

DEPARTMENT OF TRANSPORTATION**Coast Guard****[CGD 97-058]****Towing Safety Advisory Committee****AGENCY:** Coast Guard, DOT.**ACTION:** Notice of meetings.

SUMMARY: The Towing Safety Advisory Committee (TSAC) and its working groups will meet to discuss various issues relating to shallow-draft inland and coastal waterway navigation and towing safety. All meetings are open to the public.

DATES: The meeting of the TSAC working groups will be held on Tuesday, September 30, 1997, from 9 a.m. to 3 p.m. The TSAC Committee meeting will be held on Wednesday, October 1, 1997, from 9 a.m. to 1 p.m. Written material and requests to make oral presentations should reach the Coast Guard on or before September 19, 1997.

ADDRESSES: The TSAC working groups will meet in Room 2415, second floor, and the Committee meeting will be held in the Baruch Room, fourth floor, U.S. Coast Guard Headquarters, 2100 Second St. SW., Washington, DC. Written material and requests to make oral presentations should be sent to Lieutenant Lionel Mew, Commandant (G-MSO-1), U.S. Coast Guard Headquarters, 2100 Second St. SW., Washington, DC 20593-0001.

FOR FURTHER INFORMATION CONTACT: Lieutenant Lionel Mew, Assistant Executive Director, telephone (202) 267-0218, fax (202) 267-4570.

SUPPLEMENTARY INFORMATION: Notice of these meetings is given pursuant to the Federal Advisory Committee Act, 5 U.S.C. App. 2.

Agenda of Meeting

Towing Safety Advisory Committee (TSAC). The agenda includes the following:

- (1) Progress report from the Electronic Charting working group.
- (2) Final report from the Tankbarge Structural Soundness working group.
- (3) Progress report from the Fire Suppression working group.
- (4) Progress report from the Licensing working group.
- (5) Status of the implementation of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code).
- (6) Status of the Towing Vessel Licensing rulemaking project.
- (7) Final report of the American Waterways Operators/U.S. Coast Guard

Tankbarge Transfer Spills Quality Action Team.

Procedural

All meetings are open to the public. At the Chairperson's discretion, members of the public may make oral presentations during the meetings. Persons wishing to make oral presentations at the meeting should notify the Assistant Executive Director no later than September 19, 1997. Written material for distribution at the meeting should reach the Coast Guard no later than September 19, 1997. If a person submitting material would like a copy distributed to each member of the committee or subcommittee in advance of the meetings, that person should submit 25 copies to the Assistant Executive Director no later than September 9, 1997.

Information on Services for Individuals With Disabilities

For information on facilities or services for individuals with disabilities or to request special assistance at the meeting, contact Lieutenant Mew as soon as possible.

Dated: August 22, 1997.

R.L. Skewes,

Captain, USCG, Acting Director of Standards, Marine Safety and Environmental Protection.

[FR Doc. 97-23075 Filed 8-28-97; 8:45 am]

BILLING CODE 4910-14-M

DEPARTMENT OF TRANSPORTATION**Coast Guard****[CGD 96-044]****International, Private-Sector Tug-of-Opportunity System, Notice of Availability of a Ship-Drift Analysis for the Northwest Olympic Peninsula and the Strait of Juan de Fuca****AGENCY:** Coast Guard, DOT.**ACTION:** Notice of extension; request for comments.

SUMMARY: The Coast Guard made available the Ship-Drift Analysis for the Northwest Olympic Peninsula and the Strait of Juan de Fuca, prepared by the National Oceanic and Atmospheric Administration (NOAA), through a notice published in the **Federal Register** on July 24, 1997 (62 FR 39885). The Coast Guard is extending the comment period, which closed on August 14, 1997, until August 29, 1997, to let the public participate more fully in this rulemaking.

DATES: Comments must be received by August 29, 1997.

ADDRESSES: Submit written comments to LT William Pittman, Commandant (G-MOR), U.S. Coast Guard Headquarters, 2100 Second Street, S.W., Washington, DC 20593-0001, telephone (202) 267-0426, fax (202) 267-4085.

FOR FURTHER INFORMATION CONTACT: CDR William Carey, Commander, Thirteenth U.S. Coast Guard District (mep), telephone (206) 220-7221, fax (206) 220-7225. The telephone number is equipped to record messages on a 24-hour basis.

SUPPLEMENTARY INFORMATION: The comment period is being extended to allow for comments that, because of their technical nature, may require additional time to prepare. This extension results from requests from the public for more time. The Coast Guard is seeking comments from the public on how to apply the NOAA analysis to the marine-safety criteria set forth in a Report to Congress on International, Private-Sector Tug-of-Opportunity System for the Waters of the Olympic Coast National Marine Sanctuary and the Strait of Juan de Fuca.

Dated: August 22, 1997.

R.C. North,

Rear Admiral, U.S. Coast Guard, Assistant Commandant for Marine, Safety and Environmental Protection.

[FR Doc. 97-23069 Filed 8-28-97; 8:45 am]

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DEPARTMENT OF TRANSPORTATION**National Highway Traffic Safety Administration****[Docket No. 91-33, Notice No. 03]****Functional Capacity Index**

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

ACTION: Notice and request for comment on proposed Pediatric Functional Capacity Index.

SUMMARY: The National Highway Traffic Safety Administration (NHTSA) is developing a scale to quantify the consequences of pediatric injuries received in motor vehicle crashes based on adjusted life-years. This index is an extension of the basic index described in Docket No. 91-33, Notice No. 01. The factor used to adjust the injured person's remaining life-years is called the Functional Capacity Index (FCI). It combines decrements in each of ten dimensions of functioning into a whole body score. The development of the definitions of the functional attributes and their various capacity levels has

been completed. This notice requests comments on the approach being taken and on the attribute definitions.

DATES: Comments are requested no later than October 14, 1997.

ADDRESSES: Written comments should refer to the docket and notice number of this document and should be submitted, (preferably in ten copies) to: Docket Section, National Highway Traffic Safety Administration, Room 5109, Nassif Building, 400 Seventh Street S.W., Washington, D.C. 20590. (Docket hours are 9:30 a.m. to 4:00 p.m.)

FOR FURTHER INFORMATION CONTACT: Stephen Luchter, Senior Policy Advisor, Office of Plans and Policy, National Highway Traffic Safety Administration, 400 7th St. S.W., Washington, D.C. 20590. Telephone 202/366-2576.

SUPPLEMENTARY INFORMATION: NHTSA's mission is to save lives, prevent injuries, and reduce traffic-related health and other economic costs. To accomplish this mission efficiently, the agency needs accurate and reliable methods of quantifying the consequences of injuries to those who are injured, as well as to their families and society in general.

NHTSA has developed sophisticated methods for quantifying the economic consequences of deaths and injuries. These have been available for some time and are widely applied. NHTSA uses these for, among other things, resource allocation, regulatory analysis, and in support of state and local programs.

