support services <input type="radio"/> 4. Specialized dental care <input type="radio"/> 5. Specialized medical care <input type="radio"/> 6. Specialized nursing care <input type="radio"/> 7. Specialized mental health services <input type="radio"/> 8. Specialized nutritional or dietary services <input type="radio"/> 9. Therapies—occupational, physical or speech <input type="radio"/> 10. Respite care (to aid caretaker or parent) <input type="radio"/> 11. Specialized transportation services <input type="radio"/> 12. Vocational evaluation <input type="radio"/> 13. Other:	<input type="radio"/> 1. None <input type="radio"/> 2. Case management <input type="radio"/> 3. Home-based support services <input type="radio"/> 4. Specialized dental care <input type="radio"/> 5. Specialized medical care <input type="radio"/> 6. Specialized nursing care <input type="radio"/> 7. Specialized mental health services <input type="radio"/> 8. Specialized nutritional or dietary services <input type="radio"/> 9. Therapies—occupational, physical or speech <input type="radio"/> 10. Respite care (to aid caretaker or parent) <input type="radio"/> 11. Specialized transportation services <input type="radio"/> 12. Vocational evaluation <input type="radio"/> 13. Other:
Comments:	
I. Social and Leisure Activities	
1. SOCIAL AND LEISURE ACTIVITIES WITHIN LAST MONTH (Mark all that apply)	2. FACTORS LIMITING SOCIAL ACTIVITIES (Mark all that apply)
<input type="radio"/> 1. None <input checked="" type="radio"/> 2. Talked to family or friends on telephone <input type="radio"/> 3. Visited with family <input type="radio"/> 4. Visited with friends or neighbors from outside residence <input type="radio"/> 5. Went shopping or out to eat (alone or with someone else) <input type="radio"/> 6. Attended outside social or recreational activity <input type="radio"/> 7. Engaged in hobby or personal leisure activity <input type="radio"/> 8. Other:	<input type="radio"/> 1. None <input type="radio"/> 2. Lack of interest <input type="radio"/> 3. No one to accompany the client <input type="radio"/> 4. Lack of transportation <input type="radio"/> 5. Lack of money <input type="radio"/> 6. Health problem <input type="radio"/> 7. Behavior problem <input type="radio"/> 8. Other:
Comments:	
Do these results provide an accurate representation of the client's present functioning? 1. Yes 2. No If not, what is the reason for questioning results?	
January 2014	

## ICAP Program Planning

1. General information: e.g., test scores from other resources.
2. Recommendations for general program goals, such as medical care, goals for reducing problem behaviors.

**ICAP Computer Scoring**

Client: \_\_\_\_\_ Born: 09/11/1970  
Age: 30 yrs. 1 month

Residence: \_\_\_\_\_ Eval. date: 10/25/2000  
Day program: \_\_\_\_\_ Purpose: Annual Evaluation  
County/Dist. resp: \_\_\_\_\_ Eval. by: \_\_\_\_\_  
Case manager: \_\_\_\_\_ Position: Behavior Analyst

Guardian: parent/relative Client ID: \_\_\_\_\_  
Contact: \_\_\_\_\_ Residence: \_\_\_\_\_  
Day prog.: \_\_\_\_\_  
County/Dist.: \_\_\_\_\_  
Case mgr.: \_\_\_\_\_  
Other ID: \_\_\_\_\_

Marital status: never married

Sex: female  
Height: 5 ft. 0 in.  
Weight: 150 lbs.  
Race: white (not hispanic)

Primary diagnosis: mental retardation - moderate  
Additional diagnoses: epilepsy/seizures - controlled

Vision: sees well  
Hearing: hears normal voices

Health: no limitation in daily activities  
Medical care: daily

Medication: for epilepsy, seizures  
Mobility: walks  
needs assist devices or chair  
Arm/hand use: no limitation in daily activities

Communication: speaks - best understands English

Current residence: state institution  
Future (2 yr) need: no change recommended

Current day program: sheltered workshop  
Future (2 yr) need: no change recommended

Support services now used:  
case management  
specialized mental health services  
specialized nutritional services  
occupational/physical/or speech therapy  
specialized transportation services  
vocational evaluation

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Client: \_\_\_\_\_

Not used but may be needed:  
none

Family/social/leisure activities within the last month:  
visited with family  
attended outside social or recreational activity  
hobby or personal leisure activity

Factors that limit social activities:  
no one to accompany him/her  
lack of transportation  
behavior problem

**Adaptive Behavior**  
Overall age equivalent: 2 yrs. 10 months

Domain	Domain Score	Age Equiv. yr. mo.	Instructional Range		Derived Scores	Standard Score Band		
			yr. mo.	yr. mo.		-1 SEM	+1 SEM	
Motor Skills	393	1-6	1-3	to 1-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Social & Communication	151	2-4	2-6	to 4-2	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Personal Living	440	3-0	2-6	to 3-8	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Community Living	453	3-0	4-2	to 5-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Broad Independence	434	2-10	2-2	to 3-7	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	

