

REGIONAL CENTER DOCUMENTATION GUIDE



A guide to documentation, assessments, and functional evidence for Regional Center eligibility

How to use this guide:

This toolkit is not intended to replace legal advice or Regional Center policy. Instead, it helps families understand what Regional Center is evaluating, organize documentation around the legal eligibility criteria, and identify the evidence that best explains an individual's everyday functioning and support needs.

What's inside:

1. Understanding Regional Center Eligibility	Learn the legal criteria Regional Center uses to determine eligibility, including the four eligibility questions, substantial disability, and the 5th Category.
2. Understanding Documentation	Understand what different records contribute, how documentation supports eligibility, and why documenting actual functioning is more important than simply collecting reports.
3. Evaluating Assessments as Evidence	Learn how to review assessments critically, identify meaningful findings, and understand what cognitive, adaptive, speech-language, occupational therapy, educational, medical, and mental health evaluations contribute to your evidence.
4. Building Functional Evidence	Learn how to document everyday functioning, identify hidden supports, demonstrate functional limitations, and create strong real-world evidence of support needs.
5. Connecting the Evidence	Learn how to combine assessments, records, provider observations, caregiver reports, and functional evidence into one clear, persuasive eligibility record. Includes child and adult examples demonstrating how evidence works together.
6. Final Eligibility File Review	Use comprehensive checklists to review your file, identify gaps, avoid common pitfalls, and ensure your documentation clearly addresses Regional Center's eligibility requirements.

Section 1: How Regional Center Determines Eligibility

Before gathering documentation, it is helpful to understand what Regional Center is required to determine when evaluating eligibility.

Many families begin by collecting records without knowing exactly what information Regional Center is looking for. As a result, important evidence may be overlooked while less relevant information receives unnecessary attention.

This toolkit is designed to help you organize documentation around the legal eligibility requirements and identify the evidence needed to support them.

The Four Questions That Determine Eligibility

To establish eligibility under the Lanterman Act, Regional Center must determine:

1.	Does the individual have a qualifying developmental disability?
2.	Did the disability originate before age 18?
3.	Is the disability expected to continue indefinitely?
4.	Does the disability constitute a substantial disability resulting in significant functional limitations?

Each question must be supported by evidence. No single diagnosis, report, or assessment automatically establishes eligibility

Best Practice: Application Timeline

Before applying, review whether you already have evidence that addresses each question. Applying before the necessary documentation is available often results in avoidable denials or requests for additional assessments."

Exclusions Under the Lanterman Act & Title 17

(Welfare & Institutions Code §4512; Title 17, California Code of Regulations §54000)

A developmental disability does not include conditions that are solely a psychiatric disorder, solely a physical disability or solely a learning disability.

Why This Matters for FASD

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability resulting from permanent brain injury that occurs before birth. The neurological injury is present from the beginning of development and affects how the brain develops and functions throughout life.

Because the underlying condition is a developmental brain injury - not a psychiatric disorder, learning disability, or physical disability alone - FASD cannot accurately be described as a condition that is solely psychiatric. While many individuals with FASD also have diagnosed mental health conditions such as anxiety, depression, or trauma-related disorders, many emotional, behavioral, and cognitive symptoms commonly attributed to psychiatric disorders may instead be manifestations of the underlying prenatal brain injury. These co-occurring diagnoses do not replace or eliminate the underlying developmental disability.

The legal question is not whether the individual has psychiatric diagnoses. The question is whether the person's substantial functional limitations are explained solely by those psychiatric conditions. When the evidence demonstrates that the individual's lifelong functional impairments arise from prenatal brain injury, the exclusion for conditions that are "solely psychiatric" does not apply.

What Is a Developmental Disability?

California's Lanterman Act defines a developmental disability as a disability that:

- Originates before age 18
- Is expected to continue indefinitely
- Constitutes a substantial disability

The Act specifically identifies four developmental disabilities:

- Intellectual Disability
- Autism Spectrum Disorder
- Cerebral Palsy
- Epilepsy

Through what is commonly called the 5th category, the law also recognizes certain disabling conditions that are:

Closely related to intellectual disability or require treatment similar to that required for individuals with an intellectual disability.

Unlike the four specifically named disabilities, the 5th Category does not identify particular diagnoses. Instead, Regional Center determines whether an individual's condition meets the legal standard established by the Lanterman Act. Because many individuals with Fetal Alcohol Spectrum Disorder (FASD) apply for Regional Center eligibility under the 5th Category, it deserves additional explanation later in this section.

Did the Disability Originate Before Age 18?

Eligibility requires evidence that the developmental disability was present before the individual's eighteenth birthday.

This does not mean the disability had to be diagnosed before age 18. Many developmental disabilities, including FASD, are identified during adolescence or adulthood. Instead, the available evidence should demonstrate that the condition, symptoms, or functional limitations were present during childhood.

Helpful documentation may include:

- Developmental history
- Medical records
- School records
- Early intervention records
- Psychological evaluations
- Parent or caregiver reports

For individuals with FASD, prenatal alcohol exposure occurs before birth. While diagnosis may occur later, documentation should establish that the resulting developmental disability has been present since birth.

Is the Disability Expected to Continue Indefinitely?

The documentation should demonstrate that the disability is expected to continue throughout the individual's lifetime.

This does not mean the person cannot learn, mature, develop new skills, or become more independent. Many individuals make significant progress with appropriate supports. Rather, it means the underlying developmental disability is permanent, even though functioning may improve.

Evidence may include:

- Diagnostic evaluations
- Medical records
- Psychological reports
- Developmental history
- Provider letters

For individuals with FASD, prenatal alcohol exposure results in permanent changes to brain development. Although individuals may continue to learn and develop throughout life, the underlying disability is lifelong.

