

## GMFCS

M No. :

Name :

Date :

Level	Age band(<2years	Current status of child
<b>I</b>	<ul style="list-style-type: none"> <li>• Infants move in and out of sitting and floor sit with both hands free to manipulate objects.</li> <li>• Infants crawl on hands and knees, pull to stand and take steps holding on to furniture.</li> <li>• Infants walk between 18 months and 2 years of age without the need for any assistive mobility device</li> </ul>	
<b>II</b>	<ul style="list-style-type: none"> <li>• Infants maintain floor sitting but may need to use their hands for support to maintain balance.</li> <li>• Infants creep on their stomach or crawl on hands and knees.</li> <li>• Infants may pull to stand and take steps holding on to furniture</li> </ul>	
<b>III</b>	<ul style="list-style-type: none"> <li>• Infants maintain floor sitting when the low back is supported.</li> <li>• Infants roll and creep forward on their stomachs</li> </ul>	
<b>IV</b>	<ul style="list-style-type: none"> <li>• Infants have head control but trunk support is required for floor sitting.</li> <li>• Can roll to supine and may roll to prone</li> </ul>	
<b>V</b>	<ul style="list-style-type: none"> <li>• Physical impairments limit voluntary control of movement.</li> <li>• Infants are unable to maintain antigravity head and trunk postures in prone and sitting.</li> <li>• Infants require adult assistance to roll</li> </ul>	

## GMFCS

M No. :

Name :

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Level	Age band(2-4years)	Current status of child
I	<ul style="list-style-type: none"> <li>• Children floor sit with both hands free to manipulate objects.</li> <li>• Movements in and out of floor sitting and standing are performed without adult assistance.</li> <li>• Children walk as the preferred method of mobility without the need for any assistive mobility device</li> </ul>	
II	<ul style="list-style-type: none"> <li>• Children are free to maintain floor sit but may have difficulty with balance when both hands manipulate objects.</li> <li>• Movements in and out of sitting are performed without adult assistance.</li> <li>• Children pull to stand on a stable surface.</li> </ul> <p>Children crawl on hands and knees with a reciprocal pattern, cruise holding onto furniture and walk using an assistive mobility device as preferred methods of mobility</p>	
III	<ul style="list-style-type: none"> <li>• Children maintain floor sitting often by "W-sitting" (sitting between flexed and internally rotated hips and knees) and may require adult assistance to assume sitting.</li> <li>• Children creep on their stomach or crawl on hands and knees (often without reciprocal leg movements) as their primary methods of self-mobility.</li> <li>• Children may pull to stand on a stable surface and cruise short distances. Children may walk short distances indoors using a hand-held mobility device (walker) and adult assistance for steering and turning</li> </ul>	
IV	<ul style="list-style-type: none"> <li>• Children floor sit when placed, but are unable to maintain alignment and balance without use of their hands for support.</li> <li>• Children frequently require adaptive equipment for sitting and standing. Self-mobility for short distances (within a room) is achieved through rolling, creeping on stomach, or crawling on hands and knees without reciprocal leg movement</li> </ul>	
V	<ul style="list-style-type: none"> <li>• Physical impairments restrict voluntary control of movement and the ability to maintain antigravity head and trunk postures</li> <li>• All areas of motor function are limited. Functional limitations in sitting and standing are not fully compensated for through the use of adaptive equipment and assistive technology.</li> <li>• At Level V, children have no means of independent movement and are transported. Some children achieve self-mobility using a powered wheelchair with extensive adaptations.</li> </ul>	

## GMFCS

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Level	Age band (4-6th birth day)	Current status of child
<b>I</b>	<ul style="list-style-type: none"> <li>• Children get into and out of, and sit in, a chair without the need for hand support</li> <li>• Children move from the floor and from chair sitting to standing without the need for objects for support. Children walk indoors and outdoors, and climb stairs.</li> <li>• Emerging ability to run and jump</li> </ul>	
<b>II</b>	<ul style="list-style-type: none"> <li>• Children sit in a chair with both hands free to manipulate objects.</li> <li>• Children move from the floor to standing and from chair sitting to standing but often require a stable surface to push or pull up on with their arms.</li> <li>• Children walk without the need for a handheld mobility device indoors and for short distances on level surfaces outdoors.</li> <li>• Children climb stairs holding onto a railing but are unable to run or jump</li> </ul>	
<b>III</b>	<ul style="list-style-type: none"> <li>• Children sit on a regular chair but may require pelvic or trunk support to maximize hand function.</li> <li>• Children move in and out of chair sitting using a stable surface to push on or pull up with their arms.</li> <li>• Children walk with a hand-held mobility device on level surfaces and climb stairs with assistance from an adult.</li> <li>• Children frequently are transported when traveling for long distances or outdoors on uneven terrain.</li> </ul>	
<b>IV</b>	<ul style="list-style-type: none"> <li>• Children sit on a chair but need adaptive seating for trunk control and to maximize hand function.</li> <li>• Children move in and out of chair sitting with assistance from an adult or a stable surface to push or pull up on with their arms.</li> <li>• Children may at best walk short distances with a walker and adult supervision but have difficulty turning and maintaining balance on uneven surfaces.</li> <li>• Children are transported in the community. Children may achieve self-mobility using a powered wheelchair</li> </ul>	
<b>V</b>	<ul style="list-style-type: none"> <li>• Physical impairments restrict voluntary control of movement and the ability to maintain antigravity head and trunk postures.</li> <li>• All areas of motor function are limited. Functional limitations in sitting and standing are not fully compensated for through the use of adaptive equipment and assistive technology.</li> <li>• At Level V, children have no means of independent movement and are transported.</li> <li>• Some children achieve self-mobility using a powered wheelchair with extensive adaptations</li> </ul>	