Note: 1) Raw scores were 25, 35, 20, 19

**Problem Behaviors**

Hurts self	1-10 times/day	a moderate problem
Hurts others	1-10 times/day	a moderate problem
Destructive	less than once/month	not a problem
Disruptive	1-10 times/day	a moderate problem
Unusual habits	never	not a problem
Socially offensive	1-10 times/day	a moderate problem
Withdrawn/inattentive	never	not a problem
Uncooperative	1-6 times/week	a moderate problem

Typical Response to Problem: physically redirect, remove, or restrain

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## ICAP Scores

- Domain score

1. Score range: 270-569
2. A score of 500 represents a performance level approximately equal to that of a non-handicapped child who is 10 years and 4 months old (at the 5<sup>th</sup> grade level).

- Domain Difference Score

1. Score 0: the client's domain score is the same as the average domain score for the age-reference group

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## ICAP Scores

- Relative Performance Index (RPI)

1. A reference group can perform with 90% independence on the specific set of tasks
2. RPI 50/90 indicates that the client would likely perform the task with 50% independence.

<u>Domain difference score</u>	<u>RPI</u>
1. +30 more	100/90
2. 0	90/90
3. -20	50/90

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# ICAP Scores

## Relative Performance Index (RPI)

Functioning level	Domain difference score	RPI
Very strong	+26 and above	99-100/90
Strong	+16 to +25	98-99/90
High average	+6 to +15	95-98/90
Average	-5 to +5	84-94/90
Low average	-6 to -15	63-82/90
Weak	-16 to -25	37-61/90
Very weak	-26 and below	0-34/90

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Client: \_\_\_\_\_ Page 2

Not used but may be needed:  
none

Family/social/leisure activities within the last month:  
visited with family  
attended outside social or recreational activity  
hobby or personal leisure activity

Factors that limit social activities:  
no one to accompany him/her  
lack of transportation  
behavior problem

Adaptive Behavior						
Overall age equivalent: 2 yrs. 10 months						
Domain	Domain Score	Age Equiv. yr. mo.	Instructional Range		Derived Scores	Standard Score Band
			yr. mo.	yr. mo.		-1 SEM +1 SEM
Motor Skills	39.3	1-6	1-3	to 1-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90
Social & Communication	45.1	2-4	2-6	to 4-2	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90
Personal Living	44.0	3-0	2-6	to 3-8	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90
Community Living	45.3	3-0	4-2	to 5-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90
Broad Independence	43.4	2-10	2-2	to 3-7	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90

Note: 1) Raw scores were 25, 35, 28, 19

### Problem Behaviors

Hurts self	1-10 times/day	a moderate problem
Hurts others	1-10 times/day	a moderate problem
Destructive	less than once/month	not a problem
Disruptive	1-10 times/day	a moderate problem
Unusual habits	never	not a problem
Socially offensive	1-10 times/day	a moderate problem
Withdrawn/inattentive	never	not a problem
Uncooperative	1-6 times/week	a moderate problem

Typical Response to Problem: physically redirect, remove, or restrain

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# ICAP Scores

- Age-equivalent score
  1. The client's performance in terms of the chronological age level in the norm sample
  2. Not useful for clients who perform at above-average levels who are older than 16
- Instructional Range
  1. Training range at the lower end (easy) of the difficult range to difficult or frustrating level

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Client: \_\_\_\_\_ Page 2

Not used but may be needed:  
none

Family/social/leisure activities within the last month:  
visited with family  
attended outside social or recreational activity  
hobby or personal leisure activity

Factors that limit social activities:  
no one to accompany him/her  
lack of transportation  
behavior problem

Domain	Domain Score	Adaptive Behavior		Instructional Range		Derived Scores	Standard Score Band		
		Age Equiv. yr. mo.	yr. mo.	yr. mo.	yr. mo.		-1 SEM	+1 SEM	
Motor Skills	393	1-6	1-3	to	1-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Social & Communication	151	2-4	2-6	to	4-2	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Personal Living	440	3-0	2-6	to	3-8	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Community Living	453	3-0	4-2	to	5-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Broad Independence	434	2-10	2-2	to	3-7	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	

Note: 1) Raw scores were 25, 35, 28, 19

Problem Behaviors

Hurts self	1-10 times/day	a moderate problem
Hurts others	1-10 times/day	a moderate problem
Destructive	less than once/month	not a problem
Disruptive	1-10 times/day	a moderate problem
Unusual habits	never	not a problem
Socially offensive	1-10 times/day	a moderate problem
Withdrawn/inattentive	never	not a problem
Uncooperative	1-6 times/week	a moderate problem

Typical Response to Problem: physically redirect, remove, or restrain

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# ICAP Scores

- Percentile rank (PR)
  1. The percentage of clients in the selected age segment of the norm sample whose scores were the same as or lower than the client's domain score
- Standard score (SS)
  1. Transforming the score on the scale of a mean of 100 and a standard deviation of 15
  2. To related ICAP scores to other test scores

