Social Security Disability Children's SSI Benefits

Seminar Topic: This program examines the various approaches to what disability is, income eligibility, deeming of parental income, eligibility for children, as well as the process that the child's parent or guardian must go through in order to receive the benefits.

This program will provide the participant with the knowledge and tools necessary to identify the current legal trends with respect to social security disability children's SSI benefits.

This material is intended to be a guide in general. As always, if you have any specific question regarding the state of the law in any particular jurisdiction, we recommend that you seek legal guidance relating to your particular fact situation.

The course materials will provide the attendee with the knowledge and tools necessary to identify the current legal trends with respect to these issues. The course materials are designed to provide the attendee with current law, impending issues and future trends that can be applied in practical situations.

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Background

Since the beginning of the SSI program in 1974, children have been eligible for SSI benefits if they were (1) disabled and (2) income eligible.

Definition of Disability

"An individual under the age of 18 shall be considered disabled…if that individual has a medically determinable physical or mental impairment which results in marked and severe functional limitations and which can be expected to last for a continuous period of not less than 12 months." 42 USCA § 1382c(a)(3)(C).

In order to qualify for disability, the child must meet, medically equal or functionally equal the requirements of a listed impairment. 20 CFR § 416.911(b). The definition of disability is discussed in greater detail below.

Income Eligibility

A child will meet the income eligibility requirements for SSI if her income and resources fall within certain limits. SSA will also consider the income and resources of family members living in the child's household. If the child's income and resources, or the income and resources of the family members living in the child's household, exceed the amount allowed, the claim for SSI will be denied.

Deeming of Parental Income

Deeming applies if the parent(s) has income and/or resources and the child is under age 18 and lives at home with her natural or adoptive parents or lives away at school, but comes home on some weekends, holidays, or school vacations and is subject to parental control. A step-parent's income and/or resources may be deemed to the child as well. Deeming stops the month the child turns 18. 20 C.F.R. § 416.1160; POMS SI 01320.000.

SSA's Deeming Eligibility Chart for Children for 2013

	Gross monthly income BELOW the dollar amounts shown means a disabled child may be eligible for SSI benefits. Amounts given are general guidelines only.			
Number of ineligible children in household	All income is **earned**		All income is **unearned**	
	One parent in household	Two parents in household	One parent in household	Two parents in household
0	$ 2,965	$ 3,677	$ 1,460	$ 1,816
1	$ 3,321	$ 4,033	$ 1,816	$ 2,172
2	$ 3,677	$ 4,389	$ 2,172	$ 2,528
3	$ 4,033	$ 4,745	$ 2,528	$ 2,884
4	$ 4,389	$ 5,101	$ 2,884	$ 3,240
5	$ 4,745	$ 5,457	$ 3,240	$ 3,596
6	$ 5,101	$ 5,813	$ 3,596	$ 3,952

Reprinted from http://www.socialsecurity.gov/ssi/text-child-ussi.htm

- This chart should be used for informational purposes only.

Overview of the Administrative Process

1. Initial Application

- In order to initiate a claim for SSI benefits, the child's parent or guardian must first file an application for the benefits. The application contains two components – A financial application and a disability application.
- A financial application must accompany any application for SSI benefits. This financial application (SSA-8001) must be filed in paper form. It must be filed with a claims representative at a local Social Security office. Based on the information provided on this

application, SSA will determine if the claim can proceed or if it should be denied for financial reasons.

- Once the application is filed, the case will be transferred to the local state agency/Disability Determination Section (DDS). In Illinois, the DDS is located in Springfield. Once the case is transferred to the DDS, it will be assigned to a disability examiner/adjudicator. The adjudicator will collect evidence and develop the file.
- Once all of the medical records and other evidence are received by the adjudicator, she will forward the claim to a non-examining medical doctor and/or psychologist and/or speech-language pathologist to review the file and opine on the claimant's limitations. If the non-examining doctor/psychologist/speech-language pathologist believes that the child's impairments are severe enough to meet SSA's definition of disability, the claim will be allowed. If not, the claim will be denied.
- Nationally, 33% of all initial applications (adult and childhood claims) were granted in Fiscal Year 2012. See Social Security Administration, Office of Disability Program Management Information, "Fiscal Year 2012 Workload Data: Disability Decisions" Data Prepared November 26, 2012.

