**OCCUPATIONAL THERAPY ASSESSMENT REPORT**

|  |  |
| --- | --- |
| **Name** | sadasd |
| **Date of birth** | 2025-07-24 |
| **Age/Gender** | M8 |
| **Primary language** | asd |
| **Informant** | asd |
| **Date of evaluation** | 2025-07-14 |

**Chief Complaints:** ASD

**Medical History:**

* PRENATAL: ASD
* NATAL: ASD
* POSTNATAL: ASD

**Developmental History:** ASD

**Family History: ASD**

**Treatment History:** **ASD**

**Educational History:** **AXCA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Sensorimotor Components** | | **Response** | | **Comments** | |
| 1 | Sensory Awareness | | Fair | | ASD | |
|  | |  | |  | |
| **Sr. No.** | **Sensory Processing** | | **Response** | | **Comments** | |
| 1 | Tactile | | Good | | ASDSA | |
| 2 | Vestibular | | Fair | | AZDSAD | |
| 3 | Proprioceptive | |  | |  | |
| 4 | Visual | |  | |  | |
| 5 | Auditory | |  | |  | |
| 6 | Gustatory | |  | |  | |
| 7 | Olfactory | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Neuromusculoskeletal** | | **Response** | | **Comments** | |
| 1 | Reflex | |  | |  | |
| 2 | Range of Motion(ROM) | |  | |  | |
| 3 | Muscle Tone | |  | |  | |
| 4 | Strength | |  | |  | |
| 5 | Endurance | |  | |  | |
| 6 | Postural Control | |  | |  | |
| 7 | Postural Alignment | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Cognitive** | | **Response** | | **Comments** | |
| 1 | Level of Arousal | |  | |  | |
| 2 | Attention Span | |  | |  | |
| 3 | Initiation of Activity | |  | |  | |
| 4 | Termination of Activity | |  | |  | |
| 5 | Memory | |  | |  | |
| 6 | Sequencing | |  | |  | |
| 7 | Sitting tolerance | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Motor** | | **Response** | | **Comments** | |
| 1 | Gross Coordination | |  | |  | |
| 2 | Crossing the Midline | |  | |  | |
| 3 | Bilateral Integration | |  | |  | |
| 4 | Motor Control | |  | |  | |
| 5 | Praxis | |  | |  | |
| 6 | Fine Coordination/ Dexterity | |  | |  | |
| 7 | Visual-Motor Integration | |  | |  | |
| 8 | Oral-Motor Control | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Speech & Communication** | | **Response** | | **Comments** | |
| 1 | Receptive | |  | |  | |
| 2 | Expressive | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Psychological** | | **Response** | | **Comments** | |
| 1 | Self-regulation | |  | |  | |
| 2 | Eye contact | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Social** | | **Response** | | **Comments** | |
| 1 | Self-Expression | |  | |  | |

**Activities of daily living:**

Brushing:

Bathing:

Grooming:

Dressing:

Eating:

Toileting:

**Remark:** Based on qualitative assessment, we need to work on:

**Recommendations:**

**Dr. Jill Savani Inshiya Anverali**

**Occupational Therapist Psychologist (Clinical)**

**Reg no. OT/001266 Special Educator Reg.No. A05313**