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#:	1234567890	**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 potential developmental delays and inform targeted therapeutic strategies to support Sabrina's growth and participation in daily activities.

Caregiver Concerns

James expressed concerns regarding Sabrina's overall development, particularly noting her challenges in maintaining attention and focus during structured activities. He observed that Sabrina often becomes distressed when preferred items are removed, suggesting difficulties with transitions and behavioral regulation. James also highlighted concerns about Sabrina's fine motor skill development, as she appears to struggle with tasks requiring precise hand movements, such as grasping small objects. Furthermore, he is worried about her speech and language development, as Sabrina's receptive and expressive communication skills seem delayed compared to her peers, impacting her ability to engage socially. James is particularly attentive to these developmental milestones, seeking guidance on how to support Sabrina's progress effectively.

Observation

Sabrina participated in an in-clinic evaluation with her mother present, demonstrating a cheerful and cooperative demeanor throughout the assessment process. Upon examination, Sabrina exhibited typical muscle tone with full range of motion in both upper and lower extremities, indicating no significant limitations in her musculoskeletal system. Her attention span was variable; she displayed a moderate level of distractibility, particularly in unstructured tasks, necessitating frequent redirection and maximal verbal cues to maintain focus. Sabrina engaged more readily in structured activities, showing a preference for tasks with clear instructions and defined outcomes, while self-directed activities required additional encouragement and occasional hand-over-hand assistance to initiate and sustain

participation. During fine motor tasks, Sabrina demonstrated emerging visual-motor integration skills, characterized by inconsistent grasp patterns and difficulty with bilateral coordination, which impacted her ability to complete precision tasks without assistance. She responded positively to visual prompts and required minimal physical guidance to correct her hand positioning. Behavioral observations indicated that Sabrina was generally compliant but occasionally exhibited signs of frustration when tasks exceeded her current skill level, necessitating brief breaks to maintain engagement. Testing validity was affected by these factors, and modifications, including extended time and simplified instructions, were implemented to obtain a more accurate representation of her capabilities. Overall, Sabrina's performance reflected a mixed cognitive-motor profile, with notable strengths in her social-emotional interactions, as evidenced by her ability to establish rapport and engage meaningfully with evaluators and her mother.

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)

Bayley-4 Assessment Interpretation **Patient Information:** - **Chronological Age:** 10 months **Assessment Overview:** The Bayley Scales of Infant and Toddler Development, Fourth Edition (Bayley-4), was administered to assess the developmental functioning of the patient across multiple domains. The following is a detailed interpretation of the results, including specific scaled scores, percentile rankings, and clinical implications for each domain. **Cognitive Domain:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** The patient's cognitive abilities are below the expected developmental level for their chronological age. This is indicative of mild challenges in problem-solving and cognitive processing, which may impact learning and adaptive functioning. - **Functional Implications:** The patient may experience difficulties with tasks requiring sustained attention, memory, and the ability to learn new concepts. Intervention should focus on enhancing cognitive engagement through play-based activities that promote exploration and problem-solving. **Language Domain:** - **Receptive Communication:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile

Range:** 9th-24th percentile - **Clinical Description:** The patient demonstrates mild difficulties in understanding spoken language and following complex instructions. - **Functional Implications:** These challenges may affect the ability to comprehend verbal cues and instructions, impacting social interactions and learning opportunities. Interventions should include strategies to enhance receptive language skills, such as using simple, clear language and visual supports. - **Expressive Communication:** - **Scaled Score:** 5 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** The patient exhibits limited verbal expression, which may impact social communication. - **Functional Implications:** The patient may struggle with expressing needs and desires, potentially leading to frustration. Intervention should focus on expanding vocabulary and encouraging verbal interactions through modeling and responsive communication techniques. **Motor Domain:** - **Fine Motor:** - **Scaled Score:** 6 - **Range Classification:** Below Average - **Percentile Range:** 9th-24th percentile - **Clinical Description:** The patient shows mild fine motor delays, which may impact self-care and pre-academic skills. - **Functional Implications:** Difficulties with tasks such as grasping small objects and manipulating toys may be observed. Interventions should aim to improve hand-eye coordination and fine motor strength through activities like stacking blocks and finger play. - **Gross Motor:** - **Scaled Score:** 21 - **Range Classification:** Above Average - **Percentile Range:** 84th percentile and above - **Clinical Description:** The patient exhibits significantly advanced gross motor skills, including coordination, balance, and movement. - **Functional Implications:** The patient demonstrates proficiency in physical activities, which should be encouraged through opportunities for active play and exploration to further enhance motor skills and physical confidence. **Social-Emotional Domain:** - **Social-Emotional:** - **Scaled Score:** 2025 - **Range Classification:** Above Average - **Percentile Range:** 84th percentile and above - **Clinical Description:** The patient shows significantly advanced social-emotional development. - **Functional Implications:** Further assessment is recommended to explore the depth of social-emotional competencies and identify areas for continued growth and support. - **Leisure:** - **Scaled Score:** 2 - **Range Classification:** Extremely Low - **Percentile Range:** 2nd percentile and below - **Clinical Description:** The patient demonstrates significantly below expected developmental levels in leisure activities. - **Functional Implications:** The limited engagement in leisure activities suggests a need for

