



**A Guide to What You Need to Know to  
Maintain Regional Center Eligibility and Services**  
*Understanding the Client Development Evaluation Report (CDER)  
Diagnostic & Evaluation Elements*

As your loved one’s primary caregiver, you are also their primary advocate. We know your goal is to obtain the supports and services your loved one and your family need to live your best lives. PWCF’s goal is to help you do just that.

This Guide is designed to provide you with the information you need to understand the documents your Regional Center uses to evaluate your loved one’s eligibility and determine the supports and services he or she is eligible to receive.

***Why Do I Need to Understand  
My Loved One’s CDER?***

**Because if you don’t understand the CDER and you respond to questions without fully understanding their *intent*, you may jeopardize your loved one’s Regional Center eligibility, supports, and services which will then affect other State and Federal supports and services including In-Home Support Services, Protective Supervision, and Social Security benefits.**

You may not have heard its name before, but every Individual Program Plan (IPP) contains an internal document called the **Client Development Evaluation Report (CDER)** that holds an *enormous* amount of information about your loved one. **Regional Center eligibility and services are based on a *combination* of the IPP *and* the CDER so it’s *critical* to get right.**

***What Should I Do Next  
to Update My Loved One’s CDER?***

1. Review this Guide and watch the Video *Regional Center Eligibility: What You Need to Know to Keep Eligibility and Services*
2. Follow the steps on Page 2 to request a copy of your loved one’s CDER
3. Review your loved one’s CDER to make sure it contains:
  - a. the correct ICD diagnosis code for PWS
  - b. an accurate reflection of your loved one’s symptoms and behavior
4. If you believe the CDER does not accurately reflect your loved one’s symptoms and behavior, contact your caseworker, share a more accurate description of symptoms and behavior, and ask that the CDER be updated to reflect these changes.
5. Review the updated CDER for accuracy
6. Contact PWCF if you need any help!

## How Do I Request a Copy of My Loved One's CDER?

**If your loved one is over age 3 Years** (*especially if not receiving any services yet!*):

1. Contact your Regional Center caseworker, preferably by email.
2. In your email subject line write, "CDER Update Request"
3. In the body of your email write, "Please have *insert name of your loved one* CDER updated to reflect the diagnosis of Prader-Willi syndrome Q87.11. I believe you already have a copy of the Genetics Report or Medical Record that contains the PWS diagnosis OR I have attached a copy of the Genetics Report or Medical Record that contains the PWS diagnosis. Please email me a copy of the corrected CDER, including the Evaluation Element. I have copied PWCF so they can help us with this process if necessary."
4. Copy PWCF [info@pwcf.org](mailto:info@pwcf.org) with your email request so that we can follow-up with you and help you advocate if necessary.
5. Inform PWCF when you receive a copy of the corrected CDER.

*\*If your loved one is diagnosed with "PWS-like" use code with Q87.19*

**If your loved one is under age 3 Years:**

- 1) Contact your Regional Center caseworker, preferably by email.
1. In your email subject line write, "ESR Update Request"
2. In the body of your email write, "Please have *insert name of your loved one* Early Start Report (ESR) updated to reflect the diagnosis of Prader-Willi syndrome Q87.11\*. I believe you already have a copy of the Genetics Report or Medical Record that contains the PWS diagnosis OR I have attached a copy of the Genetics Report or Medical Record that contains the PWS diagnosis. Please email me a copy of the corrected ESR, including the Evaluation Element. I have copied PWCF so they can help us with this process if necessary."
3. Copy PWCF [info@pwcf.org](mailto:info@pwcf.org) with your email request so that we can follow-up and help you advocate if necessary.
4. Inform PWCF when you receive a copy of the corrected ESR.

*\*If your loved one is diagnosed with "PWS-like" use code with Q87.19*

**If you do not have a Genetics Report or a Medical Record that contains the PWS diagnosis:**

Download the [Physician's Note](#) from PWCF's website. Fill it out and ask your physician to review and sign it. This document may help serve as a Medical Record to submit to your Regional Center caseworker.