2. Request for Reconsideration

- If the case was denied initially, the claimant has 60 days (with a five day grace period) to appeal the decision and request reconsideration. This appeal can be filed online, over the phone or at the local Social Security office.
- During the reconsideration phase, the case is sent back to the state DDS and the file is further developed and updated by a new adjudicator assigned to the case. Once all of the updated medical records and other evidence are received by the adjudicator, she forwards the information to a different non-examining medical doctor and/or psychologist and/or speech-language pathologist to review the file and opine anew on the claimant's limitations. The case will then either be allowed or denied.
- Nationally, 12% of claims were allowed at the reconsideration level in fiscal year 2012. See Social Security Administration, Office of Disability Program Management Information, "Fiscal Year 2012

Workload Data: Disability Decisions" Data Prepared November 26, 2012.

- Note: The reconsideration level has been eliminated in some prototype states (Alabama, Alaska, California (parts), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York (parts), and Pennsylvania), and claimants file a Request for Hearing following the initial determination. POMS DI 12015.100, "Disability Redesign Prototype Model." Illinois still has the reconsideration level.

3. Request for a Hearing with an Administrative Law Judge (ALJ)

- If the case is denied at the reconsideration level, the claimant again has 60 days (with a five-day grace period) to appeal the unfavorable decision and request a hearing with an Administrative Law Judge.
- Once a request for a hearing is filed, the case file will be transferred to the Office of Disability Adjudication and Review (ODAR) that services the claimant's area. Once there, it will eventually get assigned to an ALJ and scheduled for a hearing. The ALJ will then decide to either approve or deny the claim after holding a hearing in the case.
- The national average wait time for a hearing was 375 days from the date of the hearing request in Fiscal Year 2013. See Written Statement of Glenn Sklar, Deputy Commissioner of Office Disability Adjudication and Review before the House Oversight Subcommittee hearing on the SSDI program, November 19, 2013.
- Nationally, 52% of the cases that went before an ALJ were approved for disability in Fiscal Year 2012. See Social Security Administration, Office of Disability Program Management Information, "Fiscal Year 2012 Workload Data: Disability Decisions" Data Prepared November 26, 2012.
- For Fiscal Year 2013, 47% of disability claimants that appeared before an administrative law judge were granted disability. According to Deputy Commissioner of Social Security Glenn Sklar's

testimony before the House Oversight Committee on November 19, 2013, the 2013 allowance rate was a 40-year low.

4. Request for Review of Hearing Decision/Order

- If the claimant is denied by an ALJ, the claimant may file an appeal. In order to appeal, at a minimum, the claimant must file a "Request for Review of Hearing Decision/Order" within 60 days (with a five day grace period) of the date of the ALJ's unfavorable decision. 20 C.F.R. § 404.968 (a).
- The Appeals Council will review the ALJ's decision to see if the ALJ made any errors of law that warrant either reversing the ALJ's decision and granting benefits or reversing and remanding the case for a new hearing.
- If the Appeals Council denies the claimant's Request for Review, the claimant will have exhausted all of her administrative remedies and can then file suit in Federal District Court.

Evaluating Disability Under the Childhood Standard

As noted above, a child under the age of 18:

> [S]hall be considered disabled…if that individual has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. 42 U.S.C. § 1382c(a)(3)(C)(i).

