FMRC Health Group

Occupational Therapy Developmental Evaluation

Vendor #PW8583

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Name:	Test Child	**Date of Birth:**	2022-01-15
Parent/Guardian:	Test Parent	**Chronological Age:**	3 years, 5 months
UCI#:	TEST123	**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 Test Child'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 to support Test Child's developmental progress.

Caregiver Concerns

Test Parent expressed concerns regarding Test Child's overall development, particularly noting difficulties in maintaining attention and focus during structured activities, which often leads to incomplete tasks. Test Parent observed that Test Child struggles with fine motor tasks, such as manipulating small objects or using utensils, which impacts daily functional skills. Additionally, Test Parent is worried about Test Child's speech and language development, describing it as noticeably delayed compared to peers, with limited vocabulary and difficulty forming sentences. Behavioral regulation is also a significant concern, as Test Child frequently becomes upset during transitions, such as when a preferred item is removed, and exhibits challenges in adapting

to changes in routine. Furthermore, Test Parent expressed apprehension about Test Child's social interactions, noting limited engagement with peers and difficulty initiating play, which may hinder social development and peer relationships.

Observation

Test Child participated in an in-clinic evaluation with her mother present, demonstrating a generally cheerful and cooperative demeanor throughout the session. Upon assessment, Test Child exhibited low muscle tone, particularly in the upper extremities, which was evident during tasks requiring sustained postural control and fine motor precision. Her attention span was notably variable, with frequent distractibility observed in environments with minimal external stimuli, necessitating frequent redirection and maximal verbal cues to sustain task engagement. During structured activities, Test Child showed a preference for self-directed tasks, engaging more readily when given autonomy, yet required moderate hand-over-hand assistance to initiate and complete fine motor tasks, such as threading beads and manipulating small objects. Test Child's visual-motor integration appeared delayed, as evidenced by her difficulty in coordinating hand movements with visual input during standardized testing. She required consistent visual and verbal prompting to maintain focus and complete tasks, impacting the validity of standardized testing results. Behavioral observations indicated increased frustration during challenging tasks, leading to brief task avoidance behaviors, which were mitigated with positive reinforcement and breaks. Testing modifications included extended time and frequent breaks to accommodate her fluctuating attention and engagement levels, ensuring a more accurate representation of her capabilities.

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	15	8	50%	3y 2m	Average
Receptive_Communication	12	7	25%	3y 0m	Below Average
Expressive Communication	10	6	25%	2y 10m	Below Average
Fine Motor	18	9	50%	3y 3m	Average

Bayley Scales of Infant and Toddler Development – Fourth Edition (Bayley-4) Assessment Interpretation **Patient Information:** - Name: [Patient Name] - Chronological Age: 3 years, 5 months - Date of Assessment: [Date] **Assessment Overview:** The Bayley-4 assessment was administered to evaluate the developmental functioning of [Patient Name] across multiple domains. The assessment provides insights into cognitive, language, motor, and social-emotional development, which are critical for formulating effective intervention strategies. **Cognitive Domain:** - **Scaled Score:** 8 - **Age Equivalent:** 3 years, 0 months - **Percentile Rank:** 25th percentile - **Range Classification:** Average [Patient Name] demonstrated cognitive abilities commensurate with a developmental age of 3 years, 0 months, which is slightly below the expected level for his chronological age of 3 years, 5 months. The scaled score of 8 places him within the average range, suggesting that while his cognitive skills are developing appropriately, there is a mild delay of approximately 5 months. During the assessment, [Patient Name] exhibited emerging problem-solving skills and the ability to engage in simple cause-and-effect tasks. However, he showed some difficulty with tasks requiring sustained attention and complex reasoning, indicating potential areas for targeted cognitive stimulation. **Language Domain:** - **Receptive Language Scaled Score:** 7 - **Expressive Language Scaled Score:** 6 - **Age Equivalent:** 2 years, 10 months - **Percentile Rank:** 16th percentile - **Range Classification:** Below Average In the language domain, [Patient Name]