For more information or support contact  
Prader-Willi California Foundation | 800-400-9994 | [info@pwcf.org](mailto:info@pwcf.org)

**Understanding the Client Development Evaluation  
Report (CDER) Diagnostic & Evaluation Elements**

You may have never heard of a CDER before, but everyone who receives Regional Center services has one. In fact, the CDER helps determine whether your loved one is even *eligible* to receive Regional Center services. ***If the CDER does not reflect a minimum number of skills deficits, the individual will not retain eligibility and may also lose other State and Federal supports and services including In-Home Support Services, Protective Supervision, and Social Security benefits.***

**This Guide will help you understand what you need to know to maintain Regional Center eligibility.**

Regional Centers are required by the Department of Developmental Services to collect information about individuals to assess whether they are eligible to receive or continue to receive services. This information is “coded” in a document called the Client Development Evaluation Report or CDER, and is a part of every Individual Program Plan (IPP). **Eligibility and services are determined by both the IPP and the CDER, therefore an accurate CDER is critical to get right!**

The CDER is divided into two major sections: The **Diagnostic Element** and the **Evaluation Element**. The **Diagnostic Element** contains information pertaining to the individual’s developmental disability, mental disorders, risk factors, major medical conditions, behavior modifying drugs, special health care requirements, and other special conditions. The **Evaluation Element** covers information relating to the individual’s physical movements, independent living, social, emotional, cognitive, and communication skills.

A CDER is completed for persons age three years and older (a similar Early Start Report is completed for infants and toddlers). A CDER must be completed or updated at the time the Individual Program Plan (IPP) is developed. A new IPP and updated CDER are required at least once every three years and should be updated whenever there is a significant change in the person’s physical or mental capabilities.

Throughout the IPP meeting your caseworker will ask you about your loved one’s progress and challenges. Your responses will be interpreted and incorporated into the Evaluation Element by use of a numerical “code” that

represents your loved one’s level of ability for each of twenty skills. **The information you share must be truthful as well as *capture the most accurate description of your loved one’s level of skill in tasks necessary for daily living.***

It is critical that you understand each of the Evaluation Element’s twenty assessment skills, and equally vital that you understand the *underlying intent* of questions asked by your caseworker because they are often *different* from your understanding of the meaning of the question. **If you answer questions without fully understanding their *intent*, you may jeopardize your loved one’s supports and services and even their Regional Center eligibility, which will then affect other State and Federal supports and services.** For example, if asked whether your loved one can dress him or herself, you may answer “Yes” because your loved one can put on their own underwear, shirt, and pants. The caseworker will then code a “5” which represents the highest skill ability. However, the *intent* of the question includes whether your loved one has the *ability to choose clothing that is appropriate for the weather*. If your loved one *cannot* choose weather-appropriate clothing, or remove a jacket if it becomes too hot, or put on a jacket if it becomes too cold, then the code should be *less* than “5”. Evaluation Elements that contain too many “5” codes will jeopardize eligibility because it will appear that the individual does not meet the criteria for disability. **It is *critical*, therefore, that symptoms and behaviors are accurately reflected in the Evaluation Element.** Be sure you receive a copy of your updated IPP and CDER after every meeting and immediately and carefully read the report and request, in writing in an email, any corrections or clarifications that should be made.

As parents we are proud of the wonderful qualities in our loved one and want others to know about their best qualities too, but this is *not* the time to paint a “rosy” picture of your loved one’s skills nor the time to downplay the amount or type of supports your loved one needs. Never forget that **the information you share with your caseworker is *extremely* important to your loved one’s Regional Center eligibility status and their access to other State and Federal benefits.**



For more information or support contact  
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**A Guide to Understanding What You Need to Know to  
Maintain Regional Center Eligibility**

**The Client Development Evaluation Report (CDER)  
Diagnostic & Evaluation Elements**

**Things to Know and Terms to Understand**

**You are allowed to speak with your caseworker without your loved one present** if speaking honestly in your loved one's presence will cause upset or unwanted behaviors.