Sensory Profile 2 (SP2)

Sensory Profile 2 (SP2) Interpretation **Client Information:** - Name: [Child's Name] - Age: [Child's Age] - Date of Assessment: [Date] - Assessor: [Assessor's Name] **Assessment 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. The assessment provides insights into four primary sensory processing quadrants: Seeking, Avoiding, Sensitivity, and Registration. Each quadrant reflects distinct sensory processing behaviors that can influence a child's engagement and participation in various contexts. **Quadrant Analysis:** 1. **Seeking Analysis:** - **Score Interpretation:** The Seeking score reflects the child's tendency to actively seek out sensory experiences. A high score in this quadrant suggests a proclivity for engaging in activities that provide rich sensory input, while a low score indicates a reduced drive for sensory exploration. - **Functional Implications:** Children with elevated seeking behaviors may demonstrate a preference for activities involving movement, tactile exploration, or auditory stimuli. This can manifest in a need for constant motion or a desire to touch and manipulate objects during play. 2. **Avoiding Analysis:** - **Score Interpretation:** The Avoiding score measures the child's inclination to withdraw from or avoid sensory experiences. A high score indicates a propensity to retreat from sensory input, whereas a low score suggests minimal avoidance behaviors. - **Functional Implications:** High avoiding behaviors can result in challenges with transitions, resistance to new or unfamiliar environments, and difficulties with activities that involve unexpected sensory input, such as grooming or feeding. 3. **Sensitivity Analysis:** - **Score Interpretation:** The Sensitivity score assesses the child's responsiveness to sensory stimuli. A high score indicates heightened awareness and reactivity to sensory input, while a low score reflects a more muted response. - **Functional Implications:** Children with increased sensitivity may exhibit discomfort with certain textures, sounds, or lights, impacting their ability to engage in grooming tasks, participate in group play, or try new foods. 4. **Registration Analysis:** -

Score Interpretation: The Registration score evaluates the child's ability to notice and respond to sensory input. A high score suggests difficulty noticing sensory stimuli, whereas a low score indicates heightened awareness. - **Functional Implications:** Poor registration can lead to challenges in recognizing sensory cues necessary for task completion, such as not noticing when hands are dirty during grooming or failing to perceive hunger cues during feeding. **Real-World Implications:** - **Grooming:** Children with high avoiding or sensitivity scores may resist grooming activities due to discomfort with tactile sensations. Strategies such as using soft brushes or introducing grooming routines gradually can facilitate participation. - **Play:** Sensory seeking behaviors can enhance play by driving exploration and creativity. However, excessive seeking may lead to difficulty focusing on structured play tasks. Providing a sensory-rich play environment with opportunities for movement and

Chicago Oral Motor and Swallowing Scale (ChOMPS)

Clinical Evaluation Report: ChOMPS Assessment Interpretation **Patient Information:** Name: [Patient Name] Age: [Patient Age] Date of Assessment: [Date] Assessor: [Assessor Name] **Assessment Tool:** Child Oral and Motor Proficiency Scale (ChOMPS) **Domain-Specific Scores and Levels of Concern:** The ChOMPS assessment revealed the following domain-specific scores: 1. **Oral-Motor Skills:** The patient demonstrated moderate deficits in oral-motor coordination, with particular difficulties noted in lateral tongue movements and lip closure. This is indicative of potential challenges in managing bolus formation and propulsion. 2. **Sensory Processing:** The patient exhibited heightened sensitivity to textures, resulting in aversive reactions to mixed-consistency foods. This sensory processing concern is critical as it impacts the child's willingness to engage with a variety of food textures. 3. **Feeding Efficiency:** The child showed reduced efficiency in mastication, with prolonged meal times and frequent pauses, suggesting fatigue and decreased endurance during feeding. **Feeding Risks:** 1. **Bolus Control:** The patient displayed compromised bolus control, characterized by premature spillage and inefficient bolus propulsion. This poses a risk for aspiration, particularly with thin liquids and mixed textures. 2. **Gagging:** An exaggerated gag reflex was observed, particularly with textured and lumpy foods, which may contribute to food refusal and limited dietary variety. 3. **Food Hoarding:** The child demonstrated a tendency to pocket food in the buccal cavities, increasing the risk of choking and aspiration. **Safety Considerations and Aspiration Risk Assessment:** The assessment identified a moderate risk of aspiration, primarily due to impaired bolus control and delayed swallow initiation. The presence of food hoarding further exacerbates this risk, necessitating vigilant monitoring during meals. **Clinical Recommendations:** 1. **Texture Modification:** Transition to a diet consisting of soft, cohesive foods that require minimal chewing effort. Avoid mixed textures to reduce gagging and improve bolus control. 2. **Oral-Motor Exercises:** Implement a structured oral-motor exercise program to enhance tongue lateralization, lip closure, and jaw stability. This should include activities such as blowing, sucking, and chewing exercises with resistive materials. 3. **Feeding Strategies:** Introduce pacing techniques to manage meal duration and reduce fatigue. Encourage small, manageable bites and provide verbal cues to facilitate timely swallowing. 4. **Caregiver Education:** Educate caregivers on safe feeding practices, including positioning strategies to optimize head and neck alignment, and techniques to reduce sensory aversion. Provide guidance on recognizing signs of aspiration and appropriate responses. 5. **Interdisciplinary Collaboration:** Recommend collaboration with a speech-language pathologist for comprehensive dysphagia management and further assessment of swallowing function. **Connection to Functional Feeding Abilities:** The findings from the ChOMPS assessment highlight significant challenges in the child's functional feeding abilities, impacting nutritional intake and overall

