### Background Information

<table>
<thead>
<tr>
<th>Mode of Communication:</th>
<th>Used During Eval.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Current Medications:</td>
<td></td>
</tr>
<tr>
<td>Relevant Medical History: Recent Surgeries/Hospitalizations?</td>
<td></td>
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<tr>
<td>Known Precautions:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Referral Source:</td>
<td></td>
</tr>
<tr>
<td>Home Situation Lives with:</td>
<td></td>
</tr>
<tr>
<td>Relevant Social/Cultural/Spiritual History:</td>
<td></td>
</tr>
<tr>
<td>Past OT – Other therapies?</td>
<td></td>
</tr>
<tr>
<td>Activities Client Enjoys</td>
<td></td>
</tr>
<tr>
<td>ISP Visions/Outcomes Summary</td>
<td></td>
</tr>
<tr>
<td>Habits/Daily Schedule</td>
<td></td>
</tr>
<tr>
<td>Client/Staff Areas of Concern</td>
<td></td>
</tr>
<tr>
<td>(safety/health/other)</td>
<td></td>
</tr>
<tr>
<td>Client/Staff “things I’d like to work on”</td>
<td></td>
</tr>
</tbody>
</table>

### Client Factors and Performance Skills

#### Sensorimotor Components

<table>
<thead>
<tr>
<th>Sensory Processing</th>
<th>Functional</th>
<th>Impaired (Comments, Hx., Records, Observations, Registration, Modulation, Integration, Tests)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Acuity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Tracking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tactile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proprioception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vestibular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smell/Taste</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Perceptual Processing

<table>
<thead>
<tr>
<th>Body Scheme</th>
<th>Right/Left Disc.</th>
<th>Position in Space</th>
<th>Figure-Ground</th>
<th>Depth Perception</th>
<th>Spatial Relations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuromuscular</td>
<td>Muscular Tone</td>
<td>Trunk</td>
<td>WNL’s</td>
<td>Hypertonicity</td>
<td>Hypotonicity</td>
</tr>
<tr>
<td></td>
<td>Left UE</td>
<td>WNL’s</td>
<td>Hypertonicity</td>
<td>Hypotonicity</td>
<td>Variable/ Athetoid</td>
</tr>
<tr>
<td></td>
<td>Right UE</td>
<td>WNL’s</td>
<td>Hypertonicity</td>
<td>Hypotonicity</td>
<td>Variable/ Athetoid</td>
</tr>
<tr>
<td>Posture</td>
<td>Trunk</td>
<td>WNL’s</td>
<td>Kyphosis</td>
<td>Lordosis</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>UE’s</td>
<td>WNL’s</td>
<td>Shoulders:</td>
<td>Rounded</td>
<td>Retracted</td>
<td></td>
</tr>
</tbody>
</table>
Support needed for function: Describe:

Breath Support/Respiratory Issues:

Motor Balance/Control Functional Impaired (Comments)

Upper Extremity Active Range of Motion

<table>
<thead>
<tr>
<th>Comments</th>
<th>Able</th>
<th>Unable</th>
</tr>
</thead>
</table>

FUNCTIONAL MOVEMENT

<table>
<thead>
<tr>
<th></th>
<th>Able</th>
<th>Unable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand to Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch Top of Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach Behind Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ext. in Arc in Front of Trunk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach Midback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach Foot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Grip Strength: lbs:

Pinch Strength: Lateral Pad

Soft Tissue integrity:

Endurance for Functional Activities: Poor Fair WFL’s WNL’s

Motor Control:

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 Lateral Pincer

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**

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

**Comments:**

**COGNITIVE**
- Level of Alertness
- Attention to Task
- Initiates Activity
- Memory
- Follows Directions
- Familiar Routines
- Solves Problems

**Impaired (Comments, Hx., Report, Tests)**

<table>
<thead>
<tr>
<th>1 step</th>
<th>2 step</th>
<th>3 step</th>
</tr>
</thead>
</table>

**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)**
- Tube-fed?
- 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
- Hx. of GERD?    Yes    No
- Swallowing Study:    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
- Hx of Rumination?:    Yes    No

**Liquid Consistency:**
- Rooting
- Bite Reflex
- Maintains food/drink in mouth
- Achieves/Maintains Lip Closure
- No or minimal Drooling
- Maintains food/drink
- Loss of food/drink
- Poor Lip Closure
- Around spoon/cup?
- At rest?
- 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

**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

<table>
<thead>
<tr>
<th>SKILL</th>
<th>LEVEL</th>
<th>COMMENTS (include Assistive Technology if applicable)</th>
</tr>
</thead>
</table>

#### 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

#### GROOMING

- Wash Face
- Brush/Comb Hair
- Brush Teeth
- Apply Deodorant
- Shaving
- Apply Make-up
- Other

#### TOILETING

- Pulls Clothing Down
- Position at/on toilet
- Uses toilet paper
- Washes Hands
- Uses Attends

#### HOME LIVING

- Pours Drinks
- Accesses Drinks
- Accesses Snacks
- Prepares Simple Meal
- Helps Set Table
- Wipes Table
- Makes Bed

#### 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

#### DRESSING

- Shirt
- Skirt/Pants
- Dress
- Socks
- Shoes
- Bra
- Underwear
- Belt
- Fasteners
- Chooses Clothing Items

#### COMMUNITY LEISURE

- Other Task
- Other Task
- Tells Time
- Follows Schedule
- Answers Phone
- Calendar Concepts

**NAME: ___________________________**

**OT ASSESSMENT DATA**

**DATE: ___________**
<table>
<thead>
<tr>
<th>Shopping/Finding Items</th>
<th>Attends to items</th>
<th>Explores items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting in Basket</td>
<td>Accesses Favorite Items/Activities</td>
<td></td>
</tr>
<tr>
<td>Ids Coins</td>
<td>Accesses Favorite Music</td>
<td></td>
</tr>
<tr>
<td>Pays for Items</td>
<td>Accesses TV or Videos</td>
<td></td>
</tr>
<tr>
<td>Orders at Fast Food Place</td>
<td>Has Identified Leisure Interests</td>
<td></td>
</tr>
<tr>
<td>Orders at Other Restaurant</td>
<td>Activity</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Safety Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**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: ___________________________