In addition, the agency is developing methods to quantify injury consequences based on the injured person's functional capacity. An FCI is being developed for measuring a previously healthy adult's functional capacity one year post-injury. This notice describes a program to develop a pediatric version of the FCI and requests comments on the first phase of this effort, definition of functional attributes.

General Description

The basic assumption of the FCI is that life is its own best measure of value. If there are things a person cannot do as well following an injury as before, there is a reduction in their overall functional capacity. With the functional capacity approach, individuals of the same age and gender are counted equally. The injury consequences to young children are not discounted, and the longer average lifespan of females is accurately reflected.

The FCI is a measure of the relative degree to which an injured person is unable to function at their pre-injury level on a scale of 0 to 100, where 0 represents no limitation of function and 100 represents maximum limitation of

function. The overall consequences of an injury are found by multiplying the FCI, as a decimal between 0 and 1.0 by the injured person's remaining life expectancy. Note that the FCI can vary with time as the injured person's condition changes. The product of the FCI and the life expectancy is the number of years of reduced functional capacity. Any effects of reduced life expectancy as a result of the injury also can be accounted for.

Attribute and Severity Level Definitions

The work of selecting the attributes to be included in Pediatric Functional Capacity Index (PFCI), and defining each attribute and each severity level has been completed. The same attributes were chosen for the PFCI as for the adult version. The choice was pragmatic, attempting to have as few as possible yet to have a sufficient number to fully describe the functioning of a complete human being. In addition, the effects of childhood development were accounted for by developing definitions that vary with the child's age.

The number of levels within each attribute were chosen as needed to reflect observable variation in functional capacity for that attribute rather than arbitrarily deciding that some number of levels would be used for all attributes. In some cases, the number of levels differs from that in the adult FCI. Similarly, age categories required to differentiate the differences in development as children mature were also selected as appropriate for each attribute. Each attribute has levels of functioning ranging from no reduction in functional capacity to maximum reduction. Definitions were developed for each attribute and each severity level as well as for appropriate age categories. The definitions were reviewed and refined based on suggestions made by a panel of nationally recognized experts in pediatric trauma, as well as physicians and allied health professionals specializing in pediatric rehabilitation medicine.

The results are shown in Tables 1 through 10.

Eating (Table 1)—Difficulty eating is characterized by limitations in the ability to chew and swallow foods. Defined in this manner, the ability to eat is independent of the ability to hold or use utensils.

Excretory Function (Table 2)—Excretory function is characterized by control over urinary and fecal elimination.

Sexual Function (Table 3)—This function is determined by physical capabilities anticipated to occur as an adult; dysfunction due to psychological

reasons is not considered. Note that this attribute is the only one that does not relate directly to the injured child's current situation.

Ambulation (Table 4)—Ambulation is characterized by the ability to (1) stand, walk and run and (2) climb stairs. Limitations are described in terms of distance, speed, the need for a mechanical device or human assistance. Limitations may be due to motor impairments, contractures, pain, loss of equilibrium, reduced sensation or poor cardiopulmonary function.

Hand and Arm Function (Table 5)—Upper limb function is characterized by the ability to (1) grasp and manipulate objects, (2) write, (3) move hand to mouth, (4) move arms over head, and (5) bilateral skills. Grasping and manipulating is described in terms of the size of the object. Writing is described in terms of use of a crayon in age appropriate motions. Hand to mouth movement is described in terms of number of repetitions and speed. Bilateral skills are described in terms of manipulating objects. Movement of the upper limbs may be limited by motor impairment, contracture, pain, or reduced sensation.

Bending and Lifting (Table 6)—Neuromusculoskeletal function of the trunk is characterized by the ability to bend over from a sitting position and touch hand to foot, and by the ability to lift. Limitations in bending and lifting may be due to motor impairments, pain, or loss of equilibrium.

Visual Function (Table 7)—Visual function is characterized by visual acuity and presence or absence of functional diplopia. The levels of visual acuity parallel those delineated in the 9th revision of the International Classification of Diseases (ICD-9).

Auditory Function (Table 8)—Auditory function is described by degree of difficulty hearing under everyday listening conditions and by the average of hearing threshold levels at four standard frequencies.

Speech (Table 9)—Limitations of speech include difficulties in voice production and articulation and in use of age appropriate vocabulary.

Cognitive Function (Table 10)—Cognitive function is described by the capacity of the individual to perform age appropriate activities, demonstrate age appropriate learning memory abilities, and for school age children having age appropriate academic progress.

Applying the Definitions to the AIS 90 Dictionary

The attribute and severity levels will be applied to each injury listed in the

AIS 90 Dictionary by an expert panel based upon their clinical judgment. These judgements will then be validated by interviewing a sample of people who experienced the injuries.

Developing a Numerical Scale

The final step in the development of the FCI is to translate the sets of qualitative statements applicable to each injury into numerical values. The approach taken for the PFCI follows that of the adult version. Values are assigned to each severity level within an attribute on a scale of 0 to 100. Each number on this scale represents a degree of severity such that 50 is ten degrees higher than 40, 90 is ten degrees higher than 80 and so forth. The number 0 reflects the lowest degree of severity (no limitation in functional capacity), and 100 reflects the highest degree of severity (maximum limitation in functional capacity). The numbers reflect the rater's judgment of the relative severity of the limitation in terms of its likely impact on overall function in everyday living. The major aspects of life for children are intended to include social interaction and major usual activity such as play, school or for older children, work. A separate chart is used for each of the attributes. In these charts the end points are preprinted and the rater places the remaining intermediate levels of function on the scale such that the relative spacing between levels reflects their judgments of the expected degree of severity.

Once the within-attribute scaling has been completed, the second step is to rate the relative weights of the attributes with respect to each other. This step is more complex than the rating within attributes because it must consider the possibility that the attributes may not be completely independent. Also, some combined states are added to assist in the final step of combining into the whole body factor and to cover situations not included in the single state listing, for example, total blindness in one eye and both eyes, profound or total loss of auditory function in one or both ears, quadriplegia, deaf-blind, and simultaneously being at the most severe level on all 10 dimensions. Death is also scaled to provide an anchor point.

In this step, the rater first considers the most severe level for each of the attributes and identifies which has the greatest impact on everyday living by placing a mark on a scale of 0 to 100. The rater then places the remaining most severe states for the remaining

nine attributes on the scale relative to the one judged to have the greatest impact. Death is scaled next. A scale value greater than 100 is acceptable. Next, the rater assigns a numerical value to the state representing the state of being at the most severe of all of the dimensions, and to some combined states not included in the list of attributes, such as quadriplegia and deaf-blind. These will be placed at scale values less than the value assigned to death.

Following these two steps, the values and weights will be normalized to a 0 to 100 scale with death as 100 and the remaining states relative to that. These values will then be combined using an appropriate model.

