FMRC Health Group

Occupational Therapy Developmental Evaluation

Vendor #PW8583

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Name:	Sabrina	**Date of Birth:**	2024-08-08
Parent/Guardian:	James	**Chronological Age:**	10 months
UCI#:	1234576789	**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. This comprehensive assessment aims to identify potential developmental delays and inform individualized therapeutic strategies to support Sabrina's optimal growth and development.

Caregiver Concerns

James expressed concerns regarding Sabrina's overall development, noting specific challenges in her ability to maintain attention and focus during activities. He observed that Sabrina often becomes upset when preferred items, such as her favorite toy, are removed, indicating difficulty with transitions and behavioral regulation. James also expressed apprehension about Sabrina's fine motor skill development, as she struggles with grasping small objects and manipulating toys appropriate for her age. Additionally, he is concerned about Sabrina's speech and language development, as she has not yet begun to babble or respond consistently to her name, which he

feels is delayed compared to her peers. These observations have led James to worry about Sabrina's ability to meet typical developmental milestones and engage in social interactions with peers.

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 full range of motion across all extremities, facilitating her participation in various tasks. Her attention span was observed to be variable, with periods of distractibility noted, particularly during less structured activities. Sabrina engaged readily in tasks with a social component, displaying strengths in social-emotional interactions, yet required frequent verbal and visual cues to maintain focus during more structured, cognitive-motor tasks. Fine motor coordination was assessed to be within age expectations; however, visual-motor integration tasks revealed mild difficulties, necessitating occasional hand-over-hand assistance to complete more complex activities. During testing, Sabrina responded positively to structured activities but demonstrated a preference for self-directed play, impacting the consistency of her performance on standardized assessments. Behavioral observations indicated that she required moderate redirection to sustain task engagement, and testing validity was occasionally compromised by her need for increased external support and motivation. Testing modifications included the provision of frequent breaks and the use of engaging, interactive materials to maintain her interest and optimize performance outcomes.

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.

Assessment Results and Clinical Interpretation

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

Assessment Scores Summary

Domain	Raw Score	Scaled Score	Percentile	Age Equivalent	Classification

Bayley-4 Assessment Interpretation **Patient Information:** - **Name:** [Patient Name] - **Chronological Age:** 10 months **Assessment Overview:** The Bayley Scales of Infant and Toddler Development, Fourth Edition (Bayley-4), was administered to evaluate the developmental functioning of [Patient Name] across multiple domains. The assessment provides insight into cognitive, language, motor, and social-emotional development, offering a comprehensive view of the child's current developmental status. **Cognitive Domain:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** [Patient Name] demonstrated cognitive abilities below the expected developmental level for their chronological age. The scaled score of 5 indicates mild challenges in problem-solving and cognitive processing. These difficulties may impact the child's ability to engage in age-appropriate learning activities and adapt to new environments. - **Functional Implications:** [Patient Name] may experience mild challenges in tasks requiring sustained attention and problem-solving. Intervention strategies should focus on enhancing cognitive processing through structured play and interactive activities that promote exploration and discovery. **Language Domain:** - **Receptive Communication:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** The child exhibits mild difficulties in understanding spoken language and following complex instructions. This may hinder effective communication and interaction with caregivers and peers. - **Functional Implications:** Targeted interventions should aim to enhance receptive language skills through activities that encourage listening and comprehension, such as interactive storytelling and following simple commands. - **Expressive Communication:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** Expressive language skills are below the expected developmental level, with limited verbal expression observed. This limitation may impact social communication and the ability to express needs and emotions effectively. - **Functional Implications:** Interventions should focus on promoting verbal expression through modeling, repetition, and engaging in activities that encourage vocalization and word use. **Motor Domain:** - **Fine Motor:** - **Scaled Score:** 6 - **Range Classification:** Below Average -