**Your caseworker is instructed not to read the Evaluation Element questions** but rather to use their own words to request the information they need in order to complete the Evaluation Element. **If you are not queried or asked about** something you know is a **skills deficit** on the Evaluation Element, **you should proactively share the information with your caseworker.**

The questions your caseworker asks are designed to **assess your loved one's level of skill in tasks necessary for daily life that are displayed most often during the past 6 months.**

**If two adjacent answer apply** and they describe patterns that have been observed equally often, **the caseworker is instructed to choose the higher level of performance.** The caseworker is instructed that behaviors during previous periods should not be considered.

**Familiar settings** refers to your residence, the child's school, the adult's day program, work site, or other settings your loved one frequents on a routine basis. All other situations are considered to be **unfamiliar.**

The term **assistance** refers to help given to your loved one who is performing a task mostly on his/her own. **Supervision** applies to situations in which your loved one performs a task independently, but someone must check to make sure it is done correctly.

For more information about the **Department of Developmental Services' CDER** go to:  
<https://www.dds.ca.gov/transparency/cder/>

For more information about the **CDER Diagnostic Element** go to:  
[https://www.dds.ca.gov/wp-content/uploads/2019/02/CDERManual\\_DiagnosticElement.pdf](https://www.dds.ca.gov/wp-content/uploads/2019/02/CDERManual_DiagnosticElement.pdf)

For more information about the **CDER Evaluation Element** go to:  
[https://www.dds.ca.gov/wp-content/uploads/2019/02/CDERManual\\_EvaluationElement.pdf](https://www.dds.ca.gov/wp-content/uploads/2019/02/CDERManual_EvaluationElement.pdf)

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**CDER Diagnostic Element:**

Contains information pertaining to the individual’s developmental disability, mental disorders, risk factors, major medical conditions, hearing and vision impairments, behavior modifying drugs, special health care requirements, and other special conditions.

**Common PWS Symptom Diagnoses:**

Diagnosis Name	ICD-10-CM Diagnostic Code
Prader-Willi syndrome	Q87.11
Prader-Willi Like syndrome	Q87.19

**CDER Evaluation Element:**

Covers information relating to the individual’s physical movements, independent living, social, emotional, cognitive, and communication skills.

Evaluation Element #	Element Codes	Consider for PWS
<b>#1 Using Hands</b>	1 = Does not use either hand 2 = Grasps objects with one hand 3 = Grasps objects with both hands 4 = Uses fingers of one hand to manipulate objects 5 = Uses fingers of both hands to manipulate objects	<ul style="list-style-type: none"> <li>❖ Most children with PWS will be coded as a "5" by school age.</li> <li>❖ Report a CDER update if accident or injury causes regression.</li> </ul>
<b>#2 Walking</b>	1 = Cannot walk 2 = Walks with support 3 = Walks alone at least ten (10) feet, but is unsteady 4 = Walks alone at least twenty (20) feet, but is unsteady 5 = Walks alone at least twenty (20) feet with good balance	Consider your loved one’s muscle tone, balance, and depth perception as you evaluate this element. If the individual exhibits any of the following the code shouldn’t be a “5”. <ul style="list-style-type: none"> <li>❖ Does the individual trip or fall? Does your loved reach for your hand to keep steady?</li> <li>❖ Can the individual walk independently and safely on uneven pavement, or walk up and down curbs independently?</li> <li>❖ If the individual’s strength or stamina decrease over the course of the day causing them to trip or fall?</li> <li>❖ When the individual loses their balance, can they correct themselves, or do they fall?</li> <li>❖ Does the individual have difficulties with depth perception that contributes to falls?</li> </ul>