Childhood disability is determined using a three-step sequential evaluation process:

Step 1: Is the claimant performing substantial gainful activity?
Step 2: Does the claimant have a "severe" (i.e. more than de minimis) impairment or combination of impairments?
Step 3: SSA then considers whether the child's impairments meet or equal the severity of an impairment set forth in the Listing of Impairments.

- There are three components to the analysis at Step 3.
    - Component 1: Does the child's impairment(s) meet a listed impairment?
    - Component 2: Does the child's impairment(s) medically equal a listed impairment?
        - www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.html
    - Component 3: Does the child's impairment(s) functionally equal a listed impairment?

Note: The analysis for components 1 and 2 of Step 3 is the same analysis that is done for an adult disability case (although the children's listings are different than the adult listings).

The analysis for component 3 of Step 3 looks at domains of functioning, which is a concept that is unique to the childhood disability analysis.

To functionally equal a listed impairment, an impairment(s) must be of listing-level severity. An impairment(s) will be considered to be listing-level severity if it results in "marked" limitations in at least two domains of functioning or an "extreme" limitation in at least one domain of functioning. 20 C.F.R. § 416.926a(d), § 416.926a(a).

Domains

Domains are broad areas of functioning intended to capture all of what a child can do or cannot do. SSA evaluates each child using six domains. Each domain is defined in 20 C.F.R. § 416.926a. The regulation provides:

- A general description of the domain;
- Age group descriptors for five age groups from birth to attainment of age 18 for the first five domains;
- Some examples of limited functioning in each domain.

Each domain is also described in further detail in the SSRs. The six domain SSRs supplement the regulations by:

- Including examples of how specific impairments can cause functional limitations in the domains;

- Discussing the multiple effects of impairments can cause functional limitations in the domains;
- Discussing the multiple effects of impairments and functional limitations;
- Providing examples of typical functioning for each of the five age groups for five of the domains; and
- Providing examples of limited functioning.

Acquiring and Using Information

- This domain is defined as how well a child acquires and learns information, and how well the child uses the information the child has learned. 20 C.F.R. § 416.926a(g); SSR 09-3p.

Attending and Completing Tasks

- This domain is defined as how well a child is able to focus and maintain his or her attention and how well the child begins, carries through, and finishes his or her activities, including the pace at which the child performs activities and the ease with which the child changes them. 20 C.F.R. § 416.926a(h); SSR 09-4p.

Interacting and Relating with Others

- This domain is defined as how well a child initiates and sustains emotional connections with others, develops and uses the language of the child's community, cooperates with others, complies with rules, responds to criticism, and respects and takes care of the possessions of others. 20 C.F.R. § 416.926a(i); SSR 09-5p.

Moving About and Manipulating Objects

- This domain is defined as how a child moves his or her body from one place to another and how the child moves and manipulates things. This domain assesses fine and gross motor skills. 20 C.F.R. § 416.926a(j), SSR 09-6p.

Caring for Yourself

- This domain is defined as how well a child maintains a healthy emotional and physical state, including how well the child gets his or her physical and emotional wants and needs met in appropriate ways; how the child copes with stress and changes in his or her environment; and whether the child takes care of his or her own health, possessions, and living area. 20 C.F.R. § 416.926a(k); SSR 09-7p.

Health and Physical Wellbeing

- This domain is defined as the cumulative physical effects of physical or mental impairments and their associated treatments or therapies on the child's functioning that SSA did not consider in the domain of Moving About and Manipulating Objects. See 20 C.F.R. § 416.926a(1), SSR 09-8p.

Marked Limitations

- SSA will find a limitation to be "marked" when it *interferes seriously* with the child's ability to independently initiate, sustain, or complete activities. A "marked" limitation also means that a limitation is "more than moderate" but "less than extreme." A "marked" limitation is equivalent to the functioning expected when standardized test scores are at least two, but less than three, standard deviations below the mean. 20 C.F.R. § 416.226a(2).
- For children under three years of age, SSA will find a "marked" limitation if the child is functioning at a level that is more than one-half but not more than two-thirds of the child's chronological age when there are no standard scores from standardized tests in the child's case record.
- For all children, SSA will find that a child has a "marked" limitation when the child has a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and your day-to-day functioning in domain-related activities is consistent with that score.