Pediatric Eating Assessment Tool (PediEAT)

Pediatric Occupational Therapy Feeding Evaluation Report **Patient Information:** - Name: [Child's Name] - Date of Birth: [DOB] - Date of Evaluation: [Date] **Assessment Tool:** - Pediatric Eating Assessment Tool (PediEAT) **PediEAT Analysis:** **1. Physiology Analysis:** The PediEAT results

indicate elevated symptoms in the physiology domain, suggesting potential dysphagia or other physiological barriers impacting the child's ability to safely and effectively manage oral intake. These symptoms may manifest as difficulties with bolus formation, oral transit, or pharyngeal swallow, necessitating further investigation through instrumental assessments such as a Modified Barium Swallow Study (MBSS) or Fiberoptic Endoscopic Evaluation of Swallowing (FEES). **2. Processing Analysis:** Elevations in the processing domain may reflect challenges in sensory processing and integration, potentially affecting the child's ability to modulate sensory input during feeding. This could include hypersensitivity to textures, temperatures, and flavors, which may lead to avoidance behaviors and impact nutritional intake. **3. Mealtime Behavior Analysis:** The analysis reveals significant concerns in mealtime behavior, characterized by disruptive behaviors that may interfere with effective feeding. These behaviors could include refusal to eat, prolonged mealtimes, or negative interactions with caregivers, which may contribute to heightened stress and tension during family meals. **4. Selectivity Analysis:** The selectivity domain indicates a high degree of food selectivity, which may be indicative of neophobia or a restricted diet. This selectivity can lead to nutritional deficiencies and may require targeted intervention to expand dietary variety and ensure balanced nutrition. **Safety and Endurance Concerns:** No specific safety concerns were identified in the current assessment. However, endurance concerns were noted, suggesting the child may experience fatigue during meals, potentially impacting caloric intake and overall nutritional status. **Impact on Family Mealtime Dynamics:** The identified feeding challenges significantly impact family mealtime dynamics, contributing to increased stress and potential disruptions in family routines. The child's feeding difficulties may necessitate separate meal preparations or adaptations, affecting family cohesion and shared mealtime experiences. **Nutritional Risk Assessment:** Given the elevated symptoms across multiple domains, the child is at risk for nutritional deficiencies. A comprehensive dietary assessment by a registered dietitian is recommended to evaluate caloric and nutrient intake and to develop a tailored nutrition plan. **Intervention Recommendations:** 1. **Feeding Therapy:** Initiate a structured feeding therapy program focusing on improving oral motor skills, sensory processing, and expanding food repertoire through gradual exposure and desensitization techniques. 2. **Family-Centered Interventions:** Implement family-centered strategies to support positive mealtime interactions, including caregiver education on responsive feeding practices and stress reduction techniques. 3. **Interdisciplinary Collaboration:** Collaborate with a speech-language pathologist for further assessment of swallowing function and with a dietitian for nutritional guidance. 4. **Environmental Modifications:** Adjust the

Recommendations

Based on the comprehensive evaluation findings, the following services are recommended:

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

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 emotional regulation aligning well with age-appropriate expectations. 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 norms in these areas. These delays may impact her functional performance and daily activities, particularly in tasks requiring fine motor precision and effective communication. Based on the assessment findings, occupational therapy services are recommended to address these developmental needs. A collaborative, family-centered approach involving speech-language therapy and early intervention services will be beneficial to support Sabrina's comprehensive development. 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 meaningful gains, enhancing her overall developmental trajectory. This assessment provides a foundation for developing an individualized intervention plan tailored to her unique profile.

Occupational Therapy Goals

1. 1. Within 6 months, Sabrina will improve her fine motor skills by independently using a tripod grasp to pick up and manipulate small objects, such as beads or buttons, in 4 out of 5 opportunities during structured play activities.

2. 2. Within 6 months, Sabrina will enhance her visual-motor integration by accurately copying simple geometric shapes (circle, square, triangle) with no more than one verbal cue in 4 out of 5 opportunities during drawing tasks.

3. 3. Within 6 months, Sabrina will demonstrate improved bilateral coordination by using both hands to complete a simple lacing card activity, requiring no more than one verbal prompt, in 4 out of 5 opportunities during therapy sessions.

4. 4. Within 6 months, Sabrina will develop pre-writing skills by tracing her first name with correct letter formation and directionality, requiring no more than two verbal cues, in 4 out of 5 opportunities during pre-writing exercises.

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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