What Is a Substantial Disability?

The Lanterman Act defines a developmental disability as one that constitutes a substantial disability.

Regional Center generally evaluates whether the disability results in significant functional limitations in three or more of the following major life activities:

- Self-Care
- Mobility
- Learning
- Self Direction
- Capacity for independent learning
- Receptive and Expressive Language
- Economic Self Sufficiency

The focus is not simply what diagnosis a person has, but how the disability affects day-to-day functioning. Regional Center considers whether the individual functions safely, consistently, and independently at home, school, work, and within the community.

Throughout this toolkit, you'll learn how assessments, functional evidence, provider observations, support logs, and caregiver reports can help document these limitations.

Understanding the 5th Category

The first four eligibility categories identify specific developmental disabilities. The 5th Category is different because it describes a legal standard rather than a list of diagnoses. The Lanterman Act includes disabling conditions that are:

"Closely related to intellectual disability" or "require treatment similar to that required for individuals with an intellectual disability."

Like every other Regional Center applicant, individuals applying under the 5th Category must still demonstrate that the disability:

- Originated before age 18
- Is expected to continue indefinitely
- Constitutes a substantial disability

The difference is that Regional Center must first determine whether the individual's condition falls within the statutory language describing the 5th Category.

Neither the Lanterman Act nor its implementing regulations specifically define the phrases "closely related to intellectual disability" or "requires treatment similar to that required for individuals with an intellectual disability." As a result, the available evidence must be considered in light of the law.

The *Disability Rights California Rights Under the Lanterman Act (RULA)* explains that these undefined terms have contributed to differing interpretations among Regional Centers over time and discusses the legislative history, case law, and practical application of the 5th Category.

Because of this, comprehensive documentation is particularly important. Rather than relying on a diagnosis alone to qualify a developmental disability, Regional Center considers the combined evidence, including:

- Developmental history
- Medical records
- Cognitive assessments
- Adaptive functioning assessments
- Educational records
- Provider observations
- Functional evidence
- Caregiver reports
- Documentation of ongoing support

The strongest applications are built before the application is submitted - not during the Regional Center evaluation. They present clear, well-organized evidence that addresses each eligibility requirement. For many applicants, no single report provides all of the necessary information. Instead, eligibility is established by the combined evidence. The purpose of this toolkit is to help families identify, organize, and present that evidence in a clear, comprehensive, and legally relevant manner.

Additional Resources

Readers seeking a more detailed legal discussion of the 5th Category are encouraged to review the *Disability Rights California Rights Under the Lanterman Act (RULA)*, particularly:

- Chapter 2.12 – Conditions Closely Related to Intellectual Disability or Requiring Similar Treatment
- Chapter 2.13 – What Does It Mean to Have a Condition Closely Related to Intellectual Disability?
- Chapter 2.14 – What Does It Mean to Require Treatment Similar to That Required for Individuals with an Intellectual Disability?
- Chapter 2.15 – Applying Under the Treatment Similar Standard
- Chapter 2.16 – Documentation for 5th Category Applications
- Chapter 2.17 – Why Individuals with the Same Diagnosis May Receive Different Eligibility Determinations

Helpful background information is also provided in:

- Supplement D – Records Regional Centers May Request
- Supplement E – Cognitive Disabilities
- Supplement F – Services and Supports for People with Cognitive Disabilities

KEY TAKEAWAY

Regional Center eligibility is based on evidence—not diagnosis alone. Every application should clearly address the legal eligibility requirements and demonstrate how the available documentation supports those requirements.

Section 2: Understanding Documentation

As we have stated, no single report, assessment, IEP, provider letter, or medical record is expected to establish eligibility by itself.

The strongest eligibility files typically include both:

Professional documentation	assessments medical records provider letters	evaluations educational records
Real-world documentation	caregiver observations/support logs examples of day-to-day functioning descriptions of the assistance provided	

Together, these documents should explain not only the diagnosis, but also how the disability affects day-to-day life, the supports required, and how the evidence addresses the legal criteria for Regional Center eligibility.

- Instead of asking: Does this report prove eligibility?
- Ask: Which of the four eligibility questions does this document help answer?
What evidence does it provide?
What evidence is still missing?

Thinking this way helps organize documentation into a complete eligibility file rather than a collection of unrelated reports.

Different Documents Answer Different Questions

Not every document serves the same purpose. Some records establish the nature of the disability, others document when it began, while others demonstrate functional limitations or ongoing support needs. The following examples illustrate how different types of documentation may contribute to the overall eligibility determination

Many documents help answer more than one of the legal questions introduced in Section 1. The goal is not to place each document into a single category, but to understand how each piece of evidence contributes to the overall eligibility picture.

Documentation Should Reflect Actual Functioning

Regional Center is generally interested in how a person functions in everyday life, not simply whether they are capable of performing a task under ideal circumstances. One of the most common mistakes families make is unintentionally documenting capability rather than actual functioning.

For example, a teen may technically be capable of brushing their teeth.

However, if they require reminders to begin, assistance gathering supplies, supervision to complete the task, or frequently forget unless someone intervenes, those supports should be documented.

When describing functioning, consider questions such as:

- Does the person initiate the task independently?
- Can the person complete the task consistently?
- Can the person complete it safely?
- How much prompting or supervision is required?
- What happens when supports are unavailable?

The goal is to describe what the person actually does in everyday life, not what they may be capable of doing under ideal circumstances.