Extreme

- SSA will find that a functional limitation is "extreme" if it interferes *very seriously* with a child's ability to independently initiate, sustain, or complete activities. A child's day-to-day functioning may be very seriously limited when an impairment(s) limits only one activity or when the interactive and cumulative effects of a child's impairment(s) limit several activities. An "extreme" limitation is the rating that SSA gives to the worst limitations. However, "extreme limitation" does not necessarily mean a total lack or loss of ability to function. It is equivalent to the functioning expected when scores are at least three standard deviations below the mean on a standardized test. 20 C.F.R. § 416.226a(3).
- For children up to age three, SSA will generally find an "extreme" limitation if the child is functioning at a level that is one-half of the chronological age or less when there are no standardized scores available in the record.
- For all children, SSA will generally find an "extreme" limitation when the child has a valid score that is three standard deviations or more below the mean on a standardized test.
- If a child has an "extreme" limitation in a domain, he or she will also likely have an impairment that meets or equals a listing.

Whole Child Approach

SSR 09-1p states:

> The functional equivalence rules require us to begin by considering how the child functions every day and in all settings compared to other children the same age who do not have impairments. After we determine how the child functions in all settings, we use the domains to create a picture of how, and the extent to which, the child is limited by identifying the activities that are used to do each activity, and assigning each activity to any and all domains involved in doing it. We then determine whether the child's medically determinable impairment(s) accounts for the

> limitations we have identified. Finally, we rate the overall severity of limitation in each domain to determine whether the child is "disabled" as defined in the [Social Security] Act.

SSR 09-1p poses four questions relevant to this analysis:

1. How does the child function?
2. Which domains are involved in performing the activities in which the child has trouble functioning?
3. Could the child's medically determinable impairment(s) account for the limitations in the child's activities?
4. To what degree does the impairment(s) limit the child's ability to function age-appropriately in each domain?

Question 1

According to SSR 09-1p, the analysis should include the following:

- What activities the child is able to do;
- What activities the child is unable to do;
- Which of the child's activities are limited or restricted;
- Where the child has difficulty with activities – e.g. at home, in childcare, at school, and in the community; whether the child has difficulty initiating, sustaining, or completing activities;
- The kind of help, and how much help the child needs to do activities, and how often the child needs it; and
- Whether the child needs a structured or supportive setting, what kind of structure or support is required, and how often the child needs it.

Evidence can be derived from both medical and non-medical sources. SSR 09-2p.

Question 2

The first five domains describe the abilities a child needs in order to do his or her activities. The sixth domain is a catchall for the physical effects of physical and mental impairments that are not adequately captured by the underlying abilities described in the first five domains, such as frequent illness. In fact, medical experts who testify at Social Security hearings will often look at the number of days a child was absent from

school when assessing whether there is a marked or extreme limitation in the sixth domain.

Question 3

SSR 09-1p states:

> If [a child's medically determinable impairment(s)] could [account for the observed limitations], and there is no evidence to the contrary, we conclude that the impairment(s) causes the activity limitations we have identified in each domain.

Question 4

Once a child's limited activities are identified, linked to an underlying medical impairment, and assigned to the appropriate domain, the degree of severity is rated to assess whether the child has a marked limitation in two domains or an extreme limitation in one.

SSR 09-1p states:

> [W]e consider the kinds of help or support the child needs in order to function. See 20 CFR 416.924a(b). In general, if a child needs a person, medication, treatment, device, or structured, supportive setting to make his functioning possible or to improve the functioning, the child will not be as an independent as same-age peers who do not have impairments. Such a child would have a limitation, even if he is functioning well with the help or support.

