**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: _____**

FEAST: Frequency, Effort, Adequacy, Safety, Time
Refer to C/OEDI User Guide

## COEDI Answer Sheet
## 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: _____

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### 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:

## COEDI Answer Sheet
## 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: _____

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**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.** Adhering to a particular diet. . . . . ☐ 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

**4 The individual makes independent decisions regarding daily activities including:**

**A.** Deciding what to . . . . . ☐ Yes ☐ No
Comments: _____

**B.** Requesting Assistance. . . . . ☐ 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: _____

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Cross Reference (use the following space to document problems related to Self-Direction which were noted in the other five life activity areas): ☐ Yes ☐ No

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### 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: _____

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**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:
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## 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 <u>within TWO trials without reminders or assistance including</u>: (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, 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 <u>Age 9 and above</u>: 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: _____

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## 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: _____

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**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: _____

**WRITING SAMPLE**