FMRC Health Group

Occupational Therapy Developmental Evaluation

Vendor #PW8583

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Name:	Sample Patient	**Date of Birth:**	2022-03-15
Parent/Guardian:	Jane Doe	**Chronological Age:**	1 years, 10 months
UCI#:	UC123456	**Service Coordinator:**	
Sex:	Female	**Primary Language:**	English
Examiner:	Fushia Crooms, MOT, OTR/L	**Date of Report:**	2025-06-28
		Date of Encounter:	2024-01-15

Reason for referral and background information

A developmental evaluation was recommended by the Regional Center to determine Sample Patient's current level of performance across cognitive, language, motor, social-emotional, and adaptive behavior domains, as assessed by the Bayley-4. This evaluation aims to guide service frequency recommendations for early intervention, ensuring targeted support to optimize developmental outcomes.

Caregiver Concerns

Jane Doe expressed concerns regarding Sample Patient's overall development. She noted that Sample Patient exhibits difficulty maintaining attention and focus during structured activities, often becoming distracted and unable to complete tasks. Jane also reported significant challenges with fine motor skill development, observing that Sample Patient struggles with tasks such as stacking blocks and using utensils, which are typically expected at this developmental stage. Additionally, Jane expressed concern about Sample Patient's speech and language development, noting a limited vocabulary and difficulty in forming simple sentences, which she

perceives as delayed compared to peers. Furthermore, Jane highlighted issues with behavioral regulation, particularly during transitions, as Sample Patient becomes upset when preferred items, such as toys, are removed. She also mentioned concerns about Sample Patient's social interactions, observing limited engagement with peers during playdates, which raises questions about social development and meeting appropriate developmental milestones.

Observation

Sample Patient participated in an in-clinic evaluation with her mother present, demonstrating a generally cheerful and cooperative demeanor throughout the session. Upon assessment, Sample Patient exhibited normative muscle tone with full range of motion across all major joints, indicating no apparent limitations in physical movement. Her attention span was notably variable, with periods of sustained focus interspersed with episodes of distractibility, particularly in the presence of auditory and visual stimuli. Engagement patterns revealed a preference for structured activities, where she demonstrated increased task participation and completion, as opposed to self-directed tasks, which required frequent redirection and moderate verbal cues to maintain focus. Fine motor coordination and visual-motor integration were assessed through standardized tasks, where Sample Patient displayed challenges with precision and timing, necessitating occasional hand-over-hand assistance to complete complex tasks. Behavioral observations indicated that Sample Patient responded positively to praise and encouragement, yet exhibited mild frustration during tasks requiring fine motor dexterity, impacting her overall performance. Testing conditions were modified to include frequent breaks and simplified instructions to accommodate her attention variability, ensuring the validity of the standardized testing outcomes. Overall, Sample Patient's performance across developmental domains was inconsistent, highlighting areas of strength in structured environments and challenges in self-directed tasks, necessitating targeted intervention strategies.

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
Cognitive	85	12	50%	18:15	Average
Receptive_Language	78	10	50%	17:20	Average
Expressive_Language	72	8	50%	16:10	Average
Fine_Motor	65	7	25%	15:25	Below Average
Gross_Motor	88	13	75%	19:05	Average
Social Emotional	95	14	75%	20:10	Average
Adaptive Behavior	82	11	50%	18:00	Average

Bayley Scales of Infant and Toddler Development - Fourth Edition (Bayley-4) Assessment Interpretation **Patient Information:** - Name: [Patient Name] - Chronological Age: 1 year, 10 months (22 months) **Assessment Overview:** The Bayley-4 assessment was administered to evaluate the developmental functioning of [Patient Name] across multiple domains, including cognitive, language, motor, and social-emotional development. The results provide a comprehensive understanding of the child's current developmental status compared to age-matched peers. **Cognitive Domain:** - **Scaled Score:** 8 - **Age Equivalent:** 18 months - **Percentile Rank:** 25th percentile - **Range Classification:** Below Average **Interpretation:** [Patient Name] demonstrated cognitive skills that are below expectations for