Percentile Range: 9th-24th percentile - **Clinical Description:** Fine motor skills are mildly delayed, which may affect the child's ability to perform self-care tasks and engage in pre-academic activities. - **Functional Implications:** Therapeutic activities should target fine motor coordination and dexterity, incorporating tasks such as grasping, manipulating small objects, and simple hand-eye coordination exercises. - **Gross Motor:** - **Scaled Score:** 21 - **Range Classification:** Above Average - **Percentile Range:** 84th percentile and above - **Clinical Description:** Gross motor skills are significantly above the expected developmental level, indicating advanced coordination, balance, and movement abilities. - **Functional Implications:** While gross motor skills are a strength, continued encouragement of physical activity is recommended to maintain and further develop these skills. **Social-Emotional Domain:** - **Social-Emotional:** - **Scaled Score:** 2025 - **Range Classification:** Above Average - **Percentile Range:** 84th percentile and above - **Clinical Description:** The child demonstrates social-emotional skills significantly above the expected developmental level, suggesting a strong capacity for social interaction and emotional regulation. - **Functional Implications:** Further assessment is recommended to explore the full extent of social-emotional capabilities and to identify areas for enrichment. - **Leisure:** - **Scaled Score:** 2 - **Range Classification:** Extremely Low

Sensory Profile 2 (SP2)

Sensory Profile 2 (SP2) Interpretation **Client Information:** - Name: [Child's Name] - Age: [Child's Age] - Date of Assessment: [Date] - Evaluator: [Evaluator's Name] **Overview:** The Sensory Profile 2 (SP2) is a standardized tool used to evaluate a child's sensory processing patterns and their impact on functional performance in daily activities. This assessment provides insights into four primary sensory processing quadrants: Seeking, Avoiding, Sensitivity, and Registration. Each quadrant reflects distinct behavioral responses to sensory stimuli, which can significantly influence a child's participation in activities of daily living (ADLs), play, and social interactions. **Quadrant Analysis:** 1. **Seeking Analysis:** - **Score Interpretation:** The Seeking score indicates the degree to which the child actively engages with sensory experiences. A high score suggests a propensity for seeking out sensory input, which may manifest as a preference for activities that provide intense sensory experiences. - **Functional Implications:** In grooming, a child with high seeking tendencies may enjoy activities like brushing teeth or hair if they are provided with varied textures or temperatures. In play, they may gravitate towards dynamic, multisensory activities such as swinging or playing with textured toys. During feeding, they might prefer foods with strong flavors or varied textures. 2. **Avoiding Analysis:** - **Score Interpretation:** The Avoiding score reflects the child's tendency to withdraw from sensory experiences. A high score in this quadrant suggests a preference for predictability and routine, often avoiding novel or intense sensory input. - **Functional Implications:** In grooming, this may lead to resistance to activities like haircuts or nail trimming. During play, the child might prefer solitary or quiet activities, avoiding crowded or noisy environments. In feeding, they may exhibit picky eating behaviors, avoiding foods with unfamiliar textures or flavors. 3. **Sensitivity Analysis:** - **Score Interpretation:** The Sensitivity score measures the child's responsiveness to sensory stimuli. A high score indicates heightened awareness and potential overreaction to sensory input. - **Functional Implications:** In grooming, this may result in discomfort with certain textures or temperatures, such as water

during bathing. In play, the child might become easily overwhelmed by loud noises or bright lights. During feeding, they may be sensitive to the texture or temperature of foods, impacting their willingness to try new foods. 4. **Registration Analysis:** - **Score Interpretation:** The Registration score assesses the child's ability to notice and respond to sensory input. A low score suggests that the child may not register sensory input effectively, leading to missed cues. - **Functional Implications:** In grooming, this may manifest as a lack of awareness of personal hygiene needs. In play, the child might appear disengaged or uninterested in activities. During feeding, they may not notice hunger cues or may require prompts to eat. **Real-World Implications:** The sensory

Chicago Oral Motor and Swallowing Scale (ChOMPS)