Your answers matter. Whether you are completing questionnaires, speaking with evaluators, writing declarations, or providing examples, documenting functioning helps create a more accurate picture of how the disability affects the individual.

Lack of Support Does Not Mean Lack of Need

Sometimes disability is hidden because the person participates in very few activities.

A person may not work, drive, use public transportation, attend college, participate in community activities, manage finances, or pursue independent living - not because they do not need support, but because the demands of those activities exceed their current functional capacity.

When an activity is consistently avoided because of the disability, the absence of participation may itself be important evidence.

Examples:

A young adult does not drive because processing information, making rapid decisions, and responding to changing traffic conditions is overwhelming.

Examples:

A student attends school for only part of the day because the cognitive, sensory, or emotional demands cannot be sustained.

An adult continues living with family because the demands of independent living exceed their functional abilities.

A person does not seek employment because executive functioning, communication, transportation, planning, and self-direction challenges make maintaining a job unrealistic without significant supports.

These situations should not be interpreted as evidence that supports are unnecessary. Instead, they may demonstrate that the disability limits participation before supports can even be attempted.

When reviewing documentation, it's important to ask two questions:

"What supports does this person receive?"

"What activities has this person been unable to attempt, sustain, or participate in because of the disability?"

Both questions help create a more complete picture of functioning and may provide important evidence of substantial disability.

How Diagnostic Documentation Supports Eligibility

A diagnosis is an important starting point in the nature of the disability. However, Regional Center must still determine whether the statutory eligibility requirements have been met.

Diagnostic documentation is most useful when it helps answer the first legal question introduced in Section 1:

Does the individual have a qualifying developmental disability?

Depending on the diagnosis and the information contained within the evaluation, it may also provide evidence that the disability originated before age 18, is expected to continue indefinitely, or explains functional limitations described elsewhere in the record.

Any diagnostic evaluation submitted should explain:

- | | |
|---|--|
| ☐ The basis for the diagnosis | ☐ Clinical observations |
| ☐ Records reviewed | ☐ The evaluator's reasoning |
| ☐ Testing completed | ☐ How the diagnosis affects daily functioning |
| ☐ Diagnostic criteria considered | ☐ How the diagnosis relates to support needs |

A diagnosis should be more than a label. The documentation should explain why the diagnosis was made and provide objective evidence supporting the conclusion. If supporting information is limited, consider obtaining additional records or provider letters that further explain the diagnosis and its impact on everyday life.

If the available diagnostic documentation does not provide sufficient information to determine eligibility, Regional Center may conduct its own assessment. Families **should not** rely on the Regional Center evaluation to establish eligibility when significant evidence is missing.

KEY TAKEAWAY

Every document has a purpose. Understanding what each record contributes is the first step toward building a clear and persuasive eligibility file.

Section 3: Evaluating Assessments as Evidence

Assessments are often some of the most valuable pieces of evidence submitted to Regional Center. They provide objective information about cognitive abilities, adaptive functioning, communication, learning, executive functioning, developmental history, sensory processing, and other areas relevant to eligibility.

Keep in mind, not every assessment is accurate, complete, or equally helpful. An evaluation may contain valuable testing data, unsupported conclusions, factual inaccuracies, outdated information, or a mixture of all of these. Different evaluators may also interpret the same information differently.

For this reason, it is important to review each assessment critically rather than accepting every conclusion at face value. The value of an assessment lies not only in the evaluator's opinion, but also in the documented findings, observations, testing results, and functional information it contains.

- Instead of asking: Does this assessment support eligibility?
- Ask: Which of the four eligibility questions does this assessment help answer?
What objective evidence does it provide?
Does the data support the evaluator's conclusions?
Does it describe day-to-day functioning and support needs?
What important information may still be missing?

Thinking this way transforms assessments from isolated reports into pieces of an evidence-based record.

Current and Historical Assessments

Formal assessments provide a snapshot of an individual's functioning at the time they were completed. Because functioning, support needs, available information, and diagnostic understanding can change over time, Regional Center gives greater weight to current assessments (generally within 3 years) when evaluating an individual's present level of functioning.

Older assessments should not be discarded simply because they are no longer current. They often provide valuable historical evidence documenting:

- Developmental history
- Age of onset
- The lifelong nature of the disability
- Patterns of strengths and challenges over time
- The consistency of functional limitations and support needs

For individuals with FASD, older assessments may contain excellent observations even if FASD had not yet been diagnosed or considered. In these situations, the testing results often remain valuable, while

the interpretation may benefit from reconsideration in light of additional diagnoses, developmental history, or current scientific understanding.

Best Practice: Independent Assessments

If no comprehensive neuropsychological or cognitive evaluation has been completed within the last three years, or if important questions remain unanswered, consider obtaining an updated independent evaluation from someone who understands FASD, rather than relying solely on Regional Center to conduct one. An independent assessment may provide a more comprehensive understanding of the individual's strengths, challenges, executive functioning, adaptive functioning, and support needs before the eligibility determination is made.

Think of older assessments as documenting where the individual was and current assessments as documenting where the individual is today. Together, they provide a more complete picture of the individual's lifelong disability and functioning across day-to-day life.

Start With the Findings, Not the Conclusion

Many families naturally focus on the evaluator's final diagnosis or summary. While these sections are important, they should not be the starting point.

Instead, begin by reviewing the objective findings throughout the report. Look for:

Standardized test scores	Adaptive functioning
Behavioral observations	Executive functioning
Functional concerns	Developmental history
Communication and language findings	Educational observations
Sensory processing or motor concerns	Safety concerns
Statements describing support needs	Day-to-day functional limitations

Sometimes the most valuable information in an assessment is found in the testing results, observations, or narrative descriptions rather than the evaluator's final conclusion.