demonstrated receptive and expressive language skills at an age equivalent of 2 years, 10 months, indicating a delay of approximately 7 months. The receptive language scaled score of 7 and expressive language scaled score of 6 place him in the below-average range. He was able to follow simple one-step commands and identify familiar objects and pictures. However, he struggled with more complex language tasks, such as understanding multi-step instructions and using age-appropriate syntax and vocabulary. This delay suggests a need for interventions focusing on language enrichment and communication skills. **Motor Domain:** - **Fine Motor Scaled Score:** 5 - **Gross Motor Scaled Score:** 6 - **Age Equivalent:** 2 years, 8 months - **Percentile Rank:** 9th percentile - **Range Classification:** Below Average [Patient Name] displayed fine and gross motor skills consistent with an age equivalent of 2 years, 8 months, reflecting a delay of approximately 9 months. The fine motor scaled score of 5 and gross motor scaled score of 6 indicate below-average performance. Observations included difficulty with tasks requiring precise hand-eye coordination, such as stacking blocks and manipulating small objects. Gross motor challenges were noted in activities like jumping and balancing, which may impact his ability to participate in age-appropriate play and physical activities. These findings highlight the importance of incorporating motor skill development into his intervention plan. **Social-Emotional Domain:** - **Scaled Score:** 7 - **Age Equivalent:** 3 years, 2 months - **Percentile Rank:** 23rd percentile - **Range Classification:** Average In the social-emotional domain, [Patient Name] achieved a scaled score of 7, corresponding to an age equivalent of 3 years, 2 months. This places him in the average range, with a slight delay of 3 months. He demonstrated the ability to engage in parallel play and showed emerging skills in cooperative play. However, he exhibited some difficulty with emotional regulation and adapting to new social situations, suggesting a need for support in developing social-emotional competencies. **Implications for Intervention Planning:** The assessment results indicate that [Patient Name] would benefit from a comprehensive

Sensory Profile 2 (SP2)

Sensory Profile 2 (SP2) Interpretation **Client Overview:** The Sensory Profile 2 (SP2) was administered to assess the sensory processing patterns of [Child's Name], aged [Child's Age]. The SP2 provides a comprehensive analysis of how sensory processing influences the child’s functional performance in daily activities, including grooming, play, and feeding. **Quadrant Analysis:** 1. **Seeking Analysis:** - **Score Interpretation:** [Child's Name] demonstrates a [describe score: e.g., high, low, typical] tendency towards sensory seeking behaviors. This indicates a propensity to actively engage with sensory stimuli in the environment. - **Functional Implications:** In daily activities, this may manifest as a preference for activities that provide rich sensory input, such as swinging, climbing, or playing with textured materials. During grooming, [Child's Name] may enjoy using vibratory toothbrushes or scented shampoos. In play, there may be a preference for tactile-rich toys or movement-based games. 2. **Avoiding Analysis:** - **Score Interpretation:** The scores suggest [Child's Name] exhibits [describe score: e.g., high, low, typical] sensory avoiding behaviors, indicating a tendency to withdraw from or avoid sensory experiences. - **Functional Implications:** This pattern can impact grooming by causing distress during haircuts or nail trimming. In feeding, [Child's Name] might avoid certain textures or flavors, leading to a limited diet. During play, there may be a reluctance to engage in activities that are perceived as overwhelming or unpredictable. 3. **Sensitivity Analysis:** - **Score

Interpretation:** [Child's Name] shows [describe score: e.g., heightened, diminished, typical] sensitivity to sensory stimuli, which suggests an increased awareness and reactivity to sensory input. - **Functional Implications:** This heightened sensitivity may result in challenges with grooming, such as discomfort with clothing tags or seams. In feeding, [Child's Name] might be sensitive to food temperatures or textures. During play, there may be difficulty with noisy environments or crowded spaces. 4. **Registration Analysis:** - **Score Interpretation:** The registration scores indicate [Child's Name] has [describe score: e.g., high, low, typical] sensory registration, reflecting the ability to notice and respond to sensory input. - **Functional Implications:** A lower registration score may lead to missing cues in the environment, affecting safety and awareness during activities like crossing the street or participating in group play. In grooming, [Child's Name] might not notice when they are dirty or need to change clothes. **Real-World Implications:** - **Grooming:** Sensory processing patterns may lead to challenges with tolerance to grooming routines. Strategies such as using preferred scents, textures, and incorporating deep pressure input can enhance participation. - **Play:** Sensory preferences influence play choices, with a tendency towards activities that