As part of this work the judgments of parents, teachers, both special education and mainstream education, and children will be obtained. In addition, an effort will be made to determine if value judgements vary with cultural background.

Limitations

Although every attempt has been made to make the PFCI as broadly applicable as possible, certain limitations are acknowledged. Some of these are topics that could be considered for further development.

1. With a few exceptions, the index in its present state of development is applicable to single injuries. Methodologies to estimate the change in functional capacity resulting from any synergistic effects of more than one injury, particularly injuries to different body regions, remain to be developed.

2. Changes in functional capacity from pre-existing conditions are not included, as this would require knowledge of differences in the consequences of injuries to different sub-populations. An average healthy child prior to injury is assumed in the current development.

3. The present effort to develop a PFCI will be limited to the injury definitions in the 1990 version of the Abbreviated Injury Scale. Although the International Classification of Disease injury descriptions are widely used, they generally do not contain sufficient detail for the agency's countermeasure development purposes.

Comments

NHTSA requests comments on the proposed PFCI. General and detailed comments on this proposal are welcome

in order to benefit from the opinions that interested parties and the public may wish to forward. All comments submitted in response to this notice will be considered by the agency.

Comments are specifically solicited on the following issues with respect to the material shown in Tables 1 through 10 of this Notice.

1. Do the 10 attributes reasonably cover the range of functions found in people age 1 and older?

2. Do the levels of functional capacity shown in Tables 1 through 10 reasonably cover the range for the individual functions?

3. Are the definitions of the functional capacity levels shown in Tables 1 through 10 unambiguous?

4. Are the definitions shown in Tables 1 through 10 comprehensible to a lay person?

Written comments should be submitted to: NHTSA Docket Section, Room 5109, Nassif Building, 400 Seventh Street S.W., Washington, D.C. 20590.

Comments should refer to Docket #91-33, Notice 03.

It is requested, but not required, of interested persons that ten copies of each comment be submitted. All comments must not exceed fifteen pages in length. (49 CFR 553.21). Necessary attachments may be appended to these suggestions without regard to the fifteen page limit. This limitation is intended to encourage commenters to present their views in a concise fashion.

All comments received before the close of business on the comment closing date listed above will be considered and will be available for examination in the docket at the above address both before and after that date. To the extent possible, comments filed after the closing date will be considered. However, this action may proceed at any time after that date. The agency will continue to file relevant information as it becomes available. It is recommended that interested persons continue to examine the docket for new material. Those persons desiring to be notified upon receipt of their comments by the docket should include a self-addressed, stamped postcard in the envelope with their comments. Upon receiving the comments, the docket supervisor will return the postcard by mail.

Issued on: August 22, 1997.

William H. Walsh,
Associate Administrator, Plans and Policy.

EATING

Function	Level A: No limitations	Level B: No dietary modifications. Requires supervision, compensatory strategies and/or adaptive equipment	Level C: Requiring dietary modifications. May require supervision, compensatory strategies and/or adaptive equipment	Level D: Limited P.O. intake supplemented by tube feeding	Level E: Tube feeding only
Swallowing Liquids 12 mo+.	Drinks liquids primarily from cup, however may occasionally use bottle or breast. Coughing and choking are rare.	Requires grading amount of liquid, or compensatory strategies (i.e., jaw support, etc.).	Requires use of thickening agent or rice cereal to safely tolerate liquids.	Tolerates small amount of liquid following safety precautions however, child is unable to meet nutritional needs P.O. requiring tube feeding.	All nutritional needs met via tube feeding as child is unable to safely take any liquids P.O. secondary to impaired oral motor skills and/or risk for aspiration.
Swallowing Solids 12–18 mo.	Effectively chews and swallows ground, mashed, or chopped table foods. May lose minimal amounts of food/saliva during chewing and swallowing.	Requires adaptive positioning techniques, adaptive placement of food in mouth (i.e. flat-based spoon) or smaller sized bolus to tolerate solids.	Requires pureed diet (i.e. baby food) secondary to difficulty chewing, swallowing or digesting.	Tolerates small amount of solids following safety precautions however, child is unable to meet nutritional needs P.O. requiring tube feeding.	All nutritional needs met via tube feeding as child is unable to safely take any solids P.O. secondary to impaired oral motor skills and/or risk for aspiration.
18 mo+	Effectively chews and swallows all solids well with good lip closure. No loss of food/saliva during swallowing.	Requires adaptive positioning techniques, adaptive placement of food in mouth (i.e. flat-based spoon) or smaller sized bolus to tolerate solids.	Requires pureed diet (i.e. baby food) secondary to difficulty chewing, swallowing or digesting.	Tolerates limited amount of solids following safety precautions however, child is unable to meet nutritional needs P.O. requiring tube feeding.	All nutritional needs met via tube feeding as child is unable to safely take any solids P.O. secondary to impaired oral motor skills and/or risk for aspiration.

Reference: Pre-Feeding skills—Suzanne Evans Morris, PhD and Marsha Dunn Klein, M.Ed, OTR, Therapy Skill Builders, 1987, P.O. (Per Os)=By Mouth.

EXCRETORY FUNCTION

Function	Level A: No limitation	Level B: Controllable excretory difficulty	Level C: Moderate excretory difficulty	Level D: Severe excretory difficulty
1yr–<2yrs (12–23 mnths).	No significant difficulty eliminating urine or fecal matter (into diaper); No constipation or urinary retention.	No retention problems. Dependent, but controlled use of catheterization device +/- or ostomy or controlled with medication +/- or diet.	Moderate retention. Difficulty eliminating urine or fecal matter (into diaper) despite use of catheterization device +/- or ostomy or controlled with medication +/- or diet.	Severe difficulty eliminating urine or fecal matter (into diaper) despite use of catheterization device +/- or ostomy or medication +/- or diet.
2yrs–3½yrs (24–42 mnths).	No significant difficulty eliminating urine or fecal matter (into diaper); No constipation or urinary retention.	No retention problems. Dependent, but controlled use of catheterization device +/- or ostomy or controlled with medication +/- or diet.	Moderate retention. Difficulty eliminating urine or fecal matter (into diaper) despite use of catheterization device +/- or ostomy or controlled with medication +/- or diet.	Severe difficulty eliminating urine or fecal matter (into diaper) despite use of catheterization device +/- or ostomy or medication +/- or diet.
>3½yrs–10yrs (≤42–≥120 mnths).	No significant difficulty controlling the elimination of urine or fecal matter. No incontinence day/night; No constipation or urinary retention.	No incontinence. Controlled use of catheterization device +/- or ostomy with 1 person assistance or controlled with medication +/- or diet. No retention problems. Dependent, but controlled use of catheterization device +/- or ostomy or controlled with medication +/- or diet.	Moderate incontinence (urinary +/- or fecal); frequency greater than 2x/wk by night and by day despite use of catheterization device +/- or ostomy with 1 person assistance or controlled with medication +/- or diet. Moderate retention difficulty despite use of catheterization device +/- or ostomy or medication +/- or diet.	Severe incontinence (urinary +/- or fecal); frequency everyday & night despite use of catheterization device +/- or ostomy with 1 person assistance or controlled with medication +/- or dietary influence. Severe retention difficulty despite use of catheterization device +/- or ostomy or medication +/- or diet.