The more help or support of any kind that a child receives beyond what would be expected for children the same age without impairments, the less independent the child is in functioning, and the more severe we will find the limitation to be.

In terms of rating severity, SSR 09-1p states that SSA "use[s] a picture constructed of the child's functioning in each domain." The rating of limitation in a domain is then based on answers to these questions:

1. How many of the child's activities in the domain are limited (for example, one, few, several, many, or all)?
2. How important are the limited activities to the child's age-appropriate functioning (for example, basic, marginally important, or essential)?
3. How frequently do the activities occur and how frequently are they limited (for example, daily, once a week, or only occasionally)?
4. Where do the limitations occur (for example, only at home or in all settings)?
5. What factors are involved in the limited activities (for example, does the child receive support from a person, medication, treatment, device, or structure/supportive settings)

Evaluating Limitations Under More Than One Domain

The regulations and SSRs indicate that a child's functioning limitations can be considered under more than one domain category. See 20 C.F.R. § 416.926a(c).

SSR 09-1p states that "it is incorrect to assume that the effects of a particular medical impairment must be rated in only one domain." However, it is also incorrect to assume that "a combination of impairments must always be rated in several" domains since it is also possible that a combination of impairments would cause a limitation in only one domain.

SSR 09-1p states:

> The "whole child" approach recognizes that many activities require the use of more than one of the abilities in the first five domains, and that they may also be affected by a problem that we consider in the sixth domain. A single impairment, as well as a combination of impairments, may result in limitations that require evaluation in more than one domain. Conversely, a combination of impairments, as

well as a single impairment, may result in limitations that we rate in only one domain.

Documentation of Impairment-Related Limitations

SSR 09-2p provides an overview of evidence from early intervention (EI) and school programs. It specifically addresses comprehensive evaluations performed in EI and school programs, Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP), and Section 504 Plans.

SSR 09-2p states:

> This information about supports children receive can be critical to determining the extent to which their impairments compromise their ability to independently initiate, sustain, and complete activities. In general, if a child needs a person, a structured or supportive setting, medication, treatment, or a device to improve or enable functioning, the child will not be as independent as same-aged peers who do not have impairments. We will generally find that such a child has a limitation, even if the child is functioning well with the help or support. The more help or support of any kind that a child receives beyond what would be expected for children the same age without impairments, the less independently the child functions, and the more severe we will find the limitation to be.

SSR 09-2p also discusses the different types of classroom placements and accommodations.

Comprehensive Evaluations and Assessments

SSR 09-2p provides:

> We will consider the results of comprehensive evaluations we receive. Children receive comprehensive evaluations when they are candidates for EI or special education and related services and periodically after that when they

receive these services. These evaluations are usually conducted by a team of qualified personnel who can assess a child in all areas of suspected delay or educational need.

Early Intervention Assessments

SSR 09-2p(D)(3) states:

> For infants and toddlers, programs of early intervention involving occupational, physical, and speech therapists, nurses, social workers, and special educators, are a rich source of data. They can provide the developmental milestones evaluations and records on the fine and gross motor functioning of these children. The information is valuable and can complement the medical examination by a physician or psychologist. A report of an interdisciplinary team that contains the evaluation and signature of an acceptable medical source is considered acceptable medical evidence rather than supplemental data.

Also, most EI test results are expressed as the ratio of developmental over chronological age:

> Where reference is made to developmental milestones, that is defined as the attainment of particular mental or motor skills at an age-appropriate level, i.e., the skills achieved by an infant or toddler sequentially and within a given time period in the motor and manipulative areas, in general understanding and social behavior, in self-feeding, dressing, and toilet training, and in language. This is sometimes expressed as a developmental quotient (DQ), the relation between developmental age and chronological age as determined by specific standardized measurements and observations. Such tests include, but are not limited to, the Cattell Infant Intelligence Scale, the Bayley Scales of Infant Development, and the Revised Stanford-Binet. Formal tests of the attainment of developmental milestones are generally used in the clinical setting for

determination of the developmental status of infants and toddlers.