The following sections describe common assessments, the information they typically provide, and how that information may contribute to the overall eligibility determination.

Neuropsychological and Cognitive Assessment

LOOK FOR EVIDENCE OF...

- | | | | | |
|---|------------------------------------|------------------------------------|--|---|
| ☐ Executive functioning | ☐ Attention | ☐ Learning | ☐ Problem solving | ☐ Visual-spatial skills |
| ☐ Processing speed | ☐ Memory | ☐ Reasoning | ☐ Cognitive flexibility | ☐ Intellectual functioning |
| ☐ Verbal and nonverbal reasoning | | | | |

Neuropsychological and cognitive assessments evaluate how the brain processes information. These assessments may also help determine whether a person's disability is closely related to intellectual disability, particularly when considered alongside adaptive functioning, developmental history, and other evidence.

Look Beyond the IQ Score

Many developmental disabilities, including FASD, autism, and other neurodevelopmental conditions, produce uneven patterns of strengths and weaknesses.

A person may perform very well in some areas while showing significant impairments in others.

For example:

- Strong vocabulary but poor judgment
- Strong reading ability but poor adaptive functioning
- Average IQ with severe executive functioning deficits
- Good rote memory but difficulty applying information in everyday situations

Regional Center evaluates the whole person—not a single score. Functional limitations, adaptive functioning, executive functioning, and support needs often provide a more meaningful picture of day-to-day functioning than IQ alone.

For older children, adolescents, and adults with suspected FASD, a current comprehensive neuropsychological evaluation often becomes increasingly valuable. Many challenges do not become fully apparent until the demands of adolescence and adulthood require greater independence, judgment, planning, organization, and self-direction. These evaluations can provide objective evidence of how the disability affects everyday functioning and the level of support the individual requires. For this reason, it may also be more difficult to prove eligibility in a young child.

For individuals being considered under the 5th Category, there is **no single IQ cutoff**. Cognitive testing is one piece of evidence that should always be considered alongside adaptive functioning, developmental history, and real-world functioning.

Adaptive Functioning Assessments

LOOK FOR EVIDENCE OF...

- | | | | |
|--|------------------------------------|------------------------------------|--|
| ☐ Executive functioning | ☐ Attention | ☐ Learning | ☐ Visual-spatial skills |
| ☐ Processing speed | ☐ Memory | ☐ Reasoning | ☐ Cognitive flexibility |

Adaptive functioning assessments measure how a person functions in everyday life. Unlike cognitive testing, which measures what a person may be capable of doing, adaptive assessments evaluate how consistently and independently those abilities are used in real-world situations.

Adaptive functioning is often one of the most important sources of evidence regarding substantial disability because it measures actual functioning rather than potential ability.

Understanding Adaptive Scores

Adaptive scores are intended to reflect actual functioning.

Instead of asking: Can this person do this?

Ask: Does this person do this independently, consistently, safely, and in everyday life?

For example, an individual may technically know how to prepare a simple meal. However, if they require reminders to begin, assistance gathering ingredients, supervision for safety, prompting to complete each step, or help cleaning up afterward, those supports should be reflected in the assessment. Again, the goal is to document actual functioning, not isolated capability.

When completing adaptive questionnaires, consider:

Prompting	Environmental supports
Reminders	Assistance provided
Supervision	Accommodations

If supports are already built into daily life, they are easy to overlook - but they are often some of the strongest evidence of disability. For many individuals with FASD, adaptive functioning is significantly lower than would be expected based on cognitive ability. This gap between knowing and doing is one of the hallmark features of FASD and is often one of the most important findings.

Speech-Language Assessments

LOOK FOR EVIDENCE OF...

- | | | | |
|--|--|---|---|
| ☐ Receptive language | ☐ Abstract language | ☐ Auditory comprehension | ☐ Social communication |
| ☐ Expressive language | ☐ Conversation skills | ☐ Functional Communication | ☐ Following directions |
| ☐ Pragmatic (social) language | | | |

Speech-language evaluations measure far more than speech production. They often provide important information about how an individual understands, processes, and uses language in everyday situations

For example, an individual may speak fluently and appear conversational, yet struggle to understand abstract language, interpret social cues, follow multi-step directions, or generalize information from one situation to another. These difficulties may not be obvious during casual conversation but can have a significant impact on school, employment, relationships, and independent living.

Occupational Therapy Assessments

LOOK FOR EVIDENCE OF...

- | | | | |
|---|--|--|---|
| ☐ Sensory processing | ☐ Motor planning | ☐ Organization | ☐ Functional participation |
| ☐ Emotional regulation | ☐ Fine motor skills | ☐ Daily living skills | ☐ Environmental accommodations |
| ☐ Self-care | | | |

These evaluations frequently explain why certain environments, expectations, or daily activities are difficult and identify accommodations or environmental supports that improve success. For individuals with FASD, occupational therapy assessments often help explain how sensory processing, regulation, and executive functioning affect participation in everyday life.

Example:

Teacher notes document repeated hitting during recess. When reviewed alongside the occupational therapy assessment, the records show the incidents consistently occurred in overstimulating environments and decreased when sensory accommodations were implemented.

Educational Records

LOOK FOR EVIDENCE OF...

