

**Ohio Department of Developmental Disabilities
COEDI Answer Sheet**

COEDI APPLICANT INFORMATION

Name: _____ Age: _____ DOB: ____ / ____ / ____
Mo Day Year

Date services requested: _____

Date qualifying diagnosis verified: _____

Dates COEDI administered: _____

Location administered: School Home Office Other: _____

Name of Informant:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOCUMENTS USED TO COMPLETE THE COEDI
(Documents should be within one year)

Date:	Document:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EVALUATOR INFORMATION

Name: _____ County: _____

Business Address: _____

Signature/Title of Evaluator: _____ **Date:** _____

MOBILITY

1 The individual moves about independently and safely within indoor and outdoor environments without assistance including:

A. Using stairs Yes No
 Comments: _____

B. Navigating environmental Yes No
 Comments: _____

C. Possessing the strength Yes No
 Comments: _____

D. Entering and exiting Yes No
 Comments: _____

E. Crossing streets Yes No N/A
 Comments: _____

F. Accessing public Yes No
 Comments: _____

If two sub-items are marked **NO** then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

Summary: _____

Scoring Criteria for Mobility

This item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in MOBILITY.

Does the individual have a SFL in MOBILITY? Yes No

Source: Applicant Informant Documentation Observation

Comments:

SELF-CARE

1 The individual independently eats a prepared meal including:

- A. Cutting soft Yes No
Comments: _____
- B. Lifting food Yes No
Comments: _____
- C. Chewing and Yes No
Comments: _____
- D. Completing the eating process without Yes No
Comments: _____
- E. Completing the eating process without excessive . . Yes No
Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

2 The individual toilets independently without assistance including:

- A. Anticipating the need Yes No
Comments: _____
- B. Transferring to and Yes No
Comments: _____
- C. Cleaning self Yes No
Comments: _____
- D. Completing toileting Yes No
Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

3 The individual dresses independently without assistance including:

- A. Selecting attire Yes No
Comments: _____
- B. Selecting seasonally appropriate Yes No
Comments: _____
- C. Completing buttoning and Yes No
Comments: _____

D. Putting on Yes No

Comments: _____

E. Dressing self Yes No

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

4 The individual independently and adequately cares for basic hygiene including:

A. Transferring in and Yes No

Comments: _____

B. Washing self Yes No

Comments: _____

C. Controlling faucets Yes No N/A

Comments: _____

D. Brushing teeth using Yes No

Comments: _____

E. Brushing or Yes No

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

Summary: _____

Scoring Criteria for Self-Care

One item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in SELF-CARE.

Does the individual have a SFL in SELF-CARE? [] Yes [] No

Source: [] Applicant [] Informant [] Documentation [] Observation

Comments: _____

COEDI Answer Sheet SELF-DIRECTION

1 The individual demonstrates adequate social skills to establish and maintain interpersonal relationships. During the past year, the individual (look for a consistent pattern):

A. Initiated activities with Yes No
Comments: _____

B. Maintained Yes No
Comments: _____

C. Behaved in such a way as to not cause injury Yes No
Comments: _____

D. Behaved in such a way as to not have a pattern Yes No
Comments: _____

E. Displayed adequate Yes No
Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

2 The individual makes need known for medical and dental treatment including:

A. Recognizing and communicating Yes No
Comments: _____

B. Adhering to a particular Yes No N/A
Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

3 The individual has sufficient assertiveness skills including:

A. Expressing personal Yes No
Comments: _____

B. Requesting Assistance Yes No
Comments: _____

C. Protecting self from abuse by Yes No
Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

Scoring Criteria for Self-Direction

Two items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in SELF-DIRECTION.

For **Self-Direction** ONLY, if the individual does not have the required TWO **NO** scores in **Self-Direction**, *but does have a number of cross-reference items, the rater has the authority to “override” the criterion.*

Does the individual have a SFL in SELF-DIRECTION? Yes No

Source: Applicant Informant Documentation Observation

Comments: _____

COEDI Answer Sheet CAPACITY FOR INDEPENDENT LIVING

1 The individual uses a variety of neighborhood resources including:

A. Accessing Yes No

Comments: _____

If the sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

2 The individual can be left alone without being considered at risk including:

A. Remaining alone in Yes No

Comments: _____

B. Recognizing danger Yes No

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

3 The individual obtains or prepares a snack in a familiar kitchen and is capable of cleaning up including:

A. Obtaining or preparing a simple Yes No

Comments: _____

B. Can take dirty dishes to Yes No

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

4 The individual safely participates in age-appropriate, ordinary household chores including:

A. Putting away toys or Yes No
 Comments: _____

B. Operating a microwave or Yes No N/A
 Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

Summary: _____

Scoring Criteria for Capacity for Independent Living

TWO items must have a conclusion of NO for the individual to have a Substantial Functional Limitation (SFL) in CAPACITY FOR INDEPENDENT LIVING.