Clinical Evaluation Report: ChOMPS Assessment Interpretation **Patient Information:** - Name: [Patient Name] - Date of Birth: [DOB] - Date of Assessment: [Assessment Date] - Evaluator: [Evaluator Name], OTR/L **Assessment Tool:** - Child Oral and Motor Proficiency Scale (ChOMPS) **Domain-Specific Scores and Levels of Concern:** The ChOMPS assessment was administered to evaluate the oral motor and feeding skills of [Patient Name]. The following domain-specific scores and levels of concern were identified: 1. **Oral Motor Skills:** - Score: [Score] - Level of Concern: [Low/Moderate/High] - Interpretation: [Patient Name] exhibits [describe specific oral motor deficits, e.g., reduced tongue lateralization, poor lip closure], which may impede efficient bolus formation and manipulation. 2. **Swallowing Efficiency:** - Score: [Score] - Level of Concern: [Low/Moderate/High] - Interpretation: Observations indicate [describe specific swallowing difficulties, e.g., delayed swallow initiation, multiple swallows per bolus], suggesting compromised swallowing efficiency. 3. **Sensory Processing:** - Score: [Score] - Level of Concern: [Low/Moderate/High] - Interpretation: [Patient Name] demonstrates [describe sensory processing issues, e.g., hypersensitivity to textures, aversion to certain food types], impacting overall feeding experience. **Feeding Risks:** 1. **Bolus Control:** - [Patient Name] exhibits inconsistent bolus control, characterized by premature spillage and inadequate mastication, increasing the risk of aspiration. 2. **Gagging:** - Frequent gagging episodes were noted, particularly with [specific textures or food types], indicating potential hypersensitivity or delayed oral transit. 3. **Food Hoarding:** - Evidence of food hoarding was observed, with [Patient Name] retaining food in the buccal cavities, posing a risk for aspiration and reduced feeding efficiency. **Safety Considerations and Aspiration Risk Assessment:** - [Patient Name] presents with a moderate risk of aspiration, as indicated by [describe specific signs, e.g., coughing, throat clearing, wet vocal quality post-swallow]. Close monitoring during meals is recommended to ensure safety. **Clinical Recommendations:** 1. **Texture Modification:** - Transition to a [specific texture, e.g., pureed or mechanical soft] diet to enhance safety and facilitate more effective oral processing. 2. **Oral Motor Exercises:** - Implement targeted exercises to improve tongue lateralization, lip closure, and jaw stability, aiming to enhance bolus control and swallowing efficiency. 3. **Feeding Strategies:** - Introduce pacing techniques and smaller bolus sizes to minimize the risk of aspiration and improve overall feeding safety. 4. **Caregiver Education:**

Pediatric Eating Assessment Tool (PediEAT)

Pediatric Eating Assessment Tool (PediEAT) Interpretation **Client Information:** - Name: [Child's Name] - Date of Birth: [DOB] - Date of Assessment: [Date] - Evaluator: [Your Name], OTR/L **Assessment Overview:** The Pediatric Eating Assessment Tool (PediEAT) was administered to evaluate [Child's Name]'s feeding and swallowing abilities across multiple domains. The assessment provides insights into physiological, processing, mealtime behavior, and selectivity challenges, as well as potential safety and endurance concerns during feeding. **Physiology Analysis:** The assessment did not indicate elevated symptoms in the physiology domain, suggesting that [Child's Name] does not exhibit significant physiological difficulties such as dysphagia or aspiration during meals. However, continuous monitoring is recommended to ensure that physiological functions remain stable, especially as dietary textures advance. **Processing Analysis:** [Child's Name] demonstrated elevated symptoms in the processing domain, indicating potential difficulties with oral-motor skills and sensory processing during feeding. This may manifest as challenges in coordinating chewing and swallowing, or hypersensitivity to certain food textures. These processing difficulties can impede efficient and safe intake of a variety of foods, potentially leading to nutritional deficiencies if not addressed. **Mealtime Behavior Analysis:** Elevated symptoms in the mealtime behavior domain were observed, suggesting that [Child's Name] may exhibit behaviors such as food refusal, prolonged mealtime durations, or distress during meals. These behaviors can disrupt the family mealtime dynamic, leading to increased stress and reduced opportunities for positive social interactions during meals. **Selectivity Analysis:** The assessment revealed elevated symptoms in the selectivity domain, indicating a preference for a limited range of foods. This selectivity can contribute to nutritional imbalances and may necessitate targeted interventions to expand dietary variety and ensure adequate nutrient intake. **Safety and Endurance Concerns:** No specific safety concerns, such as choking or aspiration risks, were identified during the assessment. However, endurance concerns were not explicitly noted, suggesting that [Child's Name] may not exhibit significant fatigue during meals. Continued observation is recommended to ensure that [Child's Name] maintains adequate endurance to consume sufficient quantities of food. **Impact on Family Mealtime Dynamics:** The challenges identified in processing, mealtime behavior, and selectivity can significantly impact family mealtime dynamics. These issues may lead to increased parental stress, altered meal preparation routines, and limited family engagement during meals. It is crucial to address these concerns to promote a harmonious and supportive mealtime environment. **Nutritional Risk Assessment:** Given the selectivity and processing challenges, [Child's Name] is at risk for nutritional deficiencies, particularly if the current dietary intake lacks variety and essential nutrients. A referral to a registered dietitian may be beneficial to develop a comprehensive nutritional plan that addresses these risks. **Intervention Recommendations:** 1. **Oral-Motor and Sensory Interventions:** Implement a structured oral-m