# GMFCS

M No. :

Name :

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Level	Age band (6 –12 <sup>th</sup> birth day)	Current status of child
I	<ul style="list-style-type: none"> <li>• Children walk at home, school, outdoors, and in the community.</li> <li>• Children are able to walk up and down curbs without physical assistance and stairs without the use of a railing.</li> <li>• Children perform gross motor skills such as running and jumping but speed, balance, and coordination are limited.</li> <li>• Children may participate in physical activities and sports depending on personal choices and environmental factors.</li> </ul>	
II	<ul style="list-style-type: none"> <li>• Children walk in most settings. Children may experience difficulty walking long distances and balancing on uneven terrain, inclines, in crowded areas, confined spaces or when carrying objects.</li> <li>• Children walk up and down stairs holding onto a railing or with physical assistance if there is no railing.</li> <li>• Outdoors and in the community, children may walk with physical assistance, a hand-held mobility device, or use wheeled mobility when traveling long distances.</li> <li>• Children have at best only minimal ability to perform gross motor skills such as running and jumping.</li> <li>• Limitations in performance of gross motor skills may necessitate adaptations to enable participation in physical activities and sports</li> <li>•</li> </ul>	
III	<ul style="list-style-type: none"> <li>• Children walk using a hand-held mobility device in most indoor settings. When seated, children may require a seat belt for pelvic alignment and balance.</li> <li>• Sit-to-stand and floor-to-stand transfers require physical assistance of a person or support surface.</li> <li>• When traveling long distances, children use some form of wheeled mobility.</li> <li>• Children may walk up and down stairs holding onto a railing with supervision or physical assistance. Limitations in walking may necessitate adaptations to enable participation in physical activities and sports including self-propelling a manual wheelchair or powered mobility</li> <li>• Children walk using a hand-held mobility device in most indoor settings. When seated, children may require a seat belt for pelvic alignment and balance.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Sit-to-stand and floor-to-stand transfers require physical assistance of a person or support surface.</li> <li>• When traveling long distances, children use some form of wheeled mobility.</li> <li>• Children may walk up and down stairs holding onto a railing with supervision or physical assistance.</li> <li>• Limitations in walking may necessitate adaptations to enable participation in physical activities and sports including self-propelling a manual wheelchair or powered mobility</li> </ul>	
<h1 style="font-size: 2em; margin: 0;">IV</h1>	<ul style="list-style-type: none"> <li>• Children use methods of mobility that require physical assistance or powered mobility in most settings.</li> <li>• Children require adaptive seating for trunk and pelvic control and physical assistance for most transfers.</li> <li>• At home, children use floor mobility (roll, creep, or crawl), walk short distances with physical assistance, or use powered mobility.</li> <li>• When positioned, children may use a body support walker at home or school.</li> <li>• At school, outdoors, and in the community, children are transported in a manual wheelchair or use powered mobility.</li> <li>• Limitations in mobility necessitate adaptations to enable participation in physical activities and sports, including physical assistance and/or powered mobility</li> </ul>	
<h1 style="font-size: 2em; margin: 0;">V</h1>	<ul style="list-style-type: none"> <li>• Children are transported in a manual wheelchair in all settings. Children are limited in their ability to maintain antigravity head and trunk postures and control arm and leg movements.</li> <li>• Assistive technology is used to improve head alignment, seating, standing, and and/or mobility but limitations are not fully compensated by equipment. Transfers require complete physical assistance of an adult.</li> <li>• At home, children may move short distances on the floor or may be carried by an adult. Children may achieve selfmobility using powered mobility with extensive adaptations for seating and control access.</li> <li>• Limitations in mobility necessitate adaptations to enable participation in physical activities and sports including physical assistance and using powered mobility.</li> </ul>	

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<b>Level</b>	<b>1<sup>st</sup> F-up Date:</b>	<b>2<sup>nd</sup> F-up Date:</b>	<b>3<sup>rd</sup> F-up Date:</b>	<b>4<sup>th</sup> F-up Date:</b>	<b>5<sup>th</sup> F-up Date:</b>	<b>6<sup>th</sup> F-up Date:</b>
<b>I</b>						
<b>II</b>						
<b>III</b>						
<b>IV</b>						
<b>V</b>						