20 C.F.R. Part 404, Subpart. P, App. 1, § 112.00.D.13.

School Assessments

SSR 09-1p provides an example that details the functional Paragraphs D.8-10 provide further guidance regarding psychological testing:

Paragraph 8.

> The salient characteristics of a good test are: (1) Validity, i.e., the test measures what it is supposed to measure; (2) reliability, i.e., the consistency of results obtained over time with the same test and the same individual; (3) appropriate normative data, i.e., individual test scores can be compared to test data from other individuals or groups of a similar nature, representative of that population; and (4) wide scope of measurement, i.e., the test should measure a broad range of facets/aspects of the domain being assessed. In considering the validity of a test result, we should note and resolve any discrepancies between formal test results and the child's customary behavior and daily activities.

Paragraph 9.

> Identical IQ scores obtained from different tests do not always reflect a similar degree of intellectual functioning. The IQ scores in listing 112.05 reflect values from tests of general intelligence that have a mean of 100 and a standard deviation of 15, e.g., the Wechsler series. IQs obtained from standardized tests that deviate significantly from a mean of 100 and standard deviation of 15 require conversion to a percentile rank so that the actual degree of limitation reflected by the IQ scores can be determined. In cases where more than one IQ is customarily derived from the test administered, e.g., where verbal, performance, and full scale IQs are provided in the Wechsler series, the lowest of these is used in conjunction with listing 112.05.

Paragraph 10.

> IQ test results must also be sufficiently current for accurate assessment under 112.05. Generally, the results of IQ tests tend to stabilize by the age of 16. Therefore, IQ test results obtained at age 16 or older should be viewed as a valid indication of the child's current status, provided they are compatible with the child's current behavior. IQ test results obtained between ages 7 and 16 should be considered current for 4 years when the tested IQ is less than 40, and for 2 years when the IQ is 40 or above. IQ test results obtained before age 7 are current for 2 years if the tested IQ is less than 40 and 1 year if at 40 or above.

Individualized Family Service Plans and Individualized Education Programs

The Early Intervention agency providing services and the school providing special education services will document the services provided in a written plan. Infants and toddlers (birth to age three) who receives services will have an Individualized Family Service Plan (IFSP). Preschool and school-age children who receive special education services will receive an Individualized Education Program (IEP) that includes for children age 14 and older an IEP Transition Plan. IFSP and IEP plans vary from state to state, agency to agency, and school to school. However, these plans should include the following four elements.

Present Level of Development of Education Performance

- The IFSP or IEP should describe and analyze the child's present level of development or academic skills based on the comprehensive evaluations and other information that is available concerning a child. SSR 09-2p.

- The IFSP or IEP also consists of one or more sets of goals and specific objectives for the child's development. The goals demonstrate how well a child is functioning in a specific area. See SSR 09-2p.

- The IFSP or IEP also indicates what services the child needs, the settings in which those services are provided, and any supports or accommodations provided to the child.

- The IEP will also include information about the setting in which a child will receive the services. There is a range of placements that a child may have including regular classroom settings, regular classroom with "pull-out" services, special education classrooms, alternative schools, day treatment programs and residential schools.

- The regulations indicate that when a child is in a structure or supportive setting, the signs and symptoms of her impairments may be minimized. The child's signs, symptoms, and functional limitations might worsen outside of this type of setting. A child's activities may also be structured to minimize stress and reduce the symptoms or signs of the child's impairment(s).

Accommodations

Some students with impairments need accommodations in their educational program in order to participate in the general curriculum. Accommodations are practices and procedures that allow a child to complete the same assignment or test as other students, but with a change in presentation, response, setting or timing/scheduling.

