Developmental Disability-Children’s Global Assessment Scale

Review the subject’s performance across the main domains of functioning [a) self care, eating, dressing, sleeping; b) communication; c) social behavior; and d) academic performance] and settings [home, school, and community].

Score overall level of functioning by selecting the heading that describes functioning relative to typically developing child of the same age. Use intermediary levels (e.g., 35, 58, 62) as needed. Rate actual functioning regardless of treatment or prognosis. Focus on functional interference of psychopathology rather than symptoms per se. The descriptors provided below are only illustrative and are not required for a particular rating (see Instructions for scoring details).

Specified Time Period:

100-91 Superior functioning. Superior functioning within family, school, with peers. Superior accomplishments relative to age peers (e.g., high achievement in Scouts). School-age child doing well academically. Independently performs daily activities and self-care appropriate for age.

90-81 Adequate functioning in all areas: home, school, and peers; brief disturbances of behavior or emotional distress in response to life stresses (e.g., unanticipated changes in daily routine or physical environment), but no interference with functioning. Adaptive skills at age level in all domains.

80-71 Slight impairment in functioning. Most daily living activities at age level, but may need prompts and structure to accomplish. Minor changes in daily routine or environment may cause transient decrease in functioning. Social interactions may be one-sided and activity-based rather than intimacy-based. May appear immature, but not deviant.

Language generally age-appropriate but conversations may be one-sided and/or focused on preoccupations.

70-61 Slight impairment in functioning and moderate impairment in at least one domain. Social deficits apparent in most situations. Learns appropriate social skills, but inflexibly and unable to generalize. Adaptive/self-help skills immature in most areas. Behavior noticeably unusual in some situations (e.g., social groups, unstructured settings) affecting social acceptance, and may restrict participation in age-normative activities in one or two domains or in a specific setting.
60-51 Moderate impairment in functioning in most domains. Needs considerable structure and supervision for daily routines.

Daily living/adaptive skills are below age level. Communicates needs, responds to basic requests (verbally or nonverbally). Verbal language, if present, is inflexible and delayed. Social deficits and/or unusual behaviors are apparent in most settings and contribute to functioning below age expectation.

50-41 Moderate impairment in functioning in most domains and severe impairment in at least one domain (e.g., daily living or communication). Social overtures and/or responses are markedly absent or inappropriate. Daily living skills significantly delayed (e.g., dressing, bathing, eating). Stereotypic and/or other persistent unusual behaviors are noticeable to a casual observer and impede functioning.

40-31 Severe impairment in functioning in some domains. Rudimentary instrumental (not social) communication skills. Repetitive behaviors that interfere with adaptive functioning. Marked social withdrawal in most situations. Adaptive behavior significantly impaired. Significant environmental accommodations are needed in some domains. Very immature adaptive and self-care skills in at least two domains.

30-21 Severe impairment in all domains and settings, (e.g., home and school). Markedly withdrawn and isolated behavior. Requires extensive environmental accommodations (e.g., 1:1 supervision for behavior, locking cabinets, removing breakable objects from bedroom). Dependent in all aspects of daily living (e.g., dressing, bathing, toileting) beyond age expectation. May exhibit disturbance of basic regulatory process (e.g., sleeping, feeding).

20-11 Extreme impairment in at least one domain. Needs constant supervision; or extensive environmental accommodations for safety or for basic care (e.g., feeding, toileting). May need residential placement. Does not communicate basic needs. Does not interact with others. Marked disturbance of basic regulatory processes (e.g., sleeping, feeding).

10-1 Extreme and pervasive impairment. Poses danger to self or others. Needs intensive constant supervision (e.g., 24-hr care outside of the home) for safety or total dependence in basic self-help skills. Marked disturbance of basic regulatory processes. Needs specialized care (e.g., behavior management or medical care) beyond what can be provided at home and by outpatient support services.
The DD-CGAS was adapted from the Children’s Global Assessment Scale (CGAS; Shaffer et al, 1983) and the Global Assessment Scale (GAS; Endicott et al, 1976)
Instructions for Raters

Areas that need to be considered in ratings include:

- Overall functioning in major adaptive domains:
  - Self care: eating, dressing, sleeping
  - Communication
  - Social behavior
  - Academic performance and setting
- Consistency or inconsistency of functioning across settings: home, school, community
  - Level of environmental adaptation needed
  - Level of supervision needed

1. Use the table below to organize your judgment of impairment across the four domains of function.

2. Choose the header/category that best describes general functioning (ex: “moderate impairment in functioning in most areas”). The descriptor should be a good description of the general functioning of the child, regardless of whether the source of impairment is cognitive, behavioral or other. You are comparing the description of adaptive functioning to what would be expected of a typically developing child, regardless of whether the impairment is due to developmental disability, behavioral disturbance, environmental factors, or other. Be wary of placing too much emphasis on standard scores; variability in functioning may get “averaged” out in the standard score. Instead, place more emphasis on descriptions of functioning.

3. Check details of that category to confirm that this is a general description, but note that most children will not fit perfectly into any particular category. You are looking for the “best fit”.

4. When you think you have found the best fit, look at the two adjacent categories, to see if the child has some characteristics that fit into the next higher or lower category. This will help you
adjust your score. For example, if the child fits best into “60-51 Moderate impairment in functioning in most areas” but has some similarity to 41-50, you would score in the lower half of the range (51-55). Conversely, if the child fits best in 60-51 but has some strengths that are consistent with the next higher category, you would score in the top half of the category (55–60).

<table>
<thead>
<tr>
<th>Domain</th>
<th>None</th>
<th>Slight</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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<tbody>
<tr>
<td>Self Care</td>
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<td>Communication</td>
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<td>Social Behavior</td>
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<td>School/Academic</td>
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