

Participant's GMFCS Level: _____

Inventory List of Goals

Body Structure / Function	Activity	Participation
<input type="checkbox"/> Tone Range of Motion <input type="checkbox"/> Legs <ul style="list-style-type: none"> <input type="checkbox"/> Hip <input type="checkbox"/> Knees <input type="checkbox"/> Ankles <input type="checkbox"/> Arms <ul style="list-style-type: none"> <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Fingers <input type="checkbox"/> Drooling <input type="checkbox"/> Pain <input type="checkbox"/> Bone Health	<input type="checkbox"/> Mobility <ul style="list-style-type: none"> <input type="checkbox"/> Walking <input type="checkbox"/> Standing <input type="checkbox"/> Transfers <input type="checkbox"/> Dressing <ul style="list-style-type: none"> <input type="checkbox"/> Shoes and socks <input type="checkbox"/> Time taken for dressing <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene <ul style="list-style-type: none"> <input type="checkbox"/> By patient <input type="checkbox"/> By care provider <input type="checkbox"/> Exercise tolerance <input type="checkbox"/> Manipulating switches <input type="checkbox"/> Hand function <input type="checkbox"/> Tolerating Braces	<input type="checkbox"/> Use of equipment <ul style="list-style-type: none"> <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Being able to participate and compete <ul style="list-style-type: none"> <input type="checkbox"/> e.g. wheelchair sports