# OCCUPATIONAL THERAPY ASSESSMENT DATA SET

Name: Therapist:
SS#: Service Cood/Guardian:
DOB: Case Manager:
Date(s) of Eval: Agency:

## Background Information

Primary Language: Spoken: Understood: Used During Eval.
Mode of Communication:
Diagnosis:
Current Medications:
Relevant Medical History: Recent Surgeries/Hospitalizations?
Known Precautions: (check all that apply) ☐ Allergies ☐ Falls ☐ Dysphagia/Aspiration ☐ Behavioral ☐ Sensory Defensiveness ☐ Other Medical
Comments:
Referral Source: ☐ Interdisciplinary Team ☐ Family ☐ Physician ☐ Other
Home Situation Lives with: ☐ Family/Relatives ☐ "family-living" model ☐ "supported-living" model ☐ Has roommates? How Many? ☐
Relevant Social/Cultural/Spiritual History:
Past OT – Other therapies?
Activities Client Enjoys
ISP Visions/Outcomes Summary
Habits/Daily Schedule
Client/Staff Areas of Concern (safety/health/other)
Client/Staff "things I'd like to work on"

## Client Factors and Performance Skills

SENSORIMOTOR COMPONENTS

| Sensory Processing | Functional | Impaired (Comments, Hx., Records, Observations, Registration, Modulation, Integration, Tests) |
|---|---|---|
| Visual Acuity (corrective lenses?) | ☐ | |
| Visual Attention | ☐ | |
| Visual Tracking | ☐ | |
| Hearing (hearing aids?) | ☐ | |
| Tactile | ☐ | |
| Proprioception | ☐ | |
| Vestibular | ☐ | |
| Smell/Taste | ☐ | |
| | ☐ | Sensory Integrative Dysfunction may be present |
| Sensory Processing Evaluation | ☐ | Completed (see report or comments) ☐ Recommended ☐ In Progress |
| | ☐ | Ongoing |

Perceptual Processing — Comments (Hx., Records, Observations, Tests)

Body Scheme Right/Left Disc.
Position in Space Figure-Ground
Depth Perception Spatial Relations

Neuromuscular

| | | | | | | |
|---|---|---|---|---|---|---|
| Muscle Tone | Trunk | ☐ WNL's | ☐ Hypertonicity | ☐ Hypotonicity | ☐ Variable/ Athetoid | |
| | Left UE | ☐ WNL's | ☐ Hypertonicity | ☐ Hypotonicity | ☐ Variable/ Athetoid | |
| | Right UE | ☐ WNL's | ☐ Hypertonicity | ☐ Hypotonicity | ☐ Variable/ Athetoid | |
| Posture | Trunk | ☐ WNL's | ☐ Kyphosis | ☐ Lordosis | ☐ Scoliosis | |
| | UE's | ☐ WNL's | Shoulders: | ☐ Rounded | ☐ Retracted | |

Comments:

☐ Support needed for function Describe:

Breath Support/ Respiratory Issues:

| Motor Balance/Control | Functional | Impaired (Comments) |
|---|---|---|
| Head Control | ☐ | |
| Trunk Control | ☐ | |
| Sitting | ☐ | |
| Standing | ☐ | |
| Ambulation | ☐ | |

Upper Extremity Active Range of Motion

| Left Comments | Left Able | Left Unable | FUNCTIONAL MOVEMENT | Right Able | Right Unable | Right Comments |
|---|---|---|---|---|---|---|
| | | | Hand to Mouth | | | |
| | | | Touch Top of Head | | | |
| | | | Reach Behind Neck | | | |
| | | | Ext. in Arc in Front of Trunk | | | |
| | | | Reach Midback | | | |
| | | | Reach Knee | | | |
| | | | Reach Foot | | | |

| | | ROM Left | ROM Right | Strength Left | Strength Right |
|---|---|---|---|---|---|
| Shoulder | Flexion | | | | |
| | Extension | | | | |
| | Abduction | | | | |
| | Int. Rot. | | | | |
| | Ext. Rot. | | | | |
| Elbow | Flexion | | | | |
| | Extension | | | | |
| Forearm | Pronation | | | | |
| | Supination | | | | |

| | | ROM Left | ROM Right | Strength Left | Strength Right |
|---|---|---|---|---|---|
| Wrist | Flexion | | | | |
| | Extension | | | | |
| Fingers MCP | Flexion | | | | |
| | Extension | | | | |
| Fingers PIP | Flexion | | | | |
| | Extension | | | | |
| Fingers DIP | Flexion | | | | |
| | Extension | | | | |
| Thumb | Abduction | | | | |
| | Opposition | | | | |

| | | Left | Right | Comments |
|---|---|---|---|---|
| Grip Strength | lbs: | | | |
| Pinch Strength | Lateral | | | |
| | Pad | | | |