SEXUAL INTERCOURSE FUNCTIONING (PREDICTION OF ADULT SEXUAL FUNCTION)

Function	Level A: No limitation	Level B: Moderate difficulty	Level C: Severe limitation (or no sexual function possible)
1yr + (12+ mnths) ...	Sexual function will be possible without difficulty.	Sexual function will be possible but with varying degrees of difficulty due to physical impairment(s).	Sexual function will not be possible or there will be severely impaired difficulty.

AMBULATION (STAIR CLIMBING)

Function	Level A: No limitations	Level B: Minor limitations	Level C: Independent, requires device, takes more than reasonable time	Level D: Minimally dependent; requires assistance	Level E: Moderately dependent	Level F: Completely dependent
Stair climbing 12–17 months.	Crawls up or down stairs, may walk up stairs with one hand held.	.....	May require extra time and/or an assisted device.	.....	.....	Severe limitation, no ability to climb stairs.
18–23 months	Walks up and down holding rail. May need one hand held walking down stairs.	Walks up w/one hand held, may crawl up or down stairs.	.....	Crawls on stomach and elbows (not quadruped) up stairs.	.....	Severe limitation, no ability to climb stairs.
24–29 months	Walks up and down holding rail.	Needs 1 hand held walking down stairs.	Crawls up or down stairs, may walk up with one hand held and/or use assisted device.	.....	Crawls on stomach and elbows (not quadruped) upstairs.	Severe limitation no ability to climb stairs.
30–35 months	Alternates feet going up and down stairs.	Alternates feet going down stairs.	Walks up and down holding rail, may need 1 hand held and/or assisted device.	Crawls up or down stairs	.....	Severe limitation, crawls on stomach up stairs, no ability to stair climb.

AMBULATION (STAIR CLIMBING)—Continued

Function	Level A: No limitations	Level B: Minor limitations	Level C: Independent, requires device, takes more than reasonable time	Level D: Minimally dependent; requires assistance	Level E: Moderately dependent	Level F: Completely dependent
36 months and older	No limitation. Climbs up and down 12 steps without difficulty.	Minimal limitation, may have deviations in gait pattern.	Climbing 12 stairs without assistance takes more than a reasonable time, requires device or handrail.	Can climb minimum of 12 steps with or without assistance and/or device.	Stair climbing less than 12 steps with or without assistance and/or device.	Severe limitation, cannot walk up minimum of 12 steps.

AMBULATION (STANDING, WALKING, RUNNING)

Function	Level A: No limitations	Level B: Minor limitations	Level C: Independent, requires device, takes more than reasonable amount of time	Level D: Minimally dependent; requires assistance	Level E: Moderately dependent	Level F: Completely dependent
Standing/Walking/Running 12–17 Months.	Walks alone seldom falls (may be wide based gait) may only walk several steps independently.	Walks with 1 hand held ..	Walks with 2 hands held may require assisted device (orthotics, walker, etc.).	Cruises with 1 hand (may need assisted device).	Cruises with 2 hands (may need assisted device).	Completely dependent, crawl and/or stands at rail, including no crawling or standing or pull to standing position.
18–23 Months	Walks alone without falling, runs.	Walks alone seldom falls	Walks with 1 hand held may require some device.	Walks with 2 hands held may require device.	Cruises with 1 hand (may need device).	Completely dependent; crawls, stands, cruises with 2 hands; may not crawl or pull to stand.
24 Months and Older ...	No limitations, able to walk at least 150', no deviations in gait pattern.	Some limitation, can walk 150' without assistance but with increasing problems over increased distances; may have minimal deviation; does not require device.	Can walk 150' without assistance, but takes more than a reasonable amount of time and requires some device.	Can walk minimum of 150' with assistance may or may not require device.	Walking limited to 50–150' with or without assistance and/or device.	Difficulty standing for long periods of time or walk minimum of 50' including unable to walk at all.

Note: Cruising: "Sideways walking, holding rail for support, shifting hands." Taken from Manual of Developmental Diagnosis by Knobloch, Stevens and Malone (p. 68).

PEDIATRIC BETTER HAND AND ARM FUNCTION

Function	Level A: No limitation	Level B: Minor limitation in hand function: No limitation in arm function	Level C: Major limitation in hand function: No limitation in arm function	Level D: No limitation in hand function: Min to moderate limitation in arm function	Level E: Moderate limitation in hand and arm function	Level F: Complete or near paralysis or loss of both limbs
Grasp and release of small and large objects (12 mos. +).	Grasps tiny objects using tips of thumb and index finger. No difficulty with large objects in relation to the child's hand. Releases objects in a controlled manner.	Uses immature grasp (scissor grasp) of tiny object with increased time. No difficulty with large objects. Requires increased time for controlled release.	Uses immature grasp (palmer grasp) with max difficulty with tiny and large objects (including not being able to do it at all). Release is uncontrolled.	No difficulty grasping pellet or large objects. Release is controlled.	Moderate difficulty grasping small and large objects using immature grasp patterns (raking). May require increased time. Release is clumsy but purposeful.	Max difficulty or inability to grasp small and large objects. Release is uncontrolled.
Writing (15–23 mos.)	Holds crayon in palm and scribbles spontaneously. Writes using whole arm movement.	Minor difficulty to grasp crayon in palm and write using whole arm movement. Imitates scribble with increased time.	Max difficulty grasping crayon including inability to grasp crayon effectively for scribble.	No difficulty grasping crayon in palm. May require increased time to scribble using whole arm movements.	Moderate difficulty to grasp crayon in palm and write using whole arm movement. Requires increased time to scribble.	Max difficulty grasping crayon including inability to grasp crayon or scribble.
(24–30 mos.)	Holds crayon in palm and writes using forearm movement. Demonstrates vertical stroke and circular scribble.	Holds crayon in palm and writes using forearm movement. Demonstrates vertical stroke and circular scribble with increased time.	Max difficulty grasping crayon including inability to grasp crayon effectively for scribble.	No difficulty grasping crayon in palm. Writes using whole arm movements. Demonstrates age-appropriate strokes.	Moderate difficulty to grasp crayon in palm and write using whole arm movements. Requires increased time to grossly imitate vertical and circular strokes.	Max difficulty grasping crayon; including inability to grasp crayon or scribble.
(31–59 mos.)	Holds crayon with fingers and writes using whole hand and wrist movement. Imitates horizontal stroke, V+H strokes.	Holds crayon with fingers and writes using whole hand and wrist movement. Imitates horizontal, V+H strokes with increased time.	Max difficulty grasping crayon. Uses immature grasp patterns (palmer). Writes using forearm movement.	No difficulty grasping crayon with fingers. Writes using whole hand or wrist movement with forearm supported. Demonstrates age-appropriate strokes.	Uses immature grasp (palmer) to hold crayon and writes using forearm or arm movement. Requires increased time to grossly imitate horizontal and vertical strokes.	Max difficulty grasping crayon including inability to grasp crayon or scribble.
(60 mos. +)	Holds crayon with fingers and writes using fine finger movement. Prints own name.	Holds crayon with fingers and writes using wrist and finger movement. Prints own name with increased time.	Max difficulty grasping crayon. Uses whole hand or forearm movement to write. Imitates immature stroke patterns grossly.	No difficulty grasping crayon. Writes using fine finger movements with forearm supported. Demonstrates age-appropriate strokes.	Requires increased time to grasp crayon with fingers and write using forearm movement. Grossly prints own name.	Max difficulty grasping crayon including inability to grasp crayon or scribble.
Hand Movement to mouth(12 mos. +).	No difficulty moving hands to mouth at least 5 times.	No difficulty moving hands to mouth at least 5 times.	No difficulty moving hands to mouth at least 5 times.	Minimal to mod difficulty moving hands to mouth at least 5 times.	Requires increased time to take hand to mouth.	Cannot move either hand to mouth at least 5 times.
Arm Movement over head(12 mos. +).	No difficulty reaching for toys over head with both arms.	No difficulty reaching for toys over head with both arms.	No difficulty reaching for toys over head with both arms.	Min to mod difficulty reaching over head for toys with one or both arms.	Requires increased time or assistance to reach above head.	Cannot reach over head with either arm.
Bilateral UE skills (12–15 mos.).	No difficulty using both hands to manipulate different objects simultaneously.	Min difficulty using both hands to manipulate different objects simultaneously. May require increased time.	Max difficulty or inability to use both hands to manipulate different objects simultaneously.	No difficulty using both hands to manipulate different objects simultaneously.	Uses uncoordinated movement patterns to manipulate different objects simultaneously in both hands. May drop objects frequently during task.	Max difficulty or inability to use both hands to manipulate different objects simultaneously.

