

OEDI Answer Sheet

OEDI APPLICANT INFORMATION

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

Date services requested: _____

Date qualifying diagnosis verified: _____

Dates OEDI administered: _____

Location administered: School Home Office Other: _____

Name of Informants:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

EVALUATOR INFORMATION

Name: _____ County: _____

Business Address: _____

Signature/Title of Evaluator: _____ Date: _____

**OEDI Answer Sheet
MOBILITY**

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

- A. Using stairs Yes No
Comments: _____
- B. Navigating environmental Yes No
Comments: _____
- C. Possessing strength. Yes No
Comments: _____
- D. Entering and exiting Yes No
Comments: _____
- E. Crossing streets Yes No
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: _____

OEDI Answer Sheet SELF-CARE

1 The individual independently eats a prepared meal including:

- A. Cutting food Yes No
Comments: _____
- B. Lifting food Yes No
Comments: _____
- C. Chewing and Yes No
Comments: _____
- D. Completing process without Yes No
Comments: _____
- E. Completing the eating 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 water faucets Yes No
Comments:_____
- D. Brushing teeth using Yes No
Comments:_____
- E. Brushing or Yes No
Comments:_____
- F. Shaving Yes No NA
Comments:_____
- G. Women: Independently Yes No NA
Comments:_____

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

Conclusion for this item: Yes No

5 The individual self-medicates on-going prescriptions without assistance including:

A. Opening and closing. Yes No NA
Comments: _____

B. Consistently obtaining Yes No NA
Comments: _____

C. Swallowing without Yes No NA
Comments: _____

D. Taking the medication as Yes No NA
Comments: _____

FOR PRESCRIBED INJECTIONS

E. Following sterile procedures and Yes No NA
Comments: _____

F. Consistently obtaining Yes No NA
Comments: _____

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

Conclusion for this item: Yes No NA

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: _____

OEDI 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 Yes No
Comments: _____
- B. Maintained Yes No
Comments: _____
- C. Behaved in such a Yes No
Comments: _____
- D. Behaved in such a 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 eats adequately to avoid health problems including:

- A. Deciding when Yes No
Comments: _____
- B. Deciding what Yes No
Comments: _____
- C. Adhering to a particular Yes No NA
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 arranges medical and dental treatment including:

- A. Recognizing and communicating Yes No
Comments: _____

B. Knowing whom 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 has sufficient assertiveness skills, including:

A. Expressing personal Yes No
Comments: _____

B. Requesting assistance Yes No
Comments: _____

C. Protecting self from 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

5 The individual makes independent decisions regarding daily activities including:

A. Deciding what Yes No
Comments: _____

B. Adequately following Yes No
Comments: _____

C. Understanding the cause. Yes No
Comments: _____

D. Changing future 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: _____

OEDI Answer Sheet
CAPACITY FOR INDEPENDENT LIVING

1 The individual uses a variety of community resources to meet basic needs necessary for independent living without assistance as compared to same age peers including:

A. Purchasing the items 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. Being left alone Yes No

Comments: _____

B. Recognizing and obtaining 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 prepares simple meals in a familiar kitchen and cleans up without assistance including:

A. Preparing sandwiches, microwave Yes No

Comments: _____

B. Cleaning up after meals and 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 operates ordinary household equipment without assistance including:

A. Operating an oven, range or Yes No

Comments: _____

B. Operating a vacuum cleaner or Yes No

Comments: _____

C. Operating a clothes washer and 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 Capacity for Independent Living

TWO items must have a conclusion of **NO** for the individual to 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: _____

OEDI Answer Sheet LEARNING

1 The individual comprehends the content of ordinary TV, radio, movies or video game programming including:

A. Naming a favorite 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 assistance including (use 5 quarters, 5 dimes, 4 nickels and 5 pennies for this item):

A. Selecting 85 cents Yes No

Comments: _____

B. Counting out a Yes No

Comments: _____

- C. Selecting \$1.31 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 demonstrates time telling skills without assistance including:

- A. Telling time to the nearest Yes No

Comments: _____

- B. Telling the time of at least TWO 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 provides the following items of personal history without assistance (the individual 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. Social Security Yes No

Comments: _____

- G. Education or Yes No

Comments: _____

- H. Nature of Yes No

Comments: _____

In Item 4 above, if FIVE OR MORE sub-items are marked **NO**, then this item must have a conclusion of **NO**.

Conclusion for this item: Yes No

5 The individual reads the document attached to this instrument and understands the content including:

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

B. Did the individual correctly answer at least Yes No
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

TWO items must have a conclusion of **NO** for the individual to have a Substantial Functional Limitation (SFL) in LEARNING.

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

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

Comments: _____

**OEDI Answer Sheet
 ECONOMIC SELF-SUFFICIENCY**

1 The individual directs and has an understanding of managing his/her funds including:

A. Budgeting money adequately for 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 communicates the reason for working including:

A. Describing the reason for Yes No
 Comments: _____

B. Describing vocational Yes No
 Comments: _____

C. Describing some skills necessary for 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 demonstrates the general requirements of maintaining community employment without assistance including:

A. Promptness Yes No
Comments:_____

B. Regular attendance Yes No
Comments:_____

C. AGE 22 AND ABOVE: Producing at a reasonable Yes No NA
Comments:_____

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

Conclusion for this item: Yes No

Summary:_____

<p>Scoring Criteria for Economic Self-Sufficiency</p> <p>TWO items must have a conclusion of NO for the individual to have a <u>S</u>ubstantial <u>F</u>unctional <u>L</u>imitation (SFL) in ECONOMIC SELF-SUFFICIENCY.</p> <p>Does the individual have a SFL in ECONOMIC SELF-SUFFICIENCY? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No</p> <p>Source: [<input type="checkbox"/>] Applicant [<input type="checkbox"/>] Informant [<input type="checkbox"/>] Documentation [<input type="checkbox"/>] Observation</p> <p>Comments:_____</p>

**OEDI 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 THIS 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 by Yes No
Comments:_____

B. Answering questions relevantly and 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 without assistance including:

A. Printing, writing or typing a 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 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:_____

