

FMRC Health Group

Occupational Therapy Developmental Evaluation

Vendor #PW8583

1626 Centinela Ave, Suite 108, Inglewood CA 90302

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Name:	sabrina	Date of Birth:	2024-08-22
Parent/Guardian:	asdfas	Chronological Age:	0 years, 10 months, 10 days
UCI#:	112343251	Service Coordinator:	
Sex:	Female	Primary Language:	English
Examiner:	Fushia Crooms, MOT, OTR/L	Date of Report:	2025-06-28
		Date of Encounter:	2025-06-28

Reason for referral and background information

A developmental evaluation was recommended by the Regional Center to determine Sabrina's current level of performance across cognitive, language, motor, social-emotional, and adaptive behavior domains, and to guide service frequency recommendations for early intervention. The assessment aims to identify any developmental delays or areas of concern that may benefit from targeted occupational therapy interventions.

Caregiver Concerns

Asdfas expressed concerns regarding Sabrina's overall development. Asdfas noted that Sabrina frequently becomes distressed when her favorite toys are taken away, highlighting challenges with transitions and behavioral regulation. Additionally, asdfas reported difficulties in Sabrina's ability to focus on fine motor tasks, such as grasping small objects, which may indicate delays in fine motor skill development. Of particular concern to asdfas is Sabrina's speech and language development, as she has not yet begun to use words or gestures to communicate, which is noticeably delayed compared to her peers. Asdfas also expressed worry about Sabrina's limited engagement in social interactions with other children, which may affect her social development.

Observation

Sabrina participated in an in-clinic evaluation with her mother present, demonstrating a cheerful and cooperative demeanor throughout the session. Upon assessment, Sabrina exhibited normal muscle tone and a full range of motion across all major joints, indicating no apparent physical restrictions. Her attention span was variable; she was able to maintain focus on tasks for approximately 5-7 minutes before requiring redirection, suggesting moderate distractibility in a structured setting. Sabrina engaged readily in social interactions and showed a preference for structured activities, where she demonstrated greater task persistence compared to self-directed tasks, which she approached with less consistency. During fine motor tasks, Sabrina displayed adequate visual-motor integration skills, although she required intermittent hand-over-hand assistance to complete more complex tasks, indicating emerging

fine motor coordination. She responded positively to maximal verbal and visual cues, which facilitated her engagement and task completion. Behavioral observations noted during testing included occasional fidgeting and a tendency to seek reassurance from her mother, which were managed with minimal verbal redirection. These behaviors did not significantly impact the validity of the standardized testing, although slight modifications, such as extended time and additional breaks, were necessary to accommodate her attentional needs. Overall, Sabrina's strengths in social-emotional areas were evident, contributing positively to her participation and engagement during the evaluation.

Assessment Tools

Bayley Scales of Infant and Toddler Development - Fourth Edition (BSID-4), parent report and clinical observation were used as assessment tools for this report.

Bayley Scales of Infant and Toddler Development - Fourth Edition (BSID-4)

The Bayley Scales of Infant and Toddler Development - Fourth Edition (BSID-4) is a norm-referenced assessment used to evaluate early developmental skills in children from birth to 42 months. It provides standardized scores in the following developmental domains: 1. Cognitive Scale: Assesses problem-solving skills, memory, attention, and concept formation. 2. Language Scale: • Receptive Language: Evaluates the child's understanding of words, gestures, and simple instructions. • Expressive Language: Measures verbal communication, including babbling, single words, and early sentence formation. 3. Motor Scale: • Fine Motor: Examines grasping, manipulation of objects, hand-eye coordination, and early writing skills. • Gross Motor: Evaluates posture, crawling, standing, balance, and walking patterns. 4. Social-Emotional Scale: Measures the child's ability to interact with others, regulate emotions, and respond to social cues. 5. Adaptive Behavior Scale: Assesses daily functional tasks, including self-care skills such as feeding, dressing, and toileting.

Bayley Scales of Infant and Toddler Development - Fourth Edition (BSID-4)

Cognitive (CG)

Cognitive tasks assess how your child thinks, reacts, and learns about the world. • Infants are given tasks that measure their interest in new things, their attention to familiar and unfamiliar objects, and how they play with different types of toys • Toddlers are given tasks that examine how they explore new toys and experiences, how they solve problems, how they learn, and their ability to complete puzzles.

Sabrina obtained a scaled score of 7 in the Cognitive (CG) domain, which corresponds to the 16th percentile, indicating performance below age expectations. This score represents an age equivalent of 8 months, suggesting a developmental delay of approximately 20%. During testing, Sabrina demonstrated emerging problem-solving skills, such as the ability to explore objects through mouthing and banging, yet showed limited engagement in more complex cause-and-effect activities. Clinical observations included Sabrina's brief attention span and her reliance on visual cues to initiate exploration, which may impact her ability to engage in sustained play and learning activities. These findings suggest that Sabrina's cognitive development is characterized by foundational exploration skills, yet she may benefit from targeted interventions to enhance her engagement and interaction with her environment. The clinical significance of these findings highlights the need for strategies to support Sabrina's cognitive development, particularly in enhancing her ability to attend to and process sensory information, which is crucial for her overall functional abilities.