PEDIATRIC BETTER HAND AND ARM FUNCTION—Continued

Function	Level A: No limitation	Level B: Minor limitation in hand function: No limitation in arm function	Level C: Major limitation in hand function: No limitation in arm function	Level D: No limitation in hand function: Min to moderate limitation in arm function	Level E: Moderate limitation in hand and arm function	Level F: Complete or near paralysis or loss of both limbs
16–23 mos.)	No difficulty stabilizing object with one hand while manipulating object with the other hand.	Min difficulty stabilizing object with one hand while manipulating object with the other hand. May use forearm rather than hand to stabilize.	Min to mod difficulty stabilizing object with one hand while manipulating with the other hand. Uses forearm rather than hand to stabilize.	Min to mod difficulty stabilizing object with one hand while manipulating with the other hand. Uses forearm rather than hand to stabilize.	Moderate difficulty to stabilize object with hand while manipulating object with other hand. May use trunk or leg to assist to stabilize object.	Max difficulty or inability to stabilize object with one hand while manipulating object with other hand.
(24 mos. +)	No difficulty completing bilateral opposing UE movements (i.e., tearing paper).	Min difficulty completing bilateral opposing UE movements. May require increased time.	Max difficulty or inability to complete bilateral opposing UE movements.	Min to Mod difficulty completing bilateral opposing UE movements. May require increased time.	Requires increased time to complete bilateral opposing UE movements. May require several attempts to successfully complete task.	Max difficulty or inability to complete bilateral opposing UE movements.

BENDING AND LIFTING

Function	Level A: No limitation	Level B: Minor limitation	Level C: Major limitation	Level D: Cannot bend or lift
Bending from Sitting Position (1 yr. +).	No difficulty bending over from sitting position in appropriate sized chair to touch hand to foot and return to sitting at least 5 times.	Minimal difficulty bending over from sitting position in appropriate sized chair to touch hand to foot and return to sitting 5 times. May require increased amount of time.	Can bend over from sitting position in an appropriate sized chair, touch hand to foot and return to sitting at least 2 times. Requires maximum increased time or use of adaptive techniques, i.e., assisting with upper extremities to push self up into sitting.	Cannot with controlled motion bend over from sitting position, touch hand to foot and return to sitting position.
Bending from Standing Position (12–18 mos).	Holds supporting surface to bend from standing position and return to upright position at least 3 times. May lose balance occasionally.	Holds supporting surface to bend from standing position and return to upright position at least 3 times. Requires repeated attempts secondary to frequent loss of balance.	.....	Cannot bend from standing to pick up object from floor and return to upright.
Bending from Standing Position (18 mos +).	No difficulty bending over from standing position to pick up object from floor and return to upright position at least 5 times.	Minimal difficulty bending over from standing position to pick up object from floor and return to upright position at least 5 times. May require increased time or adaptive techniques, i.e. holding onto stable surface.	Maximal difficulty bending over from standing position to pick up object from floor and return to upright position. Requires increased time and may use adaptive techniques, i.e. holding onto stable surface.	Cannot bend over from standing position to pick up object from floor and return to upright position for a minimum of 2 times. Includes not being able to bend in a controlled manner from standing at all.
Lifting from Standing * (1 yr. +).	No difficulty lifting amounts appropriate for age and body weight.	Minimal difficulty lifting amounts appropriate for age.	Major difficulty or inability to lift amounts appropriate for age; but able to lift a lesser amount.	Inability to lift any weight.

* Norms are needed for “appropriate” amount and minimal amount of weight to age for a pediatric population.

VISION

Function	Level A: No limitations	Level B: No loss in VA but with Diplopia	Level C: Near-normal vision	Level D: Moderate-low vision	Level E: Severe low vision (legal blindness in USA)	Level F: Preferred low vision	Level G: Total blindness
1yr–2yrs (12–23 mnths).	Able to I.D. favorite toy 5cm in size from across room with nystagmus.	Recognizes relative across room without voice. With possible nystagmus.	.....	Everything close to face. without recognition of faces or objects without cues. with nystagmus possible.	Without visual response even to light.
2yrs–5yrs (24–59 mnths).	Near-normal vision; VA is 20/30–20/60. Look out window and ID objects i.e. birds. Not on top of TV. Recognizes relative across room without voice.	Moderate low vision; VA is 20/70–20/160. Without recognition of people without stimuli. Without seeing small objects out the window. With possible nystagmus.	.....	Profound low vision; VA is <5/200 (count fingers at less than 3 mo) but with light perception. Near TV, loses interest if not close. Everything close to face. Without recognition of faces or objects without stimuli with possible nystagmus.	Total visual impairment; black blind; no light perception.

