Occupational Therapy

Functional Capacity Assessment Report

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| Client name | Samar Hassan |
| Date of Birth | 09/08/2020 |
| Contact | 04000000 |
| Address | 31 park hill |
| NDIS number | 432118161 |
| NDIS plan date | 12/12/2020 |
| Initial Assessment date | 12/12/1990 |
| Present at assessment | Daisy |
| Date of Report | 5/09/2024 |

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| Purpose of report: | |
| Medical History | |
| Developmental delay, suspect ASD level 3  Hearing issue.  Earing infection. Ear glue. | |
| Social | |
| Family and Living Arrangement | Live with mum  Father not visit and support. Divorce  Live in frankston  Mum has a company and work full time |
| Supports | Autism Partnership little learner  Attending ABA. -  Mum – divorced. Father see once in two weeks.  AAT involve with legal advice team.  Mum work full time. No time to look after her.  OT – weekly  SP – weekly  Psych – weekly  Behavoiur therapy – weekly.  Therapy assistant – weekly twice a week.  Physiotherapy – weekly  Exercise physiology – weekly  Core  Respite – Sunday – 6 hours/day  SW – 3hours/day  Social group – 3 hour /week |
| Education | Attend Friday and Saturday day care centre.  Monday – Thursday ABA program. 9.15am – 4pm. |
| Interests | Using ipad |
| Personal Activities of Daily Living | |
| Mobility and transfer | Tip toe walking.  Limited body balance.  Fall frequenty.  Didn’tnotice the obstacle |
| Grooming | Mum prepare all for her.  She needs mum hold hand for brushing teeth  Mum use towel wash her face  She melt down when dosnt want |
| Dressing | Cry when dressiing  No fine motor to do zipping and button  Mum helps everything  No chose clothes |
| Toileting | Still use nappy  Mum change nappy for her  Toileting training ongoing but hard. She melt down |
| Showering | Mum shower her.  Cry. Water sensory  She cant do anything |
| Eating | No self-feeding  Mum do all feeding  She uses hand to grab food  No using cutlery |
| Sleeping | Wake up multiple times. Cries. Physical aggression when tired and hard to get back to sleep. |
| Taking Medication | No. |
| Domestic Activities of Daily Living | |
| Shopping | No – not the age yet |
| Cleaning and Laundry | No – not the age yet |
| Meal Preparation | No – not the age yet |
| Financial Management | No – not the age yet |
| Transport | No – not the age yet |
| Fine motor  Cant hold spoon and eat.  No using pencil  Limited fine motor skills | |
| Gross motor  Fall down often | |

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| **Cognition**  Only want ipad  No engage in other tasks  Memory good for all tasks related to ipad.  But she cant remember other things  Attention few seconds only  No safety awareness.  Ot observed she climb up to the kitchen bench. Mum put all med away |
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| Communication  No verbal.  Cant understand instructure  Cant speak anything  Use sounds only  Melt down and cry a lot |
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| Behaviour  Melt down on ground.  Cry. Screaming. Yelling.  Kick her mum when melt down |
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| Sensory / emotional regulation  Meltdown. High sound and visual sensitive |
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| Play/ social  No share and friends. Only parallel play.  No able to wait |
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| Current Equipment |
| *No using* |

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| Standardised Assessment |
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| Summary of Therapy |
| *No previous OT.* |

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| NDIS Goals | |
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| Occupational Therapy Goals | |
| Fine motor | OT plan: |
| Emotional regulation |  |
| Gross motr |  |
| Self-care |  |
| Play and social |  |
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| Recommendations |
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| Summary |
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| Clinician Details |
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