Does the individual have a SFL in CAPACITY FOR INDEPENDENT LIVING?
 Yes No

Source: Applicant Informant Documentation Observation

Comments:

**COEDI Answer Sheet
LEARNING**

1 The individual comprehends the content of ordinary programs by:

A. Naming a favorite television Yes No
 Comments: _____

B. Communicating the general Yes No
 Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

2 The individual demonstrates basic money skills within TWO trials without reminders or assistance including: (use 5 quarters, 5 dimes, 4 nickels, and 5 pennies for this item)

A. Selecting 85 cents Yes No N/A

Comments: _____

B. Selecting \$1.31 Yes No N/A

Comments: _____

C. Counting out a Yes No N/A

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

3 The individual demonstrates time telling skills without assistance by:

A. Telling time to the nearest Yes No N/A

Comments: _____

B. Telling the time of at least TWO Yes No N/A

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Score NOT APPLICABLE if the individual is under age 7.

Conclusion for this item: Yes No

4 The individual provides the following items of personal history without reminders or assistance: (he/she may give you the information orally, in writing, by signing or by identifying the sub-item on an identification card)

A. Name. Yes No

Comments: _____

B. Date of Yes No

Comments: _____

C. Place of Yes No

Comments: _____

D. Address Yes No

Comments: _____

E. Telephone Yes No

Comments: _____

F. Education Yes No

Comments: _____

G. Nature of disabling Yes No

Comments: _____

In Item 4, conclusion varies by age: for children between the ages of 6 and 8, **SIX** sub-items marked **NO** require a **NO** conclusion; for children between the ages of 9 and 11, **FIVE** sub-items marked **NO** require a **NO** conclusion; for children age 12 and over, **FOUR** sub-items marked **NO** require a **NO** conclusion

Conclusion for this item: Yes No

5 Age 9 and above: the individual reads the document attached to this instrument and understands the content including:

A. Did the individual read the Yes No N/A
 Comments: _____

B. Did the individual correctly answer at least Yes No N/A
 Comments: _____

1. Who did the woman save? Yes No
 Comments: _____

2. Where was the boy playing? Yes No
 Comments: _____

3. Who was he playing with? Yes No
 Comments: _____

4. What did the dog do? Yes No
 Comments: _____

5. What did the little boy do? Yes No
 Comments: _____

6. What was the little boy wearing? Yes No
 Comments: _____

7. What happened to the boots? Yes No
 Comments: _____

8. How did the little boy almost drown? Yes No
 Comments: _____

In Item 5 above, if EITHER A or B are marked **NO**, then the item must have a conclusion of **NO**. Conclusion for this item: Yes No

Summary: _____

Scoring Criteria for Learning

For children *age 8 and under*, **ONE** item must have a Conclusion of **no** for the individual to have a substantial functional limitation in **Learning**;

For children *age 9 and over*, **TWO** items must have a Conclusion of **no** for the individual to have a substantial functional limitation in **Learning**.

Does the individual have a SFL in LEARNING? [] Yes [] No

Source: [] Applicant [] Informant [] Documentation [] Observation

Comments: _____

COEDI Answer Sheet Receptive and Expressive Language

1 The individual understands the content of ordinary spoken conversations in his/her primary language including:

A. Understanding interviewer's Yes No

Comments: _____

If the sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

2 The individual communicates with others unfamiliar to him/her without assistance including:

A. The individual can be understood Yes No

Comments: _____

B. Answering questions relevantly Yes No

Comments: _____

If ONE sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

3 The individual prints, writes or types a simple message by:

A. Printing, writing or typing Yes No

Comments: _____

If the sub-item is marked **NO**, then the item must have a conclusion of **NO**.

Conclusion for this item: Yes No

Summary: _____

Scoring Criteria for Receptive and Expressive Language

ONE item must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in RECEPTIVE AND EXPRESSIVE LANGUAGE.

Does the individual have a SFL in RECEPTIVE AND EXPRESSIVE LANGUAGE?

Yes No

Source: Applicant Informant Documentation Observation

Comments: _____