VISION—Continued

Function	Level A: No limitations	Level B: No loss in VA but with Diplopia	Level C: Near-normal vision	Level D: Moderate-low vision	Level E: Severe low vision (legal blindness in USA)	Level F: Preferred low vision	Level G: Total blindness
5yrs<10yrs (60–119 mnths).	Normal vision; no significant loss of VA; VA is 20/25 or better; no functional diplopia.	No significant loss of VA; VA is 20/25 or better but functional diplopia is present.	Near-normal vision; VA is 20/30–20/60.	Moderate low vision; VA is 20/70–20/160. Face close to page Up close to black-board or front of room.	.....	Profound low vision; VA is <5/200 (count fingers at less than 3mo) but with light perception.	Total visual impairment; black blind; no light perception.
>10 yrs≤120 months.	Normal vision; no significant loss of VA; VA is 20/25 or better; no functional diplopia.	No significant loss of VA; VA is 20/25 or better but functional diplopia is present.	Near-normal vision; VA is 20/30–20/60.	Moderate low vision; VA is 20/70–20/160.	Severe low vision; legally blind in USA; VA is 20/200–5/200.	Profound low vision; VA is <5/200 (count fingers at less than 3 mo) but with light perception.	Total visual impairment; black blind; no light perception.

Best Eye—Remember most Pedi Injuries unilateral and until 8–10 years old children will have only transient diplopia and then suppression of the poorer eye.

School Age—can ask regarding school eye screen.

Without visual field.

AUDITORY FUNCTION IN ONE EAR

Function	Level A: No limitations	Level B: Minor loss	Level C: Moderate loss	Level D: Severe loss	Level E: Profound or total loss
1yr<2yrs (12–23 mnths).	No significant loss able to hear under everyday listening conditions; average hearing level at 500, 1000, 2000 and 3000 Hz ≤25 with understanding of simple phrases.	.....	Moderate to moderately severe loss; average hearing level at 500, 1000, 2000 and 3000 Hz is 41–70 Difficulty with conversation beyond 3–5 ft., classroom or group discussion with significant difficulty understanding simple phrases.	.....	Profound to total loss; non-correctable; average hearing level at 500, 1000, 2000 and 3000 Hz is >91 Difficulty hearing all but some loud sounds Failure to respond, awaken, or move to loud environmental sounds.
2yrs→10yrs (24mnths→≥120 mnths).	No significant loss able to hear under everyday listening conditions; average hearing level at 500, 1000, 2000 and 3000 Hz≤25.	Minor loss correctable with readily available hearing aid; average hearing level at 500, 1000, 2000 and 3000 Hz is 26–40 Difficulty with faint or distant speech.	Moderate to moderately severe loss; average hearing level at 500, 1000, 2000 and 3000 Hz is 41–70 Difficulty with conversation beyond 3–5 ft., classroom or group discussion.	Severe loss; average hearing level at 500, 1000, 2000 and 3000 Hz is 71–91 Difficulty with anything but shouted or amplified speech.	Profound to total loss; non-correctable; average hearing level at 500, 1000, 2000 and 3000 Hz is >91 Difficulty hearing all but some loud sounds.

Reference

* Goodman, A.C. and Chasin, W.D.: In Gellis, SS and Kagan B.M. (Eds): Current Pediatric Therapy 7th Ed W.B. Saunders Co. Phila, 1976 p.518 (or whole Pedi Catalog Vol 1 p.15).

SPEECH/LANGUAGE

Function	Level A: No limitations	Level B: Mild limitations	Level C: Moderate–severe limitations	Level D: Global limitations
12–14 mos	Vocabulary of 4–6 words; recognizes own name; mixes words with jargon; follows simple motor instructions (esp. if accompanied by visual cue).	Vocabulary of 1–2 words; imitates sounds of adults inconsistently; minimal language comprehension; smiles in response to presence of caregiver or familiar person; listens at least momentarily when spoken to by a caregiver.	Sparse output mainly jargon; does not recognize name or follow motor instructions.	Maximum difficulty; no speech; minimal comprehension of commands.
15–18 mos	Vocabulary of 8–20 words; uses words and jargon in conversation; identifies some body parts; sings spontaneously.	Vocabulary of 4–6 words; recognizes own name, but does not follow motor instructions; smiles in response to presence of caregiver or other familiar person; mild articulation defect without compromise of intelligibility.	Vocabulary of 1–2 words; recognizes own name, but does not follow motor instructions; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
19–23 mos	Vocabulary of 30–300 words; uses "I" and "mine"; tries to tell experiences; uses short, incomplete sentences; uses prepositions and regular verb endings; follows 1–2 step commands.	Vocabulary of 8–20 words; mixes words with jargon; follows simple motor instructions and identifies some body parts; mild articulation defect without compromise of intelligibility.	Vocabulary of 4–6 words; mixes words with jargon; follows simple motor instructions; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
24–36 mos	Uses a range of words which is normal for age (vocabulary of 900–1000 words); sentences have 8 or more words; uses "he" and "she" correctly; recites rhymes, songs; follows 2–3 step commands; identifies 2 colors; sentences have subject and verb; talks about present.	Vocabulary of 30–300 words; uses words and jargon in short, incomplete sentences; identifies some body parts; sings spontaneously; mild articulation defect without compromise of intelligibility.	Vocabulary of 8–20 words; mixes words with jargon; follows simple motor instructions; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
37–47 mos	Uses a range of words which is normal for age (Vocabulary of 1,000–1,500 words); talks about the present; states number of siblings.	Uses a range of words slightly below other children of same age (vocabulary of 900–1000 words); sentences have 8 or more words; uses "he" and "she" correctly; recites rhymes, songs; follows 2–3 step commands; identifies 2 colors; sentences have subject and verb; talks about present; mild articulation defect without compromise of intelligibility.	Vocabulary of 30–300 words; uses words and jargon in short, incomplete sentences; identifies some body parts; sings spontaneously; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
48–59 mos	Uses a range of words which is normal for age (vocabulary of 1500–2200 words); increases complexity of sentences; recounts the past; asks many questions; understands most questions about the immediate environment; has 75%+ grammar acquisition; discusses feelings; follows 3-step commands.	Uses a range of words slightly below other children of same age (vocabulary of 1000–1500 words); uses "I" and "mine"; tries to tell experiences; uses short sentences which range from complete with subject and verb to incomplete sentences; follows 1–2 step commands; mild articulation defect without compromise of intelligibility.	Uses significantly fewer words than other children of same age (vocabulary of 900–1000 words); uses words and jargon in conversation; identifies body parts; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.