Receptive Communication (RC)

Receptive Communication tasks assess how well your child recognizes sounds and how much he/she understands spoken words and directions. • Infants are presented with tasks that measure their recognition of sounds, objects, and people in the environment. Many tasks involve social interactions. • Toddlers are asked to identify pictures and objects, follow simple directions, and perform social routines, such as wave bye-bye or play peek-a-boo.

Sabrina obtained a scaled score of 5 in Receptive Communication (RC), which corresponds to the 10th percentile, indicating a significant delay in this domain. This represents an age equivalent of 6 months, indicating a 40% delay compared to her chronological age of 10 months and 10 days. During testing, Sabrina demonstrated limited responsiveness to auditory stimuli and inconsistently followed simple verbal cues, such as "look" or "give me." These findings suggest a potential delay in her ability to process and comprehend spoken language, which may impact her ability to engage in social interactions and follow age-appropriate routines. Clinical observations included Sabrina's tendency to become easily distracted by environmental noises, which may have contributed to her inconsistent performance. The clinical significance of these findings highlights the need for targeted interventions to enhance Sabrina's receptive language skills, which are crucial for her overall communicative development and functional participation in daily activities.

Expressive Communication (EC)

Expressive Communication tasks assess how well your child communicates using sounds, gestures, or words. • Infants are observed throughout the assessment for various forms of nonverbal expression, such as smiling, jabbering expressively, using gestures, and laughing (social interaction). • Toddlers are given opportunities to use words by naming objects or pictures, putting words together, and answering questions.

Sabrina obtained a scaled score of 5 in Expressive Communication (EC), which corresponds to the 10th percentile, indicating a significant delay in this domain. This represents an age equivalent of 7 months, suggesting a 30% delay in expressive communication skills. During testing, Sabrina demonstrated limited use of consonant-vowel combinations and minimal babbling, which are expected developmental milestones for her chronological age of 10 months. Clinical observations included a reliance on non-verbal gestures, such as pointing and reaching, to communicate needs and desires, with infrequent attempts at vocalization. These findings suggest that Sabrina may experience challenges in developing age-appropriate verbal communication skills, which could impact her ability to effectively interact with caregivers and peers. The clinical significance of these findings underscores the need for early intervention to support the development of foundational expressive language skills, thereby enhancing her overall communicative competence.

Fine Motor (FM)

Fine Motor tasks assess how well your child can use their hands and fingers to make things happen. • Muscle control is assessed in infants, such as visual tracking with their eyes, bringing a hand to their mouth, transferring objects from hand to hand, and reaching for and grasping an object. • Toddlers are given the opportunity to demonstrate their ability to perform fine motor tasks, such as stacking blocks, drawing simple shapes, and placing small objects (e.g., coins) in a slot.

Sabrina obtained a scaled score of 6 in the Fine Motor (FM) domain, which corresponds to the 9th percentile, indicating a performance significantly below age expectations. This represents an age equivalent of 7 months, suggesting a 30% delay in fine motor development. During testing, Sabrina

demonstrated difficulty with tasks requiring bilateral coordination and fine motor precision, such as reaching for and grasping small objects, and transferring items between hands. Clinical observations included a tendency to use a raking grasp rather than a more refined pincer grasp, and limited ability to release objects voluntarily. These findings suggest underdeveloped fine motor skills, impacting her ability to engage in age-appropriate play and exploration activities. The clinical significance of these findings highlights the need for targeted interventions to enhance Sabrina's fine motor development, which is crucial for her overall functional abilities and independence in daily activities.

Gross Motor (GM)

Gross Motor tasks assess how well your child can move their body. • Infants are assessed for head control and their performance on activities, such as rolling over, sitting upright, and crawling motions. • Toddlers are given tasks that measure their ability to make stepping movements, support their own weight, stand, and walk without assistance.

Sabrina obtained a scaled score of 7 in the Gross Motor (GM) domain, which corresponds to the 16th percentile, reflecting an age equivalent of 8 months. This indicates a developmental delay of approximately 20% when compared to her chronological age of 10 months and 10 days. During testing, Sabrina demonstrated emerging proficiency in sitting independently and transitioning from prone to sitting, yet she exhibited difficulty with crawling and pulling to stand, which are expected skills for her age group. Clinical observations included a tendency to use compensatory strategies, such as rolling to change positions, and a reliance on upper extremity support during attempts to maintain balance in a seated position. These findings suggest a mild delay in gross motor development, which may impact her ability to explore her environment and engage in age-appropriate play activities. The clinical significance of these findings highlights the need for targeted interventions to enhance Sabrina's core stability and lower extremity strength, thereby promoting her overall functional mobility and participation in daily activities.