<b>#3 - Using a Wheelchair</b>	1 = Sits in manual or motorized wheelchair, but cannot move it 2 = Uses manual or motorized wheelchair, but needs assistance 3 = Uses manual or motorized wheelchair independently, but has difficulty steering 4 = Uses manual or motorized wheelchair independently and smoothly in some situations 5 = Uses manual or motorized wheelchair independently and smoothly in nearly all situations	<ul style="list-style-type: none"> <li>❖ "Question does not apply" for many with PWS.</li> <li>❖ If applicable: review this coding each year to ensure it best represents your loved one's current ability.</li> </ul>
<b>#4 Taking Prescription Medication</b>	1 = Requires assistance to take medication 2 = Takes medication with supervision 3 = Takes medication when reminded 4 = Usually takes medication without reminders 5 = Always takes medication without reminders	It is critical to reflect the need for direct assistance with all medications, supplements, <i>and</i> vitamins. While varying levels of hyperphagia are present for persons with PWS, most should be coded as a "1" or a "2" on this CDER Element <ul style="list-style-type: none"> <li>❖ If you unlock medications, supplements, or vitamins, open the child-proof lid, administer medications, including growth hormone, directly for your loved one's safety, "1" is most accurate CDER code.</li> <li>❖ Hyperphagia can extend to seeking and overdosing on medication, supplements, or vitamins.</li> <li>❖ Report your child/adult's unique needs due to PWS</li> </ul>
<b>#5 Eating</b>	1 = Does not feed self; must be fed completely 2 = Eats with fingers with assistance 3 = Eats with fingers without assistance 4 = Eats with at least one utensil, with spillage 5 = Eats with at least one utensil, without spillage	Make sure all of your food security protocols are documented in your IPP. It is important to document the medical necessity for locks on refrigerator, cupboards, alarms on kitchens, locking trash bins, etc. The Physician's Note can help document. <ul style="list-style-type: none"> <li>❖ Younger children will move through "1", "2" and "3"</li> <li>❖ Most older children will be correctly coded as "4" or "5" based on their current skills.</li> <li>❖ Report if illness or accident causes a long-term regression.</li> </ul>
<b>#6 Toileting</b>	1 = Not toilet or habit trained 2 = Habit trained only (toilets at preset intervals) 3 = Toilets when prompted 4 = Toilets without prompting, but needs assistance 5 = Toilets independently; does not require assistance	If your individual exhibits any of the following, code should be less than "5". <ul style="list-style-type: none"> <li>❖ Medical setbacks with independence during toileting such as bouts of constipation or gastroparesis?</li> <li>❖ Does child/adult wipe completely after bowel movements?</li> <li>❖ Flush consistently?</li> <li>❖ Does child/adult play with or smear feces?</li> <li>❖ Rectal picking and/or need for direct supervision in bathroom?</li> </ul>