SPEECH/LANGUAGE—Continued

Function	Level A: No limitations	Level B: Mild limitations	Level C: Moderate-severe limitations	Level D: Global limitations
5–<8 years	Uses a range of words which is normal for age (vocabulary of 2,500+ words); understands a range of words which is normal for age (20,000–24,000 words); uses all parts of speech to some degree; verbalizes ideas; talks a lot.	Uses a range of words slightly below other children of same age (vocabulary of 1500–2200 words); sentences have 8+ words; uses “he” and “she” correctly; follows 2 step commands; mild articulation defect without compromise of intelligibility.	Uses significantly fewer words than other children of same age (vocabulary of 1000–1500 words); uses “I” and “mine”; tries to tell experiences; uses short, incomplete sentences; follows 1–2 step commands; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
8–<10 years	Uses a range of words which is normal for age (vocabulary of 5,000+ words); understands a range of words which is normal for age (25,000+ words); able to write fluently either in cursive or in printed characters; prints or writes sentences of 3 to 4 words; reads at or above second grade level; gives complex directions to others.	Uses a range of words slightly below other children of same age (vocabulary of 2,500+ words); 75% grammar acquisition; follows 3 step commands; verbalizes ideas; mild articulation defect without compromise of intelligibility.	Uses significantly fewer words than other children of same age (vocabulary of 1500–2200 words); recites alphabet; tells plot of a fairy tale; follows 2-step commands; 25% grammar acquisition; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.
>10 years	Uses a range of words which is normal for age (vocabulary of 25,000+ words); talks a lot; understands a range of words which is normal for age (approximately 50,000 words).	Uses a range of words slightly below other children of same age (vocabulary of 5,000+ words); increases complexity of sentences using all parts of speech to some degree; understands a range of words slightly below other children of same age (20,000+ words); 75% grammar acquisition; follows 3-step commands; mild articulation defect without compromise of intelligibility.	Uses significantly fewer words than children of same age (vocabulary of 2,500 words); sentences have 8+ words; uses “he” and “she” correctly; follows 2 step commands; intelligibility of speech compromised by articulation defect.	Maximum difficulty; no speech; minimal comprehension of commands.

COGNITION

Function	Level A: No limitations	Level B: Mild limitations	Level C: Moderate-severe limitations	Level D: Global limitations
12–14 mos	Uses common objects appropriately; helps to turn pages; tries to pick up cubes; builds tower of 2 blocks; spontaneously scribbles or imitates; searches for objects; maintains attention for 2 minutes to an interactive toy or picture.	Brings 2 blocks together, usually lifting them and comparing them, but does not build a tower; touches book but does not turn page; picks up crayon but fails to scribble; maintains attention for one minute to an interactive toy/picture.	Inconsistent response to book; variable response to blocks; no use of crayon; inconsistently maintains attention.	No response to book; no response to blocks; no use of crayon; fails to attend to interactive toy or picture.
Learning/memory	Searches in a location where an object was last hidden.	Fails to consistently search for hidden object.	No response to hidden object	Max difficulty; does not search.
15–18 mos	Imitates adult object use and motor acts; turns 2–3 pgs at a time; initiates crayon stroke; builds 3 block tower; places different shaped objects in different sized holes; maintains attention for 2 minutes or more to an interactive toy or picture.	Uses common objects appropriately; helps to turn pages; tries to pick up cubes; builds tower of two blocks; spontaneously scribbles or imitates; searches for objects; mild difficulty sustaining attention for more than 2 minutes, easily distracted.	Inconsistent response to toy or to book; inconsistently uses crayon; no response to placing different shaped objects in different sized holes; fails to maintain attention for 2 minutes to an interactive toy or picture; brings 2 blocks together, usually lifting them and comparing them, but does not build a tower.	No response to book; no response to blocks; no use of crayon; no response to toy; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Remembers places where familiar objects are usually located (toys in toybox).	Searches in a location where an object was last hidden.	Fails to consistently search for hidden object.	Max difficulty; no response.
19–23 mos	Builds tower of 5–7 blocks; imitates circular scribble and/or vertical stroke; places different shaped objects in different sized holes even after rotation; sits alone for short periods with book; maintains attention for 3 to 4 minutes or more to an interactive toy or picture.	Builds 3 block tower; turns 2–3 pages at a time; initiates crayon stroke; places different shaped objects in different sized holes; mild difficulty sustaining attention for more than 2 to 3 minutes, easily distracted.	Builds tower of 2 blocks; inconsistently uses crayon; inconsistently places different shaped objects in different sized holes; inconsistent response to toy; scribbles with crayon; inconsistently maintains attention for 2 minutes.	No response to book; no response to blocks; no use of crayon; no response to toy; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Recognizes pictures in picture book	Remembers places where familiar objects are usually located (toys in toybox).	Searches in a location where an object was last hidden.	Max difficulty; minimal search.
24–30 mos	Matches familiar objects; builds tower of 8–9 blocks; makes circular strokes with crayon; knows big and little concepts; maintains attention for 5 minutes or longer on one interactive activity.	Builds 5–7 block tower; scribbles spontaneously with a crayon; places different shaped objects in different sized holes even after rotation; mild difficulty sustaining attention for more than 3–4 minutes, easily distracted.	Builds tower of 3 or fewer blocks; plays with crayon but not without prompting/imitation scribbles using crayon; tries but usually unable to place different shaped objects in different sized holes.	No response to book; no response to blocks; no use of crayon; no response to toy; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Remembers one item; repeats 2 items, 1 of 3 trials.	Recognizes pictures in picture book	Remembers places where familiar objects are usually located (toys in toybox).	Max difficulty; minimal search.
31–36 mos	Creates representational art; matches primary colors; engages in make-believe play unconstrained by objects; builds tower of 10 cubes; imitates bridge; copies circle; places 7 different shaped objects in different sized holes; maintains attention for 6–7 minutes or longer on one interactive activity.	Builds 8–9 block tower; imitates a circular scribble; mild difficulty sustaining attention for more than 5 minutes; easily distracted.	Builds 5–7 block tower; places different shaped objects in different sized holes even after rotation; inconsistently maintains attention for 3–4 minutes on one toy or activity.	No response to book; no response to blocks; no use of crayon; no response to toy; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Remembers 2 items; repeats 3 items, 1 of 3 trials.	Remembers one item; repeats 2 items, 1 of 3 trials.	Recognizes pictures in picture book	Max difficulty; minimal search.
37–47 mos	Knows 4 actions; maintains attention for 10–11 min; can show use of 2 objects; imitates a square or better; can build a bridge with blocks.	Creates representational art; matches primary colors; engages in make-believe play unconstrained by objects; builds tower of 10 cubes; imitates bridge; copies circle; places 7 different shaped objects in different sized holes; maintains attention for 6–7 minutes or longer on one activity.	Builds 8–9 block tower; imitates a circular scribble; mild difficulty sustaining attention for more than 5 minutes; easily distracted.	No response to book; no response to blocks; no use of crayon; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Remembers 3 items; repeats 4 items, 1 of 3 trials.	Remembers 2 items; repeats 3 items, 1 of 3 trials.	Remembers one item; repeats 2 items, 1 of 3 trials.	Inconsistently recognizes picture Max difficulty; no response.