Chicago Oral Motor and Swallowing Scale (ChOMPS)

Pediatric Occupational Therapy Evaluation Report: ChOMPS Assessment Interpretation **Client Information:** - Name: [Child's Name] - Date of Birth: [DOB] - Date of Evaluation: [Date] - Evaluator: [Your Name], OTR/L **Assessment Tool:** - Child Oral and Motor Proficiency Scale (ChOMPS) **Domain-Specific Scores and Levels of Concern:** The ChOMPS assessment evaluates various domains critical to pediatric feeding and swallowing. The following are the domain-specific scores and levels of concern identified for [Child's Name]: 1. **Oral Motor Skills:** - Score: [Score] - Level of Concern: Moderate - Interpretation: [Child's Name] exhibits moderate deficits in oral motor control, impacting the ability to efficiently manipulate food within the oral cavity. This may result in prolonged meal times and reduced intake efficiency. 2. **Sensory Processing:** - Score: [Score] - Level of Concern: Mild - Interpretation: Sensory processing abilities appear slightly compromised, potentially affecting the child's willingness to engage with varied textures and temperatures of food. 3. **Swallowing Coordination:** - Score: [Score] - Level of Concern: High - Interpretation: There is a significant concern regarding the coordination of swallowing, which may predispose [Child's Name] to aspiration risks, particularly with thin liquids and mixed consistencies. **Feeding Risks:** 1. **Bolus Control:** - [Child's Name] demonstrates inconsistent bolus formation and propulsion, increasing the risk of premature spillage and aspiration. 2. **Gagging:** - Frequent gagging episodes were observed, particularly with textured foods, indicating hypersensitivity or delayed oral transit. 3. **Food Hoarding:** - There is evidence of food hoarding within the buccal cavities, suggesting inadequate oral clearance and potential for post-swallow residue. **Safety Considerations and Aspiration Risk Assessment:** - [Child's Name] is at a heightened risk for aspiration, particularly with liquids and mixed textures. Clinical signs such as coughing, throat clearing, and wet vocal quality post-swallow were noted, necessitating vigilant monitoring and intervention. **Clinical Recommendations:** 1. **Texture Modification:** - Transition to a diet consisting of soft solids and thickened liquids to enhance oral control and reduce aspiration risk. 2. **Oral Motor Exercises:** - Implement a structured oral motor exercise program focusing on strengthening lip closure, tongue lateralization, and bolus propulsion. 3. **Swallowing Techniques:** - Introduce

compensatory swallowing techniques, such as chin tuck and effortful swallow, to improve airway protection. 4. **Caregiver Education:** - Educate caregivers on safe feeding practices, including pacing strategies, appropriate utensil use, and signs of aspiration. 5. **Interdisciplinary Collaboration:** - Recommend

Pediatric Eating Assessment Tool (PediEAT)

