

NAME: _____

Date: _____

OPTIMAL Assessment Form

Choose ONE level of difficulty for each activity:

ACTIVITY	ABLE WITH NO DIFFICULTY	ABLE WITH LITTLE DIFFICULTY	ABLE WITH MODERATE DIFFICULTY	ABLE WITH MUCH DIFFICULTY	UNABLE	NOT APPLICABLE
1. Lying flat	1	2	3	4	5	0
2. Rolling over	1	2	3	4	5	0
3. Moving-lying to sitting	1	2	3	4	5	0
4. Sitting	1	2	3	4	5	0
5. Squatting	1	2	3	4	5	0
6. Bending/Stooping	1	2	3	4	5	0
7. Balancing	1	2	3	4	5	0
8. Kneeling	1	2	3	4	5	0
9. Walking-short distance	1	2	3	4	5	0
10. Walking-long distance	1	2	3	4	5	0
11. Walking-outdoors	1	2	3	4	5	0
12. Climbing stairs	1	2	3	4	5	0
13. Hopping	1	2	3	4	5	0
14. Jumping	1	2	3	4	5	0
15. Running	1	2	3	4	5	0
16. Pushing	1	2	3	4	5	0
17. Pulling	1	2	3	4	5	0
18. Reaching	1	2	3	4	5	0
19. Grasping	1	2	3	4	5	0
20. Lifting	1	2	3	4	5	0
21. Carrying	1	2	3	4	5	0