Soft Tissue integrity ☐ WNL's ☐ Prone to Breakdown ☐ Has current Breakdown

Comments:

Endurance for Functional Activities ☐ Poor ☐ Fair ☐ WFL's ☐ WNL's

Comments:

Motor Control

| | Functional Left | Functional Right | Impaired Left | Impaired Right | (Comments, Tests) |
|---|---|---|---|---|---|
| Object Exploration | | | | | |
| Praxis | | | | | |
| Crossing Midline | | | | | |
| Bilateral Use | | | | | |
| Reaching for Target | | | | | |
| Isolates finger to point or poke | | | | | |
| Voluntary Release | | | | | |
| Utensil/Pencil Grasp | | | | | |

Reliable movement(s) for Switch Access:

**Grasp** (check all that apply) Reflexive ☐ Left ☐ Right Palmer ☐ Left ☐ Right Three Jaw Chuck ☐ Left ☐ Right

Lateral Pincer ☐ Left ☐ Right Modified Pincer ☐ Left ☐ Right Fine Pincer ☐ Left ☐ Right

Accurate reach to target of approx. dia. Left Hand: ☐ 1" ☐ 3" ☐ 6" ☐ 12" Right Hand ☐ 1" ☐ 3" ☐ 6" ☐ 12"

Functional Upper Extremity (UE) Task Observation Sample (IE: holds spoon, bats at mobile, buttons small buttons, throws large ball, etc)

| Task | Comments: |
|---|---|
| | |

| COGNITIVE | Functional | Impaired (Comments, Hx., Report, Tests) |
|---|---|---|
| Level of Alertness | | |
| Attention to Task | | |
| Initiates Activity | | |
| Memory | | |
| Follows Directions | | ☐ 1 step ☐ 2 step ☐ 3 step |
| Familiar Routines | | |
| Solves Problems | | |
| **PSYCHOSOCIAL** | | |
| Self Awareness | | |
| Self Concept | | |
| Self Expression | | |
| Copes with Stress | | |
| Interest in Activities | | |
| Self Control | | |
| Aware of Others | | |
| Interacts with Others | | |
| Respects Others | | |
| General Mental Health | | |
| Sexual Expression | | |

## Occupational Performance

*(Check items that apply)*

**Oral-Motor** (eating/drinking/swallowing) **Comments/Observations**

Tube-fed? Dependently fed? Self-feeding? (data below)

Mealtime Plan in place? Yes No

Client Positioning: Describe W/C or chair:
Trunk :
UE/LE:
Head Neck:
General Muscle Tone:
Other:

Provider Position (if Applicable)

Hx. of Aspiration? Yes No Swallowing Study: Yes No Date: Location:

Hx. of GERD? Yes No Upper GI: Yes No Date: Location:

Results:

Weight Concerns? Yes No

Special Diet/Nutritional? Yes No

Food Consistency: Hx. Of Reflux? Yes No

Liquid Consistency: Hx of Rumination? Yes No

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | Rooting | ☐ | Bite Reflex | ☐ | Tongue Thrust | ☐ | Strong Gag Reflex | ☐ | Suckling | ☐ | Suck/swallow |
| ☐ | Maintains food/drink in mouth | | | ☐ | Loss of food/drink | | | | | | |
| ☐ | Achieves/Maintains Lip Closure | | | ☐ | Poor Lip Closure | Around spoon/cup? | | | At rest? | | |
| ☐ | No or minimal Drooling | | | ☐ | Mod/Severe Drooling | At rest? | | During chewing? | | | |

| | | | | |
|---|---|---|---|---|
| | Rotary Chewing Movements | | Vertical Chewing Movements | |
| | Graded Jaw Movement | | Ungraded | |
| | Ant./Posterior Tongue Movement | | Lateral Tongue Movement | |
| | Swallowing - Normal | | Delayed | Repeated Swallows? |
| | Clears Oral Cavity after swallow | | Residue noted | Where? |
| | Normal Dentition | | Missing Teeth | Edentulous? Dentures? |
| | Oral Hygiene appears good | | Appears poor | |
| | Oral Hypersensitivity | | Oral Hyposensitivity | |
| | Behaviors - Appropriate | | Risky Behaviors Noted | Describe: Rate, Bite-Size, Stuffing Mouth, Binging, Rumination, etc… |