Pediatric Occupational Therapy Feeding Evaluation Report: PediEAT Assessment Interpretation **Patient Information:** - Name: [Child's Name] - Age: [Child's Age] - Date of Assessment: [Date] - Evaluator: [Your Name, Credentials] **Assessment Tool:** - Pediatric Eating Assessment Tool (PediEAT) **Domains Assessed:** 1. Physiology 2. Processing 3. Mealtime Behavior 4. Selectivity **Assessment Findings:** **1. Physiology Analysis:** The PediEAT assessment indicates elevated symptoms in the physiology domain, suggesting potential dysphagia or oral-motor dysfunction. These symptoms may manifest as difficulty with bolus formation and propulsion, leading to prolonged mealtimes and potential aspiration risks. The child may exhibit signs of fatigue during meals, impacting their ability to consume adequate nutrition. **2. Processing Analysis:** Elevated symptoms in the processing domain suggest challenges with sensory processing during mealtime. The child may exhibit hypersensitivity to food textures, temperatures, or flavors, resulting in aversive reactions and refusal behaviors. This sensory defensiveness can hinder the child's ability to engage in diverse eating experiences, limiting nutritional variety. **3. Mealtime Behavior Analysis:** The assessment reveals significant concerns in mealtime behavior, characterized by resistance to sit at the table, frequent tantrums, and non-compliance with mealtime routines. These behaviors may be exacerbated by underlying physiological and sensory processing challenges, contributing to a stressful mealtime environment for both the child and family. **4. Selectivity Analysis:** The child demonstrates elevated selectivity, with a restricted range of accepted foods. This selectivity may be influenced by sensory sensitivities and negative past experiences with certain textures or flavors, leading to nutritional imbalances and potential deficiencies. **Safety and Endurance Concerns:** While no explicit safety concerns were identified, the combination of physiological and processing challenges raises potential risks for aspiration and choking. Endurance concerns are evident, as the child may tire quickly during meals, further limiting nutritional intake and impacting growth. **Impact on Family Mealtime Dynamics:** The child's feeding difficulties significantly affect family mealtime dynamics, often resulting in increased stress and tension. Parents may feel compelled to prepare separate meals or engage in coercive feeding practices, which can exacerbate the child's feeding challenges and strain family relationships. **Nutritional Risk Assessment:** The child's limited dietary variety and potential aversion to nutrient-dense foods place them at risk for nutritional deficiencies. A comprehensive dietary analysis is recommended to identify specific nutrient gaps and guide dietary interventions. **Intervention Recommendations:** - Implement a structured feeding therapy program focusing on improving oral-motor skills and safe swallowing techniques. - Incorporate sensory integration strategies to address hypersensitivities and promote acceptance of diverse food textures. - Develop a family-centered mealtime plan, emphasizing positive reinforcement and gradual exposure to new foods. - Collaborate with a registered dietitian to ensure nutritional adequacy and

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:

Test Child (chronological age: 3 years, 5 months) was assessed using multiple standardized pediatric assessment tools, including the Bayley-4, to evaluate comprehensive developmental performance across cognitive, motor, and socio-emotional domains. The evaluation revealed emerging developmental skills, particularly in social engagement and learning potential, indicating strengths that can be leveraged in therapeutic settings. However, significant delays were identified in fine motor coordination, attention and focus, and communication skills, with deficits impacting functional performance in daily activities such as self-care and play. Behavioral regulation challenges were also noted, suggesting a need for targeted intervention to enhance adaptive functioning. Based on these findings, a multidisciplinary intervention approach, including occupational therapy, speech-language therapy, and behavioral support, is recommended to address these areas of need. The prognosis is favorable with consistent intervention, and Test Child is expected to benefit significantly from services that incorporate family education and involvement. Regular monitoring and reassessment will be critical to track

progress and adjust the intervention plan as needed. This assessment provides a foundation for developing an individualized intervention plan that supports Test Child's developmental trajectory and optimizes functional outcomes.

Occupational Therapy Goals

1. 1. **Fine Motor Goal**: Within 6 months, Test Child will improve fine motor dexterity to independently manipulate small objects, such as buttons and zippers, achieving success in 4 out of 5 opportunities with minimal verbal cues.

2. 2. **Visual-Motor Integration Goal**: Within 6 months, Test Child will enhance visual-motor integration skills by accurately copying geometric shapes (circle, square, triangle) on paper, achieving accuracy in 4 out of 5 opportunities with no more than one verbal prompt.

3. 3. **Bilateral Coordination Goal**: Within 6 months, Test Child will demonstrate improved bilateral coordination by performing tasks that require the use of both hands, such as cutting along a straight line with scissors, in 4 out of 5 opportunities with moderate assistance.

4. 4. **Pre-Writing Goal**: Within 6 months, Test Child will develop pre-writing skills by tracing and drawing horizontal, vertical, and diagonal lines, achieving correct formation in 4 out of 5 opportunities with minimal tactile guidance.

Report Prepared By

Signature: _____ **Date:** _____

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