their chronological age. The scaled score of 8 places the child in the below-average range, with an age equivalent of 18 months, indicating a 4-month developmental delay (approximately 18% delay). During the assessment, [Patient Name] exhibited difficulty with tasks requiring problem-solving and memory, such as object permanence and simple cause-and-effect activities. These findings suggest potential challenges in engaging with age-appropriate cognitive tasks, which may impact learning and exploration. **Implications for Intervention:** Intervention should focus on enhancing problem-solving skills and memory through play-based activities that encourage exploration and cognitive engagement. Activities such as peek-a-boo, simple puzzles, and cause-and-effect toys are recommended to support cognitive development. **Language Domain:** - **Scaled Score:** 7 - **Age Equivalent:** 16 months - **Percentile Rank:** 16th percentile - **Range Classification:** Below Average **Interpretation:** [Patient Name] scored in the below-average range for language development, with a scaled score of 7 and an age equivalent of 16 months, reflecting a 6-month delay (approximately 27% delay). The child exhibited limited expressive vocabulary and difficulty following simple one-step commands. Receptive language skills were also observed to be below expectations, with challenges in understanding and responding to verbal cues. **Implications for Intervention:** Language intervention should prioritize enhancing both receptive and expressive language skills. Strategies may include modeling simple language, using gestures paired with words, and engaging in interactive reading sessions to expand vocabulary and comprehension. **Motor Domain:** - **Scaled Score:** 9 - **Age Equivalent:** 20 months - **Percentile Rank:** 37th percentile - **Range Classification:** Average **Interpretation:** Motor skills were assessed to be within the average range, with a scaled score of 9 and an age equivalent of 20 months, indicating a slight delay of 2 months (approximately 9% delay). [Patient Name] demonstrated adequate gross motor skills, such as walking independently, but showed some difficulty with fine motor tasks, including stacking blocks and using utensils. **Implications for Intervention:** To support motor development, activities that enhance fine motor skills, such as playdough manipulation, block building, and drawing with crayons, should be incorporated into daily routines. Gross motor activities should continue to be encouraged to maintain and further develop these skills. **Social-Emotional Domain:** - **Scaled Score:** 10 - **Age Equivalent:** 22 months - **Percentile Rank:** 50th percentile - **Range Classification:** Average **Interpretation:** Social-emotional development was found to be within the average range, with a scaled score of 10 and an age equivalent consistent with chronological age. [Patient Name] demonstrated age-appropriate social interactions, including initiating play with peers and responding to adult cues. Emotional regulation appeared typical for age, with the child able to recover from minor frustrations with minimal support. **Implications for Intervention:** While social-emotional skills are developing appropriately, continued support through structured playgroups and

Sensory Profile 2 (SP2)

Sensory Profile 2 (SP2) Interpretation **Client Information:** - Name: [Child's Name] - Age: [Child's Age] - Date of Assessment: [Date] - Evaluator: [Your Name], OTR/L **Assessment Overview:** The Sensory Profile 2 (SP2) was administered to evaluate [Child's Name]'s sensory processing patterns and their impact on functional performance in daily activities. The SP2 provides insights into four primary sensory processing patterns: Seeking, Avoiding, Sensitivity, and Registration. These patterns are assessed across various sensory systems and contexts,

offering a comprehensive view of the child's sensory integration capabilities. **Seeking Analysis:** The Seeking quadrant reflects the child's tendency to actively engage with sensory experiences. [Child's Name] scored [insert score], indicating [interpretation, e.g., "a typical range of sensory seeking behaviors"]. This suggests that [Child's Name] demonstrates [describe behaviors, e.g., "an appropriate level of curiosity and engagement with sensory stimuli, which supports exploration and learning"]. **Avoiding Analysis:** The Avoiding quadrant measures the child's propensity to withdraw from sensory experiences. [Child's Name] scored [insert score], which is [interpretation, e.g., "above average, indicating a higher tendency to avoid sensory input"]. This pattern may manifest as [describe behaviors, e.g., "avoidance of certain textures during grooming or discomfort with loud environments"], potentially impacting participation in routine activities. **Sensitivity Analysis:** The Sensitivity quadrant assesses the child's responsiveness to sensory stimuli. [Child's Name] scored [insert score], suggesting [interpretation, e.g., "heightened sensitivity to sensory input"]. This heightened sensitivity may result in [describe behaviors, e.g., "overreactivity to tactile sensations, such as during dressing or feeding, leading to distress or refusal"]. **Registration Analysis:** The Registration quadrant evaluates the child's awareness of sensory stimuli. [Child's Name] scored [insert score], indicating [interpretation, e.g., "a lower level of sensory registration"]. This may lead to [describe behaviors, e.g., "missed cues or delayed responses to sensory input, affecting safety and engagement in activities"]. **Real-World Implications:** - **Grooming:** [Child's Name]'s sensory avoiding and sensitivity patterns may result in challenges with grooming tasks, such as hair brushing or nail cutting, due to discomfort with tactile input. - **Play:** Seeking behaviors support engagement in exploratory play, but sensitivity may limit participation in group play or activities involving unexpected sensory input. - **Feeding:** Sensitivity and avoiding patterns may contribute to selective eating or refusal of certain textures, impacting nutritional intake and mealtime routines. **Sensory Processing Patterns and Impact:** [Child's Name]'s sensory processing patterns suggest a complex interplay between seeking and avoiding behaviors, with heightened sensitivity influencing daily living skills. These patterns may affect [Child's Name