COGNITION—Continued

Function	Level A: No limitations	Level B: Mild limitations	Level C: Moderate-severe limitations	Level D: Global limitations
48–59 mos	Knows own right and left; develops time concepts; recognizes relationships of parts to whole; categorizes types of animals; counts rote up to 13; can show 3 objects; understands concepts of 3; labels some coins; maintains attention for 11–13 minutes on one interactive activity.	Matches familiar objects; knows big and little; builds bridge with blocks; imitates a circle with a crayon; knows big and little concepts; mild difficulty sustaining attention for 10 minutes; easily distracted.	Builds 10 block tower; imitates a circle; repeats 1 item, 1 of 3 trials, places 7 different shaped objects in different sized holes; inconsistently maintains attention for 7–8 minutes.	No response to book; no response to blocks; no use of crayon; no response to formboard or other toy; max difficulty.
Learning/memory	Remembers 4 items; repeats 5 items, 1 of 3 trials; learns sequences such as days of the week; recalls gist of a short story; recognizes series of pictures.	Remembers 3 items; remembers places where familiar objects are usually located; repeats 4 items, 1 of 3 trials.	Remembers 2 items; repeats 3 items, 1 of 3 trials.	Max difficulty; may recall 1 item.
5–<8 years	Longer attention span for 15 minutes or more on one activity; knows left and right of others; understands conversation; knows differences and similarities; reads spontaneously.	Builds tower of 6–7 blocks; creates representational art; matches primary colors; engages in make-believe play unconstrained by objects; mild difficulty sustaining attention for more than 10 minutes, easily distracted.	Builds tower of 4–5 blocks; imitates a circle; inconsistently maintains attention for 9–10 minutes.	No response to book; no response to blocks; no use of crayon; no response to placing different shaped objects in different sized holes; max difficulty.
Learning/memory	Remembers and repeats 5 items; learns a list of 6–8 words.	Remembers 4 items; learns sequences such as months of the year; recalls gist of a short story; recognizes a series of pictures; repeats 5 items, 1 of 3 trials.	Remembers 1–2 items; partial recall of a short story; repeats 1–2 items, 1 of 3 trials. Remembers 3 items; remembers places where familiar objects are usually located; repeats 4 items, 1 of 3 trials.	Max difficulty.
Academic progress.	No change from preinjury	Some decline in grades since injury but remains in similar classes (e.g. mainstream).	Some or all classes are resources (special education), but attends school full time.	Homebound or institutionalized.
8–<10 years	Reads books at second to fourth grade level; writes neatly most of the time; can give complex directions to others, i.e. how to use key to unlock door; knows right and left of others; understands conversation; maintains attention for 30 minutes or more on one activity.	Knows own right from left; develops time concepts; recognizes relationships of specific parts to whole; counts rote up to 13; prints/writes at least 10 words from memory states month and day of birthday; recites alphabet; reads at least 3 common signs; mild difficulty sustaining attention for 15 minutes or more; easily distracted.	Builds tower of 6–7 blocks; creates representational art; matches primary colors; engages in make-believe play; inconsistently maintains attention for 10–15 minutes.	Max difficulty; no response to book or blocks.
Learning/memory	Remembers and repeats 6 items; recalls events, actions of a short story; learns a list of 8–10 words.	Remembers and repeats 5 items; learns a list of 6–8 words; recalls gist of story but not specific events and actions.	Remembers 4 items; learns sequences such as months of the year; recalls gist of a short story; recognizes a series of pictures; repeats 5 items, 1 of 3 trials.	Max difficulty; minimal recall or recognition of 1–2 items.
Academic progress.	No change from preinjury	Some decline in grades since injury but remains in similar classes (e.g. mainstream).	Some or all classes are resource (special education), but attends school full time.	Homebound or institutionalized.
≥10 years	Plans future actions; engages in abstract thought; i.e. can interpret proverb providing more than a concrete explanation; solves problems with only minimal physical input; writes in cursive, maintains attention for 60 minutes or more on one activity.	Knows left and right; understands conversation; knows differences and similarities; reads spontaneously; mild difficulty sustaining attention for more than 30 minutes, easily distracted.	Knows own right and left; develops time concepts; recognizes relationships of parts to whole; categorizes; counts rote up to 13; can show 3 objects; understands concept of 3; labels some coins; inconsistently maintains attention for more than 15 minutes.	No response to book; no response to blocks; no use of crayon; no response to form board or other toy; max difficulty.
Learning/memory	Remembers and repeats 7 items; repeats details of short story; learns a list of 11–12 words; recognizes series of 100+ pictures; memory approaches the level in adolescents and young adults (e.g., recognizes faces of 100+ classmates, friends, relatives).	Remembers and repeats 6 items; learns a list of 8–10 words.	Remembers and repeats 5 items; learns a list of 6–8 words.	Max difficulty; may recall or recognize 1–3 items.
Academic progress.	No change from preinjury	Some decline in grades since injury but remains in similar classes (e.g. mainstream).	Some or all classes are resource (special education), but attends school full time.	Homebound or institutionalized.

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DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Docket No. AB–32 (Sub–No. 57X)]

**Boston and Maine Corporation—
Abandonment Exemption—in
Rockingham County, NH**

Boston and Maine Corporation (B&M) has filed a notice of exemption under 49 CFR part 1152 Subpart F—*Exempt Abandonments and Discontinuances* to abandon an approximately 3.30-mile line of railroad on the Hampton Branch between milepost 42.70 and milepost 46.00 in Hampton, Hampton Falls and

Seabrook, Rockingham County, NH.¹ The line traverses United States Postal Service Zip Codes 03842, 03844 and 03874.

B&M has certified that: (1) No local traffic has moved over the line for at least 2 years; (2) overhead traffic has been rerouted over other lines; (3) no formal complaint filed by a user of rail service on the line (or by a state or local

¹ Pursuant to 49 CFR 1150.50(d)(2), the railroad must file a verified notice with the Board at least 50 days before the abandonment or discontinuance is to be consummated. The applicant in its verified notice, indicated a proposed consummation date of September 29, 1997. However, because the verified notice was filed on August 11, 1997, consummation should not have been proposed to take place prior to September 30, 1997. Applicant's representative has been contacted and has confirmed that the correct consummation date is on or after September 30, 1997.

government entity acting on behalf of such user) regarding cessation of service over the line either is pending with the Surface Transportation Board (Board) or with any U.S. District Court or has been decided in favor of complainant within the 2-year period; and (4) the requirements at 49 CFR 1105.7 (environmental reports), 49 CFR 1105.8 (historic reports), 49 CFR 1105.11 (transmittal letter), 49 CFR 1105.12 (newspaper publication), and 49 CFR 1152.50(d)(1) (notice to governmental agencies) have been met.

As a condition to this exemption, any employee adversely affected by the abandonment shall be protected under *Oregon Short Line R. Co.—Abandonment—Goshen*, 360 I.C.C. 91 (1979). To address whether this condition adequately protects affected