- | | | |
|---|---|--|
| ☐ Teacher observations | ☐ Progress over time | ☐ Behavior across settings |
| ☐ Classroom functioning | ☐ Attendance patterns | ☐ Functional limitations |
| ☐ Executive functioning challenges | ☐ Communication difficulties | ☐ Accommodations, modifications, and supports |

In addition to formal educational assessments, school records may also provide valuable evidence, including:

- IEPs and 504 Plans
- Eligibility determinations
- Progress reports
- Attendance records
- Report cards
- Discipline records (when relevant)
- Teacher narratives
- Service logs
- Transition plans
- Work samples (when helpful)

Example:

A psychoeducational evaluation may show executive functioning deficits on standardized testing. Teacher observations, IEP goals, attendance records, and classroom accommodations help demonstrate how those deficits affect the student's functioning over months or years.

Medical and Developmental Evaluations

LOOK FOR EVIDENCE OF...

- | | | | |
|---|--|--|---|
| ☐ Developmental milestones | ☐ Neurological findings | ☐ Medical diagnoses | ☐ Specialist consultations |
| ☐ Prenatal and birth history | ☐ Genetic evaluations | ☐ Growth history | ☐ Medical recommendations |
| ☐ Prenatal alcohol exposure | | | |

Medical and developmental evaluations often provide important evidence regarding the origin and lifelong nature of a developmental disability. These evaluations may help demonstrate that the disability originated before age 18, is expected to continue indefinitely, and has a neurological or developmental basis.

Mental Health Evaluations

LOOK FOR EVIDENCE OF...

- | | | |
|--|---|--|
| ☐ emotional functioning | ☐ psychiatric symptoms | ☐ behavioral regulation |
| ☐ treatment history | ☐ daily functioning | |

For individuals with FASD and other neurodevelopmental disabilities, it is important to distinguish primary mental health conditions from behaviors and symptoms that arise from the underlying brain-based disability.

Difficulties with emotional regulation, impulsivity, executive functioning, judgment, anxiety, social understanding, or behavioral control may sometimes be interpreted as primary psychiatric disorders when they are actually manifestations of the underlying neurodevelopmental disability. Mental health conditions commonly co-occur with FASD, however, mental health should not automatically be assumed to be the primary cause of an individual's functional limitations.

Historically, formal training in FASD has been limited across many healthcare, mental health, education, and allied health professions. As a result, individuals with FASD are frequently misdiagnosed, underdiagnosed, or their difficulties are attributed solely to anxiety, trauma, autism, or other psychiatric or behavioral conditions without recognizing the underlying neurodevelopmental disability.

This can influence not only the diagnosis itself, but also the interpretation of assessment findings and the recommendations that follow.

When reviewing mental health evaluations, consider:

- Were all relevant diagnoses known when the evaluation was completed?
- Was prenatal alcohol exposure or FASD considered?
- Are the conclusions supported by the objective findings?
- Do the recommendations match the individual's neurodevelopmental profile?
- Do the recommendations rely heavily on insight, abstract reasoning, executive functioning, or generalization - areas commonly affected in FASD?

Review Assessments Critically

Assessments are completed by trained professionals, but every evaluation reflects the information available to the evaluator and the current understanding of the individual's disability at the time the assessment was completed.

An assessment may not fully capture an individual's disability because:

- Important diagnoses had not yet been identified.
- Prenatal alcohol exposure was unknown or undocumented.
- Relevant developmental, medical, educational, or family history was unavailable.
- Information from caregivers, schools, or other providers was limited.
- The evaluator had limited training or experience with a particular developmental disability.
- Scientific knowledge and best practices have evolved since the evaluation was completed.
- The individual's functioning has changed over time.

For individuals with FASD, older evaluations often contain valuable testing data even when the diagnosis was not yet recognized. In these situations, the testing results themselves may remain highly useful, while the interpretation or conclusions may benefit from reconsideration in light of additional diagnoses, developmental history, or current scientific understanding.

When reviewing an assessment, consider whether:

- The conclusions are supported by the standardized results.
- Developmental history was adequately considered.
- The evaluator had sufficient information to understand the individual's full developmental profile.
- Functional limitations are clearly described.
- Recommendations are consistent with the individual's demonstrated strengths, challenges, and support needs.

An assessment should not be accepted - or dismissed - based solely on its conclusions. Instead, it should be considered alongside all other available evidence to determine how it contributes to the overall understanding of the individual's functioning.

The next section explains how to identify gaps in the evidence and build a comprehensive record that clearly demonstrates the individual's functioning and addresses the legal criteria for Regional Center eligibility.

Best Practice: Evaluator Selection

If updated evaluations are needed, consider selecting an evaluator experienced in FASD or other neurodevelopmental disabilities. The evaluator's experience can influence which conditions are considered, how testing results are interpreted, and whether executive functioning, adaptive functioning, and developmental history are fully evaluated.

KEY TAKEAWAY

Assessments provide valuable objective evidence, but no single evaluation tells the whole story. Focus on the findings, not just the conclusions, and consider how each assessment contributes to your overall understanding of the individual's disability, functioning, and support needs.

Section 4: Building Functional Evidence

Why Functional Evidence Matters

As we just discussed, assessments and evaluations provide important objective information about an individual's disability. However, even the most comprehensive assessment captures only a snapshot of functioning at a particular point in time. Many of the most significant challenges associated with developmental disabilities occur throughout day-to-day life and may not be fully reflected in standardized testing, report scores, or observations made during a single appointment.

Functional evidence bridges that gap.

It demonstrates how assessment findings affect functioning, the supports required for success, and the day-to-day impact of the disability across home, school, work, and community settings. Rather than simply identifying a diagnosis or test score, functional evidence illustrates substantial disability by answering an important question:

"What do these assessment findings actually look like in everyday life?"

Strong functional evidence helps connect:

- Assessment findings
- Functional limitations
- Major life activities
- Support needs
- Real-world impact

Document Actual Functioning - Not Isolated Ability

One of the most common mistakes families make is documenting what a person can do rather than how they typically function in everyday life.