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Client: \_\_\_\_\_

Not used but may be needed:  
none

Family/social/leisure activities within the last month:  
visited with family  
attended outside social or recreational activity  
hobby or personal leisure activity

Factors that limit social activities:  
no one to accompany him/her  
lack of transportation  
behavior problem

Domain	Domain Score	Age Equiv. yr. mo.	Instructional Range		Derived Scores	Standard Score Band		
			yr. mo.	yr. mo.		-1 SEM	+1 SEM	
Motor Skills	393	1-6	1-3	to 1-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Social & Communication	451	2-4	2-6	to 4-2	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Personal Living	440	3-0	2-6	to 3-8	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Community Living	453	3-0	4-2	to 5-10	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	
Broad Independence	434	2-10	2-2	to 3-7	PR: 1 SS: <5 RPI: 0/90	1 <1 0/90	1 <5 0/90	

Note: 1) Raw scores were 25, 35, 28, 19

Problem Behaviors

Hurts self	1-10 times/day	a moderate problem
Hurts others	1-10 times/day	a moderate problem
Destructive	less than once/month	not a problem
Disruptive	1-10 times/day	a moderate problem
Unusual habits	never	not a problem
Socially offensive	1-10 times/day	a moderate problem
Withdrawn/inattentive	never	not a problem
Uncooperative	1-6 times/week	a moderate problem

Typical Response to Problem: physically redirect, remove, or restrain

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# ICAP Scores

## ■ Maladaptive Behavior Index (MBI)

▫ Scale of a mean of 0 and a standard deviation of 10

1. +10 to -10: Normal
2. -11 to -20: Marginally serious
3. -21 to -30: Moderately serious
4. -31 to -40: Serious
5. -41 and below: Very serious

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Client:

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### \*adaptive Behavior Index Scores

These scores are based upon the problem behaviors listed above. Large negative scores indicate more serious problem behaviors. A score near 0 is average.

Internalized	-11	(± 3)	marginal problems
Asocial	-29	(± 4)	moderate problems
Externalized	-25	(± 3)	moderate problems
General	-29	(± 2)	moderate problems

### ICAP Service Score/Level

These scores are based on both adaptive behavior and problem behavior. They range from less than 20 (level 1, total care and intense supervision) to 90 or greater (level 3, infrequent or no assistance for daily living).

Score	31
Level	3

extensive personal care and/or constant supervision

### Historical Summary

Evaluation Date	10/2000	11/1999	11/1998	03/1991
Motor domain	393	411	414	402
Social/Communication	451	479	465	448
Personal Living	440	467	452	449
Community Living	453	431	450	438
Broad Independence	434	447	445	432
Age equivalent in months	34	47	44	32
Maladaptive Behavior				
Internalized	-11	-10	-10	-11
Asocial	-29	-10	-11	-20
Externalized	-25	-18	-23	-23
General	-25	-18	-28	-20
Service Score	31	47	37	30

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## ICAP Scores

- Service Score
  1. Combination of adaptive behavior (weighted 70%) and maladaptive behavior (weighted 30%)
  2. Score range from 0 to 100

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## ICAP Scores

- Service Score
  1. Level 1 (1-19): Total personal care and intense supervision
  2. Level 2 (20-29)
  3. Level 3 (30-39): Extensive personal care and/or constant supervision
  4. Level 4 (40-49)
  5. Level 5 (50-59): Regular personal care and/or close supervision
  6. Level 6 (60-69)
  7. Level 7 (70-79): Limited personal care and/or regular supervision
  8. Level 8 (80-89):
  9. Level 9 (90+) : Infrequent or no assistance for daily living

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## \*adaptive Behavior Index Scores

These scores are based upon the problem behaviors listed above. Large negative scores indicate more serious problem behaviors. A score near 0 is average.

Internalized	-11	(± 3)	marginal problems
Asocial	-29	(± 4)	moderate problems
Externalized	-25	(± 3)	moderate problems
General	-29	(± 2)	moderate problems

## ICAP Service Score/Level

These scores are based on both adaptive behavior and problem behavior. They range from less than 20 (level 1, total care and intense supervision) to 90 or greater (level 9, infrequent or no assistance for daily living).

Score	31
Level	3
extensive personal care and/or constant supervision	

## Historical Summary

Evaluation Date	10/2000	11/1999	11/1998	03/1991
Motor domain	393	411	414	402
Social/Communication	451	479	465	448
Personal Living	440	467	452	449
Community Living	453	431	450	428
Broad Independence	434	447	445	432
Age equivalent in months	34	47	44	32
Maladaptive Behavior				
Internalized	-11	-10	-10	-11
Asocial	-29	-10	-31	-30
Externalized	-25	-18	-23	-23
General	-29	-18	-28	-29
Service Score	31	47	37	30