Mealtime Communication Comments:

**DAILY LIVING SKILLS**
(Note: some items may be assessed per staff report)

**Key:**
1 = Total Dependence
2 = Mod/Max Physical Assistance
3 = Min Physical Assistance
4 = Mod/Max Verbal or Gestural Assistance
5 = Min. Verbal or Gestural Assistance
6 = Independent
N/A = not applicable
NT = not tested/reported
* = with Assistive Technology

| SKILL | LEVEL | COMMENTS (include Assistive Technology if applicable) |
|---|---|---|
| EATING/DRINKING | | |
| Holds/drinks from glass/cup | | |
| Uses Straw | | |
| Maintains grasp of spoon | | |
| Scoops food | | |
| Brings food to mouth | | |
| Uses fork | | |
| Uses knife | | |
| Uses napkin | | |
| Other | | |
| Other | | |

| SKILL | Level |
|---|---|
| GROOMING | |
| Wash Face | |
| Brush/Comb Hair | |
| Brush Teeth | |
| Apply Deodorant | |
| Shaving | |
| Apply Make-up | |
| Other | |
| DRESSING | |
| Shirt | |
| Skirt/Pants | |
| Dress | |
| Socks | |
| Shoes | |
| Bra | |
| Underwear | |
| Belt | |
| Fasteners | |
| Chooses Clothing Items | |

| SKILL | Level |
|---|---|
| TOILETING | |
| Pulls Clothing Down | |
| Position at/on toilet | |
| Uses toilet paper | |
| Flushes | |
| Washes Hands | |
| Uses Attends | |
| BATHING | |
| Removes Clothing | |
| Washes Adequately | |
| Shampoos Hair | |
| Bathes/Showers Safely | |
| MEDICATION | |
| Understands What Meds are for | |
| How Many/Much and when | |
| Takes or consumes Medications | |

| SKILL | Level |
|---|---|
| HOME LIVING | |
| Pours Drinks | |
| Accesses Drinks | |
| Accesses Snacks | |
| Prepares Simple Snack | |
| Prepares Simple Meal | |
| Helps Set Table | |
| Wipes Table | |
| Makes Bed | |
| Puts Clothing or Personal Items Away | |
| Laundry | |
| Dusting | |
| Other Task | |
| Other Task | |
| Tells Time | |
| Follows Schedule | |
| Answers Phone | |
| Calendar Concepts | |

COMMUNITY Level LEISURE Level * Assistive Technology utilized in Living Areas:

| | | | | |
|---|---|---|---|---|
| Shopping/Finding Items | | Attends to items | | |
| Putting in Basket | | Explores items | | |
| Ids Coins | | Accesses Favorite Items/Activities | | |
| Pays for Items | | Accesses Favorite Music | | |
| Other | | Accesses TV or Videos | | |
| Orders at Fast Food Place | | Has Identified Leisure Interests | | |
| Orders at Other Restaurant | | Activity | | |
| Transportation | | Activity | | |
| Community Safety Skills | | | | |
| Other | | | | |

Living Skills Areas – Additional Comments:

Work/Volunteer Skills (Describe Current Work/Volunteer Placement)

Skills:

Challenges:

* Assistive Technology:

Work Assessment

**Performance Contexts**

HOME ENVIRONMENT ☐ Has basic physical access ☐ Has good access to leisure skills ☐ Has good access to Home Living Activities

☐ Has Home Environmental Access Evaluation (See Evaluation) ☐ Home Environmental Access Evaluation is Ongoing and addressed in 6 month reports

☐ Additional Home Environmental Access Evaluation Recommended

Areas of Concern/Comments:

DAY OR WORK ENVIRONMENT ☐ Has basic physical access ☐ Has good access to work/day activities/materials

☐ Has Day/Work Environmental Access Evaluation ( See Evaluation) ☐ Day/Work Environmental Access Evaluation is Ongoing and addressed in 6 month reports

☐ Additional Day/Work Environmental Access Evaluation Recommended

Other Comments:

Signature: _____ Date: _____