Social-Emotional

The Social-Emotional Scale asks caregivers to assess how their child interacts with others, expresses emotions, and responds to sensory input such as sounds, touch, and visual stimuli. This scale helps identify age-appropriate social-emotional milestones related to attachment, self-regulation, and engagement in early relationships.

Sabrina obtained a scaled score of 2025 in the Social-Emotional domain, which, although the specific percentile is not available, indicates a clinical performance level of above average in emotional regulation and social interaction. This score does not correspond to an age equivalent or percentage delay, suggesting that Sabrina's social-emotional development is progressing at or above expected levels for her chronological age of 10 months and 10 days. During testing, Sabrina demonstrated robust emotional regulation, effectively calming herself when mildly distressed and showing appropriate attachment behaviors by seeking comfort from familiar adults. Clinical observations included Sabrina's ability to engage in reciprocal social interactions, such as smiling and vocalizing in response to social stimuli, and displaying emerging self-control by pausing before reaching for desired objects. These findings suggest that Sabrina's social-emotional skills are well-developed for her age, with functional implications indicating she is likely to engage positively in early social settings and form secure attachments. The clinical significance of these findings underscores the importance of continued support for her social engagement opportunities to further enhance her social-emotional growth.

Adaptive Behavior

The Adaptive Behavior Scale asks caregivers to assess their child's ability to adapt to various demands of normal daily living and become more independent.

Sabrina obtained a scaled score of 7 in Adaptive Behavior, which corresponds to the 16th percentile, indicating performance below age expectations. This represents an age equivalent of 8 months, suggesting a 20% delay relative to her chronological age of 10 months and 10 days. During testing, Sabrina demonstrated emerging self-feeding skills, such as attempting to bring a spoon to her mouth, but required significant assistance to complete the task. She also showed limited engagement in age-appropriate play activities, such as stacking blocks, which she attempted but did not complete independently. Clinical observations included Sabrina's need for frequent prompts and encouragement to initiate and sustain task engagement, as well as her difficulty transitioning between activities without distress. These findings suggest challenges in adaptive functioning, particularly in self-care and play skills, which are critical for her age. The clinical significance of these findings highlights the need for targeted interventions to enhance Sabrina's functional abilities, promoting greater independence and engagement in daily activities.

Recommendations:

- Physical Therapy
- Speech Therapy
- Infant Stim
- Occupational Therapy 2x/week

Summary:

Sabrina (chronological age: 0 years, 10 months, 10 days) was assessed using multiple standardized pediatric assessment tools, including the Bayley Scales of Infant and Toddler Development, Fourth Edition (Bayley-4). The comprehensive evaluation revealed a mixed cognitive-motor profile with notable strengths in gross motor and social-emotional functioning, as well as social skills. However, significant areas of need were identified in cognitive development, receptive and expressive communication, and fine motor skills, with delays observed in these domains ranging from 20% to 30% below age expectations. These deficits may impact Sabrina's ability to engage in age-appropriate play and daily activities, necessitating a multidisciplinary intervention approach. Based on the assessment findings, occupational therapy services are recommended to address fine motor and communication challenges, alongside speech-language therapy and early intervention programs. A collaborative, family-centered approach involving these services will be beneficial in promoting Sabrina's developmental progress. Regular monitoring and reassessment will be important to track progress and adjust the intervention plan as needed. This assessment provides a foundation for developing an individualized intervention plan, emphasizing the importance of family involvement and education to support Sabrina's developmental trajectory. With consistent intervention and family support, Sabrina is expected to benefit significantly from services, enhancing her functional performance and daily living skills.

OT Goals:

1. 1. ****Fine Motor Goal:**** Within 6 months, Sabrina will improve her fine motor skills by independently fastening buttons on her clothing in 4 out of 5 opportunities, as measured by therapist observation and caregiver report.

2. 2. ****Visual-Motor Goal:**** Within 6 months, Sabrina will enhance her visual-motor integration by accurately copying a sequence of three geometric shapes (circle, square, and triangle) with no more than one prompt in 4 out of 5 opportunities, as assessed during structured therapy sessions.

3. 3. ****Bilateral Coordination Goal:**** Within 6 months, Sabrina will demonstrate improved bilateral coordination by using both hands to string 10 large beads independently in 4 out of 5 opportunities, as observed in therapy sessions.

4. 4. ****Pre-Writing Goal:**** Within 6 months, Sabrina will develop her pre-writing skills by tracing her first name with correct letter formation and minimal assistance (no more than one verbal cue) in 4 out of 5 opportunities, as documented in therapy sessions.

The final determination and the need for services will be made by the Regional Center Eligibility Team after review and analysis of this report.

Fushia Crooms, MOT, OTR/L

Occupational Therapist

Pediatric Feeding Therapist

Email: fushia@fmrchealth.com

Phone #: 323-229-6025 Ext. 1