Regional Center is generally interested in whether a person can perform a task: The goal is not to demonstrate isolated success under ideal circumstances. The goal is to accurately describe what a person can do day-in and day-out over time.

Instead of asking: Can they keep their personal space clean?

Ask:

- Do they recognize when it needs attention?
- Can they decide where to begin?
- Can they organize the task into manageable steps?
- Can they remain on task until it is finished?
- Can they put belongings away in appropriate places?
- Can they complete the task consistently without reminders or supervision?

Existing Supports Can Hide Disability

Many individuals appear more independent than they actually are because significant supports are already built into everyday life. Over time, these supports become routine and are often overlooked because they are structured to be automatic.

- Scheduling appointments
- Providing reminders
- Managing medications
- Planning transportation
- Paying bills
- Managing paperwork
- Managing paperwork
- Organizing schedules
- Preparing meals
- Monitoring safety
- Providing emotional regulation

When documenting functioning, describe both:

- The support that is provided
- What would likely happen if that support were not available.

The support itself is often some of the strongest evidence of disability.

Invisible Supports

Some supports occur before a problem ever develops. Because these supports prevent difficulties from occurring, they are often invisible to evaluators reviewing records.

Some example are:

- Simplifying schedules
- Anticipating potential problems
- Preparing materials in advance
- Avoiding overwhelming environments
- Managing paperwork behind the scenes
- Remaining constantly available for questions
- Monitoring routines throughout the day
- Communicating with schools, employers, providers, or agencies
- Helping the individual regulate emotions before situations escalate

These supports require significant time and effort, yet they are rarely reflected in formal assessments unless families intentionally document them.

Compensatory Strategies May Also Be Evidence

Many individuals develop routines or strategies that compensate for areas of disability.

Regional Center evaluates typical functioning, not occasional success.

Examples include:

- Shopping only at familiar stores
- Driving only familiar routes
- Using GPS for every trip
- Photographing where the car is parked
- Following the same daily routine
- Eating the same meals repeatedly
- Avoiding unfamiliar situations
- Limiting activities to prevent becoming overwhelmed
- Relying on family members to quietly organize daily responsibilities

These should not automatically be viewed as personal preferences. They may represent important adaptations that compensate for executive functioning, memory, communication, sensory processing, or adaptive functioning difficulties.

Capability Is Not the Same as Independent Functioning

Many individuals with developmental disabilities can perform a task under the right circumstances.

The more important question is whether they can perform that task:

- Independently
- Consistently
- Safely
- Across different environments
- Without ongoing support

Examples:

A student may be capable of completing a worksheet but cannot independently get started, remain on task, organize materials, or remember to turn it in without prompting.

A person may understand the concept of budgeting money but cannot consistently pay bills on time, recognize financial scams, manage a bank account, or make sound financial decisions without assistance.

Examples:

A person may be able to complete a load of laundry but cannot consistently remember when it needs to be done, transfer clothes to the dryer, fold them, and put them away without repeated reminders.

What Happens When Supports Are Removed?

One of the most useful questions families can ask themselves is:

WHAT WOULD HAPPEN IF THIS SUPPORT WAS NOT PROVIDED?

For example, a person may attend medical appointments independently.

HOWEVER:

- Who scheduled the appointment?
- Who remembered the appointment?
- Who arranged transportation?
- Who explained what to expect?
- Who completed the paperwork?
- Who followed up afterward?

If those supports disappeared tomorrow, what would likely happen?

Consider the likely impact on the individual's ability to attend the appointment, understand information, complete necessary tasks, and follow through with recommended care. This helps demonstrate how the supports are essential for consistent, safe, and successful functioning.

Answering that question often provides a clearer picture of actual support needs than simply describing a successful outcome.

Less helpful: *Needs help getting ready*

More helpful: *Required three reminders to begin getting dressed. Needed assistance locating clothing. Became overwhelmed when expected to prepare independently and required support to complete the morning routine.*

Less helpful: *Becomes overwhelmed easily.*

More helpful: *During the past two weeks, the individual became overwhelmed during five routine activities, including grocery shopping, a medical appointment, and two family outings. Each time, they required assistance leaving the situation and support to regain emotional regulation.*

Support Logs

Support logs are one of the most valuable tools available to families because they document daily functioning over time rather than during a single appointment.

Simple, consistent documentation is often more valuable than lengthy narratives. Consider documenting:

- Assistance provided
- Prompting and reminders
- Supervision required
- Safety concerns
- Emotional regulation difficulties
- Organizational challenges
- Missed responsibilities
- Transportation difficulties
- School, work, or community challenges
- Daily living skills
- Situations where support prevented a problem
- Situations where support was unavailable

Specific examples are generally more persuasive than broad descriptions.

Document Patterns, Not Isolated Incidents

Whenever possible, describe:

- How often something occurs
- How much support is required
- How severe the impact is
- What happens when support is unavailable
- Whether the difficulty occurs across different settings

Patterns observed over time generally provide a more accurate picture of functioning than isolated successes or isolated failures.

Provider Letters

Provider letters can strengthen an eligibility application by connecting professional observations with real life performance.

Helpful providers may include:

- Physicians
- Psychologists
- Job Coaches
- Independent Living Instructors

- Occupational Therapists
- Speech-Language Pathologists
- Teachers
- Therapists
- Other professionals familiar with the individual's daily functioning

Strong provider letters often describe:

- Support needs
- Professional observations
- Safety concerns
- Functional limitations
- Real-world examples
- Recommendations
- How the disability affects functioning

Rather than simply restating a diagnosis, provider letters should help explain how the disability affects the individual's ability to function in daily life.