Clinical Recommendations

Based on the comprehensive assessment findings and observed functional limitations, the following evidence-based recommendations are provided to support optimal developmental progress and functional independence:

Priority Intervention Areas

1. Physical Therapy.

2. Speech Therapy.

3. Infant Stim.

Additional Considerations

4. Occupational Therapy 2x/week.

Recommended Service Frequency

Based on assessment findings and identified areas of need, occupational therapy services are recommended at a frequency of 2-3 times per week for 45-60 minute sessions to address developmental delays and functional limitations identified in this evaluation.

Summary:

Sabrina (chronological age: 10 months) 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 both areas of strength and areas requiring targeted intervention support. Sabrina demonstrates notable strengths in gross motor and social-emotional domains, with her social interactions and engagement being particularly advanced for her age. However, she presents with a mixed cognitive-motor profile, exhibiting delays in cognitive processing, receptive and expressive communication, and fine motor skills, with delays ranging from 20% to 30% below age expectations. These deficits impact her functional performance, particularly in daily activities requiring fine motor coordination and effective communication. Based on the assessment findings, occupational therapy services are recommended to address these areas of need, alongside speech and language therapy and early intervention services. A collaborative, family-centered approach involving these services will be beneficial to support Sabrina's development holistically. Regular monitoring and reassessment will be important to track progress and adjust the intervention plan as needed. With consistent intervention and family involvement, Sabrina is expected to make significant gains, enhancing her overall developmental trajectory. This assessment provides a foundation

for developing an individualized intervention plan that aligns with her unique strengths and needs.

Occupational Therapy Goals

1. 1. **Fine Motor Skills**: Within 6 months, Sabrina will improve her fine motor dexterity by independently manipulating small objects, such as buttons and beads, in 4 out of 5 opportunities, as measured by successful completion of fine motor tasks during therapy sessions.

2. 2. **Visual-Motor Integration**: Within 6 months, Sabrina will enhance her visual-motor integration skills by accurately copying simple geometric shapes (circle, square, triangle) with no more than one verbal cue for alignment and spacing, in 4 out of 5 opportunities, as observed during structured activities.

3. 3. **Bilateral Coordination**: Within 6 months, Sabrina will demonstrate improved bilateral coordination by using both hands together to complete tasks such as stringing beads or cutting with scissors, requiring no more than minimal verbal prompts, in 4 out of 5 opportunities, as recorded during therapy sessions.

4. 4. **Pre-Writing Skills**: Within 6 months, Sabrina will develop foundational pre-writing skills by tracing horizontal, vertical, and diagonal lines with appropriate pressure and directionality, requiring no more than one visual cue, in 4 out of 5 opportunities, as assessed through pre-writing exercises.

Report Prepared By

Signature: _____ **Date:** _____

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