- Presentation: How instructions or directions are delivered
- Response: How the student solves problems or completes assignments
- Setting: How the environment is set up
- Timing/Scheduling: The time person during which the lesson or assignment is scheduled

Section 504 Plans

SSR 09-2p states:

> Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs and activities that receive Federal financial assistance. Schools must provide a free, appropriate public education to each

student with a disability. Children must receive educational and related aids and services that are designed to meet their educational needs, even if they are not provided any special educational services under the Individuals with Disabilities Education Act (IDEA). Schools will conduct an evaluation of specific areas of educational needs for children who have disabilities that limit their access to the educational setting. If a child is qualified under section 504, the school will have a written plan for the aids, services, and accommodations that will be provided. We will consider any section 504 plans when we request information from a child's school.

Teacher Questionnaires (Form SSA-5665-BK)

Social Security's Teacher Questionnaire form asks teachers to rate their student for whom disability is sought in the six domains used in making functional equivalence findings. The form asks specific questions for each domain and asks the teacher to rate the severity of any problem that a child has using the following scale:

1. No problem
2. A slight problem
3. An obvious problem
4. A serious problem
5. A very serious problem

If the teacher indicates that a child has serious problems in a category, you can argue that there is a marked limitation in the corresponding domain. If the teacher indicates that a child has very serious problems in a category, you can argue that there is an extreme limitation in the corresponding domain.

Age 18 Redeterminations

All childhood recipients of SSI must be reevaluated upon turning age 18 to determine if the recipient continues to be disabled under the adult definition of disability. See SSR 11-2p.

Case Examples

Case 1.

SSR 09-1p provides an example that details the functional limitations of an eight year old child with generalized anxiety disorder. The child's anxiety disorder does not meet or medically equal Listing 112.06. The example first describes in narrative form what the evidence shows about the child's limitations, without considering the domains or whether the limitations could be related to his mental disorder. SSA "sorts" the child's limitations noted in the summary of evidence.

- Acquiring and Using Information: Does little work in class or at home and has fallen behind. He may not be promoted to the next grade.
- Attending and Completing tasks: Attention at school is reduced, has trouble focusing in class; does little work in class or at home.
- Interacting and Relating with Others: Despite orders from mother, refuses to go to bed; will not stay in bed; may be combative at home. Sometimes refuses to leave the classroom for recess; an aide must stay with him at those times.
- Moving About / Manipulating Objects: No limitations.
- Caring for Yourself: Difficulty sleeping; afraid of dark and outside noises; needs to stay awake and keep eyes open (vigilance). Parent must coast him into bedroom. Hard time falling asleep and then is irritable because did not get enough sleep. Cries when has to go to school. Receives therapy.
- Health and Physical Wellbeing: Doctor has tried Valium; child has complained of stomach cramps and headaches; tried Ativan; side effects were dizziness and daytime sleepiness.

Case 2.

SSR 09-1p provides an example of an adolescent with a diagnosis of borderline intellectual functioning. The non-medical evidence shows that

the child has been inattentive in school and failed subjects for failure to complete assigned work. She also frequently refuses to go to school and has to sleep and behavior problems at home. Despite several attempts, her parents have been unsuccessful in getting her to talk and accept help. SSR 09-1p provides that the child's difficulty with activities at school and home could involve three or four domains:

1. Her many years of placement in special education classes for all academic work indicate a limitation…in the domain of "Acquiring and Using Information."

2. Her inattention in class and current failure in three academic subjects as a consequence indicate that there is also a limitation in the domain of "Attending and Completing Tasks."

3. Her mother's description of some of the child's difficulties at home (for example: crying, oversleeping, physical complaints, and irritability) and the child's avoidance of dealing with them indicate a limitation in the domain of "Caring for Yourself."

4. In addition, if her refusal to talk with her mother and her anger and uncooperativeness exceed what would be expected of adolescents of the same age who do not have any impairments, this would also indicate a limitation in the domain of "Interacting and Relating with Others."