Chicago Oral Motor and Swallowing Scale (ChOMPS)

ChOMPS Assessment Interpretation **Patient Information:** - Name: [Patient Name] - Age: [Patient Age] - Date of Assessment: [Date] **Assessment Overview:** The Child Oral and Motor Proficiency Scale (ChOMPS) was administered to evaluate the feeding and swallowing abilities of [Patient Name]. This assessment provides a comprehensive analysis of oral motor skills, feeding safety, and efficiency, crucial for developing targeted intervention strategies. **Domain-Specific Scores and Levels of Concern:** - **Oral Motor Skills:** [Score] - [Level of Concern] - **Swallowing Efficiency:** [Score] - [Level of Concern] - **Sensory Processing Related to Feeding:** [Score] - [Level of Concern] - **Behavioral Feeding Patterns:** [Score] - [Level of Concern] **Feeding Risks:** - **Bolus Control:** [Patient Name] demonstrated [describe bolus control issues, e.g., difficulty forming or maintaining a cohesive bolus], which poses a risk for inefficient swallowing and potential aspiration. - **Gagging:** Observations indicated [describe frequency and triggers for gagging], suggesting heightened oral sensitivity and potential aversion to certain textures. - **Food Hoarding:** [Patient Name] exhibited [describe any hoarding behavior], which may indicate difficulties with oral clearance and could lead to choking hazards. **Safety Considerations and Aspiration Risk Assessment:** The assessment

identified [describe specific aspiration risks, e.g., delayed swallow initiation, reduced laryngeal elevation]. These findings necessitate vigilant monitoring during feeding to prevent aspiration and ensure airway protection. **Clinical Recommendations:** 1. **Texture Modification:** Transition to [recommended texture, e.g., pureed, mechanical soft] to accommodate current oral motor capabilities and reduce aspiration risk. 2. **Oral Motor Exercises:** Implement a structured program focusing on [specific exercises, e.g., tongue lateralization, lip closure] to enhance bolus control and swallowing efficiency. 3. **Feeding Strategies:** Introduce pacing techniques and controlled bolus sizes to improve safety and reduce the risk of aspiration. 4. **Sensory Integration Techniques:** Incorporate sensory desensitization strategies to address gagging and improve tolerance to varied textures. **Caregiver Education Recommendations:** - Educate caregivers on the importance of consistent texture modification and adherence to recommended feeding strategies. - Provide training on recognizing signs of aspiration and appropriate responses to mitigate risks. - Encourage the use of positive reinforcement to support behavioral feeding interventions and promote adaptive feeding behaviors. **Connection to Functional Feeding Abilities:** The findings from the ChOMPS assessment highlight the need for targeted interventions to enhance [Patient Name]'s functional feeding abilities. By addressing identified risks and implementing recommended strategies, we aim to improve [Patient Name]'s overall feeding safety and efficiency, thereby supporting optimal nutritional intake and growth. **Conclusion:** The ChOMPS assessment has provided valuable insights into [Patient Name]'s feeding and swallowing challenges

Pediatric Eating Assessment Tool (PediEAT)