Building a Strong Functional Record

The strongest functional evidence combines information from multiple sources, including:

- Assessment findings
- Provider observations
- Support logs
- Caregiver observations
- Educational or employment records
- Documentation of support needs
- Documentation of what happens when supports are unavailable
- Real-world examples of daily life

When these sources consistently describe the same functional limitations, they create a stronger and more complete evidentiary record than any single document alone.

KEY TAKEAWAY

Assessments identify **what** a disability is.

Functional evidence demonstrates **how that disability affects everyday life**.

Together, they provide a comprehensive picture of the individual's functioning, the supports required for success, and the functional limitations of the disability - information that is essential when Regional Center evaluates whether the legal criteria for eligibility have been met.

Section 5: Connecting The Evidence

By this point, you have learned:

- What Regional Center must determine.
- What different documents contribute to the eligibility determination.
- How to evaluate assessments as evidence.
- How to document functioning and support needs.

The final step is bringing those pieces together into a clear, consistent evidence file. One of the most effective ways to strengthen an application is to connect information across multiple records rather than viewing each document separately.

Look for Connections Across Records

Strong eligibility files often tell the same story from multiple perspectives.

For example:

- A neuropsychological evaluation identifies executive functioning deficits.
- A Vineland documents reduced adaptive functioning.
- School records show difficulty completing assignments independently.
- Occupational therapy documents organization and sensory regulation challenges.
- Caregiver logs describe the daily prompting required to complete routines.
- Provider letters explain why these supports remain necessary.

Although each document serves a different purpose, together they describe a consistent pattern of functioning. When multiple independent sources describe similar challenges, the overall evidentiary record becomes stronger. When the evidence works together to answer Regional Center's legal questions, it creates a clear and persuasive picture of why the individual meets the eligibility criteria.

Examples:

See Infographics at the end of this paper

KEY TAKEAWAY

Your job isn't to overwhelm Regional Center with paperwork. It's to organize the records so they tell a clear, consistent story of how the disability affects the individual's life - making the impact and support needs impossible to miss.

Section 6: Final Eligibility File Review

Before submitting your application, review the file as a whole.

The strongest eligibility files are not necessarily the largest. They clearly answer Regional Center's legal questions using objective evidence, functional documentation, and consistent information from multiple sources.

Eligibility Requirements

Does the documentation demonstrate that the individual: Has a qualifying developmental disability?

- ☐ Has a disability that originated before age 18?
- ☐ Has a disability that is expected to continue indefinitely?
- ☐ Has a substantial disability resulting in significant functional limitations in three or more major life activities?
- ☐ If applying under the 5th Category, does the evidence clearly address whether the disability is closely related to intellectual disability or requires treatment similar to that required for individuals with an intellectual disability?

Assessment Review

- ☐ Are current assessments available (within the last 3 years)?
- ☐ Are older assessments included to document developmental history and lifelong functioning?
- ☐ Have assessments been reviewed for accuracy, completeness, and consistency?
- ☐ Do the objective findings support the evaluator's conclusions?
- ☐ Have important findings from cognitive, adaptive, speech-language, occupational therapy, educational, medical, and mental health evaluations been identified?
- ☐ Have important findings been connected across multiple reports?

Functional Evidence

- ☐ Are functional limitations clearly described?
- ☐ Does the documentation reflect actual daily functioning rather than isolated capability?

- ☐ Are support needs clearly documented?
- ☐ Are real-world examples included?
- ☐ Have existing supports been described?
- ☐ Does the documentation explain what happens when supports are unavailable?
- ☐ Have compensatory strategies been identified where appropriate?
- ☐ Are patterns of functioning documented rather than isolated incidents?

Building the Overall Picture

- ☐ Do the records consistently describe the same developmental disability?
- ☐ Do the assessment findings, provider observations, support logs, and caregiver reports support one another?
- ☐ Have significant strengths been acknowledged while accurately documenting functional limitations?
- ☐ Have important gaps in the evidence been identified and addressed?
- ☐ Would someone unfamiliar with the individual understand:
 - What the disability is?
 - How it affects real life functioning?
 - What supports are needed?
 - Why those supports are necessary?

Common Pitfalls

Even strong applications can be weakened when important information is overlooked or disconnected.

As you review your documentation, consider whether you have:

- ☐ Focused on the diagnosis without documenting its functional impact.
- ☐ Described what the individual can do rather than how they function independently, consistently, and safely.
- ☐ Overlooked the supports that make success possible.
- ☐ Failed to document what happens when supports are unavailable.
- ☐ Assumed average intelligence rules out substantial disability.

- ☐ Underreported adaptive functioning, executive functioning, or support needs.
- ☐ Overlooked records demonstrating that the disability was present before age 18.
- ☐ Assumed mental health conditions fully explain difficulties that may arise from an underlying developmental disability.
- ☐ Relied on conclusions rather than the data that support them.
- ☐ Submitted reports without reviewing them for accuracy, completeness, functional impact, and relevance to the eligibility criteria.
- ☐ Failed to connect evidence across multiple records into a consistent picture of the individual's functioning.

KEY TAKEAWAY

Before submitting your application, review the complete evidentiary record. A well-organized file clearly demonstrates the individual's disability, functional performance, support needs, and how the evidence satisfies Regional Center's eligibility requirements.

Final Thoughts

Building a strong eligibility record takes time. Reading reports, gathering records, reviewing assessments, documenting functioning, and organizing evidence can feel overwhelming - especially while caring for someone with significant support needs.