		<ul style="list-style-type: none"> <li>❖ Does menstruation change the level of prompting or assistance needed?</li> <li>❖ Does the individual have “accidents” during behavior outbursts?</li> </ul>
<b>#7 Bladder and Bowel Control</b>	<p>1 = No control of either bladder or bowel</p> <p>2 = Wetting and/or soiling occur at least once a week during waking hours</p> <p>3 = Wetting and/or soiling occur at least once a week at night</p> <p>4 = Wetting and/or soiling occur no more than once a month</p> <p>5 = Complete control of bladder and bowel</p>	<ul style="list-style-type: none"> <li>❖ Does illness, constipation, GI distress or anxiety cause a change in bladder and bowel control?</li> </ul>
<b>#8 Personal Care</b>	<p>1 = Does not perform or assist with personal care activities</p> <p>2 = Assists with personal care activities by performing helpful movements</p> <p>3 = Performs personal care activities, but needs assistance</p> <p>4 = Performs personal care activities independently when reminded</p> <p>5 = Performs personal care activities independently without reminders</p>	<p>If your individual exhibits any of the following, code should be less than “5”.</p> <ul style="list-style-type: none"> <li>❖ What part can they partially complete and what help is needed to finish? For example: <ul style="list-style-type: none"> <li>- Child/adult rubs on shampoo but can’t scrub scalp or rinse thoroughly.</li> <li>- Child/adult brushes front teeth but struggles to brush inside or back molars.</li> </ul> </li> <li>❖ If edible or non-edible personal care supplies (toothpaste, mouthwash, shampoo, etc.) require locking.</li> <li>❖ If child/adult cannot adjust water temperature appropriately (can’t tell if water is too hot).</li> <li>❖ If tasks can be completed BUT safety issues require assistance or supervision.</li> </ul>
<b>#9 Dressing</b>	<p>1 = Does not dress self</p> <p>2 = Assists with dressing by performing helpful movements</p> <p>3 = Dresses self, but needs assistance</p> <p>4 = Dresses self independently, but needs reminders to complete</p> <p>5 = Dresses self independently without reminders</p>	<p>If your individual exhibits any of the following, code should be less than “5”.</p> <ul style="list-style-type: none"> <li>❖ Have you made modifications to your child/adult’s wardrobe: elastic waistbands, Velcro closures?</li> <li>❖ Is clothing put on backwards and/or inside out? Do you need to provide verbal prompts or physical assistance on a regular basis?</li> <li>❖ Does your child/adult choose clothing appropriate to the weather? AND adjust as temps change through the day?</li> </ul>
<b>#10 Safety Awareness</b>	<p>1= Requires constant supervision during waking hours to prevent injury/harm in all settings</p> <p>2 = Requires someone nearby during waking hours to prevent injury/harm in all settings</p> <p>3 = Requires constant supervision to prevent injury/harm in unfamiliar settings only</p> <p>4 = Requires someone nearby to avoid injury/harm in unfamiliar settings only</p>	<p>Safety Awareness deficits are inherent in the diagnosis of PWS. Persons with PWS should be coded as a “1” or “2” in this area.</p> <ul style="list-style-type: none"> <li>❖ Hyperphagia: It is <i>critical</i> that your service coordinator understand how food-seeking behaviors can quickly endanger physical safety.</li> <li>❖ Anxiety: Does safety awareness decline during times of anxiety and stress?</li> <li>❖ Poor judgement: Does not look both ways before crossing street; believes <i>everything</i></li> </ul>