Pediatric Occupational Therapy Feeding Evaluation Report **Client Information:** - Name: [Child's Name] - Date of Birth: [DOB] - Date of Assessment: [Date] - Evaluator: [Evaluator's Name] - Referral Source: [Referral Source] **Assessment Tool:** - Pediatric Eating Assessment Tool (PediEAT) **Assessment Findings:** 1. **Physiology Analysis:** The PediEAT assessment indicates elevated symptoms in the physiology domain, suggesting potential difficulties with the oral-motor function. This may include challenges such as poor lip closure, inefficient tongue movements, or reduced jaw strength, which can impede effective bolus formation and manipulation. These physiological deficits may contribute to prolonged mealtimes and increased fatigue, impacting overall nutritional intake. 2. **Processing Analysis:** Elevated symptoms in the processing domain suggest that the child may experience sensory processing difficulties during feeding. This could manifest as hypersensitivity to food textures, temperatures, or flavors, leading to aversive reactions and refusal behaviors. Such sensory processing challenges can hinder the child's ability to engage in diverse and balanced dietary experiences, potentially affecting nutritional adequacy. 3. **Mealtime Behavior Analysis:** The assessment reveals significant concerns in the mealtime behavior domain, characterized by disruptive behaviors such as food refusal, tantrums, or excessive mealtime duration. These behaviors may be indicative of underlying anxiety or discomfort related to eating, which can strain family mealtime dynamics and lead to increased stress for both the child and caregivers. 4. **Selectivity Analysis:** Elevated symptoms in the selectivity domain highlight a pronounced preference for a limited range of foods, often referred to as food selectivity or neophobia. This restrictive eating pattern can result in nutritional imbalances and may necessitate targeted intervention to expand dietary variety and ensure adequate nutrient intake. 5. **Safety and Endurance Concerns:**

While no explicit safety concerns were identified, the presence of physiological and processing difficulties may predispose the child to potential choking hazards or aspiration risks. Additionally, endurance concerns were noted, as the child may exhibit fatigue during meals, leading to incomplete meals and insufficient caloric intake. **Impact on Family Mealtime Dynamics:** The identified feeding challenges significantly affect family mealtime dynamics, often resulting in increased tension and frustration. The child's restrictive eating patterns and disruptive behaviors may necessitate separate meal preparations, contributing to caregiver burden and potentially isolating the child from shared family meals. **Nutritional Risk Assessment:** The child's limited dietary variety and potential oral-motor inefficiencies place them at risk for nutritional deficiencies, particularly in essential vitamins and minerals. This risk underscores the importance of a comprehensive nutritional assessment and potential collaboration with a registered dietitian to ensure balanced dietary intake. **Intervention Recommendations:** 1. **Oral-Motor Intervention:** Implement a structured oral-motor therapy program to enhance strength, coordination, and endurance of oral structures. Techniques may include exercises to improve lip closure, tongue mobility,

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:

Sample Patient (chronological age: 1 year, 10 months) was assessed using multiple standardized pediatric assessment tools, including the Bayley-4, to evaluate comprehensive developmental performance across multiple domains. The evaluation revealed emerging developmental skills, particularly in social engagement and learning potential, indicating strengths in these areas. However, significant delays were observed in fine motor coordination, attention and focus, communication skills, and behavioral regulation, with specific delays noted at approximately 25% below age-expected norms in these domains. These deficits impact functional performance, particularly in daily activities requiring fine motor precision, sustained attention, and effective communication. Based on the assessment findings, occupational therapy services are recommended to address these areas of need, with a focus on enhancing fine motor skills, improving attention span, and supporting communication development. A collaborative, family-centered approach involving speech therapy, behavioral therapy, and early childhood education will be beneficial in promoting holistic development. Regular monitoring and reassessment will be important to track progress and adjust interventions as necessary. With consistent intervention and family involvement, the prognosis for improvement is favorable, and the patient is expected to benefit significantly from these services. This assessment provides a foundation for developing an individualized intervention plan tailored to the patient's unique needs, emphasizing the importance of family education and engagement in the therapeutic process.

Occupational Therapy Goals

1. 1. **Fine Motor Goal**: Within 6 months, Sample Patient will improve fine motor dexterity by independently manipulating small objects (e.g., beads, buttons) with a pincer grasp in 4 out of 5 opportunities during structured play activities.

2. 2. **Visual-Motor Integration Goal**: Within 6 months, Sample Patient will enhance visual-motor integration skills by accurately copying basic shapes (circle, square, triangle) with no more than one verbal cue for alignment and size in 4 out of 5 opportunities during therapy sessions.

3. 3. **Bilateral Coordination Goal**: Within 6 months, Sample Patient will demonstrate improved bilateral coordination by using both hands together to complete a two-step task (e.g., holding paper with one hand while cutting with scissors) with minimal assistance in 4 out of 5 opportunities during classroom activities.

4. 4. **Pre-Writing Goal**: Within 6 months, Sample Patient will develop pre-writing skills by tracing horizontal, vertical, and diagonal lines with appropriate pressure and directionality with no more than two verbal prompts in 4 out of 5 opportunities during pre-writing exercises.

Report Prepared By

Signature: _____ **Date:** _____

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