As you work through the documentation, you also develop a deeper understanding of the individual's disability, strengths, functional challenges, and support needs. You begin to recognize patterns, connect information across reports, and understand how assessments relate to everyday life. That knowledge becomes invaluable as you will be better prepared to participate in meetings, ask informed questions, explain the individual's needs with confidence, and advocate for supports that accurately reflect their disability.

The goal of this guide is not simply to help you organize paperwork. It is to help you understand the evidence, tell the individual's story accurately, and present a clear picture of how the disability affects everyday life.

A well-organized eligibility file is crucial. An informed caregiver can be even more valuable because they carry that knowledge into every meeting, every conversation, and every decision.

EXAMPLE: CONNECTING THE EVIDENCE

This example shows how assessment findings, functional evidence, support needs, and real-world examples work together to create a complete evidentiary record.

SCHOOL-AGE CHILD EXAMPLE (AGE 12)



ASSESSMENT



FUNCTIONAL EVIDENCE



MAJOR LIFE ACTIVITIES



SUPPORT NEEDED



SUPPORT LOGS



COMPLETE EVIDENTIARY RECORD



ASSESSMENT FINDING

Significant Executive Functioning Deficits

Testing and evaluation identify difficulties with planning, organization, working memory, initiation, and self-monitoring.



FUNCTIONAL EVIDENCE *(What This Looks Like in Daily Life)*

- Frequently forgets multi-step instructions within minutes.
- Has difficulty organizing school materials and assignments.
- Becomes overwhelmed when routines change unexpectedly.
- Starts tasks but rarely completes them without adult support.
- Has difficulty estimating time and preparing for daily activities.
- Requires repeated reminders for basic routines that same-age peers typically complete with minimal help.

IMPACT ON MAJOR LIFE ACTIVITIES AND SUPPORTS NEEDED

Major Life Activity	Functional Impact	Support Needed
 Learning	Difficulty understanding, retaining, and using information independently. Struggles with completing assignments, studying, and applying learned information.	Written instructions, visual supports, chunked tasks, frequent check-ins, homework support, and help with organization.
 Self-Direction	Difficulty planning, initiating, and completing tasks. Needs adult help to make decisions and follow through on responsibilities.	Daily adult supervision, help breaking tasks into steps, reminders, and assistance making appropriate choices.
 Capacity for Independent Living (Age-Appropriate)	Needs help with routines (morning, hygiene, meals, chores), time management, keeping track of belongings, and getting to appointments or activities on time.	Support with routines, visual schedules, help preparing for activities, and reminders for time and transitions.



SUPPORT LOG EXAMPLES *(Real-World Documentation)*



9/8/26

Parent reminded child four times to pack backpack and bring homework folder. Left home without homework and lunch despite checklist posted by the door.



10/2/26

Teacher reported student understood classroom instructions during the lesson but was unable to begin the assignment independently without one-to-one prompting.



10/14/26

Family prepared for soccer practice by laying out clothes, packing equipment, and reviewing the schedule together. Child still became overwhelmed when leaving because water bottle was missing and was unable to problem-solve without adult assistance.



WHY THIS STRENGTHENS THE RECORD

The evaluation identifies significant executive functioning deficits. Support logs show how these challenges affect school performance, daily routines, and age-appropriate independence. Together, the assessment findings and functional evidence demonstrate why the child requires substantially more support than same-age peers to function successfully across multiple areas of daily life.

EXAMPLE: CONNECTING THE EVIDENCE

This example shows how assessment findings, functional evidence, support needs, and real-world examples work together to create a complete evidentiary record.

ADULT EXAMPLE



ASSESSMENT



FUNCTIONAL EVIDENCE



MAJOR LIFE ACTIVITIES



SUPPORT NEEDED



SUPPORT LOGS



COMPLETE EVIDENTIARY RECORD



ASSESSMENT FINDING

Significant Memory Impairment

Neuropsychological testing demonstrates difficulty retaining and accurately recalling information.



FUNCTIONAL EVIDENCE *(What This Looks Like in Daily Life)*

- Frequently forgets conversations, appointments, instructions, and responsibilities.
- Requires written reminders and repetition.
- May unintentionally fill in memory gaps with information believed to be accurate (confabulation).
- Gives inconsistent accounts because information is not accurately remembered.

IMPACT ON MAJOR LIFE ACTIVITIES AND SUPPORTS NEEDED

Major Life Activity	Functional Impact	Support Needed
 Self-Direction	Difficulty making informed decisions because important information is not consistently remembered.	Assistance verifying information before making important decisions or answering questions.
 Learning	Difficulty retaining and applying new information over time.	Written information, repetition, visual supports, and review.
 Capacity for Independent Living	Cannot reliably manage medical, legal, educational, or financial responsibilities independently.	Support before, during, and after appointments and important interactions.



SUPPORT LOG EXAMPLES *(Real-World Documentation)*



2/12/26

Reported taking medication every day despite multiple missed doses documented on the medication log. Parent clarified medication history with the provider.



3/3/26

Reported symptoms that had not occurred while failing to mention symptoms that had occurred repeatedly. Parent provided additional information so the provider had an accurate clinical history.



5/18/26

Provided an inaccurate account of recent events during an interaction with law enforcement and later acknowledged uncertainty regarding what had occurred. Advocate assisted with communication.



WHY THIS STRENGTHENS THE RECORD

The neuropsychological evaluation documents a memory impairment. Support logs demonstrate how that impairment affects healthcare, communication, decision-making, learning, and independent functioning. Together, the assessment findings and functional evidence provide a clearer picture of the individual's support needs than either source could provide independently.