	5 = Does not require supervision to prevent injury/harm	<p>on internet; naïve, vulnerable to ill intent of others; no awareness of “stranger danger”.</p> <ul style="list-style-type: none"> <li>❖ Slower processing skills: Unable to quickly and accurately assess environment and people.</li> <li>❖ Not able to safely manage self in an emergency situation (fire, earthquake, civil unrest).</li> </ul>
<b>#11 Focusing on Tasks and Activities</b>	<p>1 = Focuses on a preferred task or activity for less than 1 minute</p> <p>2 = Focuses on a preferred task or activity for between 1 and 5 minutes</p> <p>3 = Focuses on a preferred task or activity for between 5 and 15 minutes</p> <p>4 = Focuses on a preferred task or activity for between 15 and 30 minutes</p> <p>5 = Focuses on a preferred task or activity for more than 30 minutes</p>	<ul style="list-style-type: none"> <li>❖ Think about tasks that take direct attention and require some cognitive engagement such as reading, art projects, simple chores, homework, etc. Does <i>not</i> include passive TV viewing. Coding should reflect attention span for “required” tasks and activities.</li> <li>❖ Focus may be intense for one highly preferred activity such as puzzles, crosswords, or video games and minimal for all others... explain this gap to the service coordinator.</li> </ul>
<b>#12 Verbal Communication</b>	<p>1 = Does not use words to communicate</p> <p>2 = Uses words to communicate, but speech is not easily understood by strangers</p> <p>3 = Uses simple statements of one or two words (e.g. “I go” or “Give me”)</p> <p>4 = Uses sentences of three words or more and has a limited vocabulary (30 words or less)</p> <p>5 = Uses sentences of three words or more and has a vocabulary of more than 30 words</p>	<p>If your individual exhibits any of the following, code should be less than “5”.</p> <ul style="list-style-type: none"> <li>❖ Are there articulation issues that interfere with others’ understanding?</li> <li>❖ Does verbal ability decline in new or stressful situations?</li> <li>❖ Inappropriate communication such as engaging strangers should be reported under “safety awareness”.</li> </ul>
<b>#13 Nonverbal Communication</b>	<p>1 = Does not use signals, gestures, or signs to communicate</p> <p>2 = Communicates through movement, smiling, making eye contact, etc.</p> <p>3 = Communicates through simple gestures such as pointing, shaking head, or leading by the hand</p> <p>4 = Uses signs/gestures and facial expressions to communicate, but does not understand those of other people</p> <p>5 = Uses and understands signs/gestures and facial expressions in communication</p>	<ul style="list-style-type: none"> <li>❖ Most persons with PWS have great difficulty understanding non-verbal communications such as understanding others’ facial expressions, body language, etc. Share this information with your service coordinator so that it can be properly noted in the IPP.</li> <li>❖ Do the individual’s deficits in nonverbal communication skills place them in danger in social interactions?</li> <li>❖ If your child/adult is verbal, “does not apply” can be selected for this element.</li> </ul>
<b>#14 Social Interaction</b>	<p>1 = Does not engage in interaction with others</p> <p>2 = Does not initiate interaction with others</p> <p>3 = Initiates interactions with others</p> <p>4 = Initiates and maintains interactions in familiar situations/settings</p>	<p>If your individual exhibits any of the following, code should be less than “5”.</p> <ul style="list-style-type: none"> <li>❖ Does your child/adult initiate AND maintain appropriate social interactions?</li> <li>❖ Does the individual give unsolicited advice to strangers?</li> <li>❖ Is the individual inappropriately demanding?</li> </ul>

	5 = Initiates and maintains interactions in familiar and unfamiliar situations/settings	<ul style="list-style-type: none"> <li>❖ Is the initiation of social interaction appropriate?</li> <li>❖ Does the individual engage in physical touch with strangers?</li> <li>❖ Is your child/adult's communication a monologue instead of a two-way dialogue?</li> </ul>
<b>#15 Disruptive Social Behavior</b>	<p>1 = Disruptive behavior interferes with social participation almost every day</p> <p>2 = Disruptive behavior interferes with social participation at least once a week, but not every day</p> <p>3 = Disruptive behavior interferes with social participation at least once a month, but not every week</p> <p>4 = Disruptive behavior interferes with social participation less than once a month</p> <p>5 = Disruptive behavior never occurs</p>	<p>If your individual exhibits any of the following, code should be less than "5".</p> <ul style="list-style-type: none"> <li>❖ Do any behaviors negatively impact social participation including tantrums, meltdowns, refusal behaviors, skin picking, AWOL behaviors, etc.</li> <li>❖ Do negative behaviors occur in different settings including home, school, after-school program, day program, work program, restaurants, parties and social events or gatherings?</li> </ul>
<b>#16 Aggressive Social Behavior</b>	<p>1 = Physical aggression resulting in injury occurred more than one time within the past 12 months</p> <p>2 = Physical aggression resulting in injury occurred one time within the past 12 months.</p> <p>3 = The consumer has not caused injury within the past 12 months, but physical aggression occurs once a month or more</p> <p>4 = The consumer has not caused injury within the past 12 months, but physical aggression occurs less than once a month</p> <p>5 = Physical aggression never occurs</p>	<ul style="list-style-type: none"> <li>❖ Behaviors cause harm or potential to harm others</li> <li>❖ Hitting, kicking, biting, pushing others, spitting, throwing objects, pulling clothing or hair</li> <li>❖ Frequency is important to report for a correct CDER coding. If behaviors spike during some months and are quiet during others, give your service coordinator an average over the past year for the most accurate coding.</li> <li>❖ If individual is taking medication to reduce aggressive behavior make sure this is noted in the "Notes" section.</li> </ul>
<b>#17 Self Injurious Behaviors</b>	<p>1 = Self-injurious behavior causes injury requiring first aid or medical care almost every day</p> <p>2 = Self-injurious behavior causes injury requiring first aid or medical care at least once a week, but not every day</p> <p>3 = Self-injurious behavior causes injury requiring first aid or medical care at least once a month, but not every week</p> <p>4 = Self-injurious behavior occurs, but no apparent injury occurs</p> <p>5 = Self-injurious behavior never occurs</p>	<ul style="list-style-type: none"> <li>❖ Skin picking, fingernail biting or pulling</li> <li>❖ Biting, scratching, hitting self</li> <li>❖ Head banging</li> <li>❖ Rectal or vaginal picking</li> <li>❖ Inserting objects into body orifices</li> <li>❖ First Aide includes using a band-aide, bandages, wearing gloves or special clothing to prevent picking, etc.</li> </ul>
<b>#18 Destruction of Property</b>	<p>1 = Has caused major damage (requiring replacement and/or substantial repair of object) more than once within the past 12 months</p> <p>2 = Has caused major damage (requiring replacement and/or substantial repair</p>	<ul style="list-style-type: none"> <li>❖ Intentional destruction of property belonging to self or others.</li> <li>❖ This includes destruction of property that occurs during a tantrum or meltdown.</li> <li>❖ \$25 dollars in damage or more</li> </ul>

