

# FMRC Health Group

Occupational Therapy Developmental Evaluation

Vendor #PW8583

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<b>Name:</b>	sabrina	<b>Date of Birth:</b>	2024-08-08
<b>Parent/Guardian:</b>	asdfasdf	<b>Chronological Age:</b>	0 years, 10 months, 24 days
<b>UCI#:</b>	1234567890	<b>Service Coordinator:</b>	
<b>Sex:</b>	Female	<b>Primary Language:</b>	English
<b>Examiner:</b>	Fushia Crooms, MOT, OTR/L	<b>Date of Report:</b>	2025-06-28
		<b>Date of Encounter:</b>	2025-06-28

## Reason for referral and background information

A developmental evaluation was recommended by the Regional Center to determine the client's current level of performance and to guide service frequency recommendations for early intervention.

## Caregiver Concerns

The caregiver expressed concerns regarding the child's overall development, including challenges with attention, engagement, and developmental milestones across multiple domains.

## Observation

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

## 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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **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.

The child participated in an in-clinic evaluation with the caregiver present. The assessment revealed varying levels of engagement and cooperation across different developmental domains.

### **Recommendations:**

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

### **Summary:**

Based on standardized assessment findings, the child demonstrates a mixed profile of developmental strengths and areas requiring targeted intervention support.

## **OT Goals:**

1. Within six months, the child will stack 5 one-inch blocks independently in 4 out of 5 opportunities with no more than 2 prompts, to improve visual-motor coordination and hand stability.
2. Within six months, the child will string 2–3 large beads onto a string in 4 out of 5 opportunities with no more than moderate assistance, demonstrating bilateral hand use and midline crossing.
3. Within six months, the child will use a pincer grasp (thumb and index finger) to pick up and release small objects in 4 out of 5 opportunities with no more than 2 prompts.
4. Within six months, the child will spontaneously scribble on paper using a crayon or marker in 4 out of 5 opportunities with no more than moderate prompts, to promote pre-writing and fine motor development.

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

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Pediatric Feeding Therapist

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