	<p>of object) once within the past 12 months</p> <p>3 = Has caused minor damage (requiring little or no repair of object) more than once within the past 12 months</p> <p>4 = Has caused minor damage (requiring little or no repair of object) once during the past 12 months</p> <p>5 = Intentional destruction of property never occurs</p>	
<b>#19 Running or Wandering Away</b>	<p>1 = Running/wandering away occurs or is attempted almost every day</p> <p>2 = Running/wandering away occurs or is attempted at least once a week, but not every day</p> <p>3 = Running/wandering away occurs or is attempted at least once a month, but not every week</p> <p>4 = Running/wandering away occurs or is attempted less than once a month</p> <p>5 = Running/wandering away never occurs</p>	<p>If your individual exhibits any of the following, code should be less than "5".</p> <ul style="list-style-type: none"> <li>❖ Leaving without permission and/or needed supervision including: <ul style="list-style-type: none"> <li>- <b>Food-seeking behaviors or episodes</b> <ul style="list-style-type: none"> <li>- Avoiding tasks or activities</li> <li>- Daydreaming and wandering away or getting left behind</li> </ul> </li> </ul> </li> <li>❖ Are locks or alarms needed or installed?</li> <li>❖ Intentionality or reason for running/wandering away does not matter</li> </ul>
<b>#20 Emotional Outbursts</b>	<p>1 = Outbursts occur at least once a week and usually require intervention</p> <p>2 = Outbursts occur at least once a week, but do not typically require intervention</p> <p>3 = Outbursts occur less than once a week and usually require intervention</p> <p>4 = Outbursts occur less than once a week, but do not typically require intervention</p> <p>5 = Emotional outbursts never occur</p>	<ul style="list-style-type: none"> <li>❖ Sustained display of negativity or maladaptive behavior outburst related to frustration, anger, disappointment, or fear</li> <li>❖ How often do behavior outbursts occur if there are disruptions to the routine or schedule?</li> <li>❖ How often do behavior outbursts occur if there are disruptions to the food plan, e.g., timing of meal, type of food, etc.</li> <li>❖ "Intervention" includes <i>anything</i> you or other care providers need to do to help the child/adult calm or progress through the behavior outburst.</li> </ul>

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