

ANNUAL OCCUPATIONAL THERAPY RE-EVALUATION REPORT

Name:	Date of Report:
DOB:	Report Covers: (date of previous annual re-eval) through (current date)
Last 4 numbers of SS #:	Case Manager/Agency:
Therapist/Agency:	

OCCUPATIONAL PROFILE
Changes in Living and Day Activities/Work Situation: <i>(include issues/changes related to DSP continuity/support)</i>
Interests and Visions/Outcomes during report period <i>(paraphrased):</i>
Brief Summary of OT Intervention related to above: <i>(Include skilled therapy, WDSIs and intensity of training/monitoring required. Refer to therapy objective/status below as appropriate.)</i>

HEALTH AND SAFETY CHALLENGES AND CHANGES
Relevant Diagnosis <i>(not intended to include all diagnosis):</i>
Relevant Medical and Safety Challenges:
Summary of Health and Safety Changes related to OT:
Summary of OT Intervention related to above: <i>(Include skilled therapy, WDSIs and intensity of training/monitoring required. Refer to therapy objective/status below as appropriate.)</i>

ASSESSMENTS UTILIZED: <input type="checkbox"/> Observation <input type="checkbox"/> Interview <input type="checkbox"/> Goniometry <input type="checkbox"/> Manual Muscle Test
<input type="checkbox"/> OT Assessment Data Set (relevant areas) <input type="checkbox"/> OT Eating, Oral Care and Oral Motor Assessment (relevant areas)
<input type="checkbox"/> Environmental Evaluation <input type="checkbox"/> Other (Describe):

UPDATE OF OCCUPATIONAL ANALYSIS <i>(Areas of change from last evaluation and current baseline data related to OT objectives during report dates. Include areas of progress and decline. NOTE: Refer to current status of OT Objectives below as appropriate)</i>
Areas of Occupation: <i>Include changes in occupational performance including: ADL, IADL, leisure, work, community activities, etc. as applicable.</i>
Areas specific to Aspiration Risk Management: <i>Include areas of ARM/CARMP intervention including oral hygiene as applicable.</i>
Performance Skills/Client Factors: <i>Include changes and baseline data in sensory processing, vision/hearing, posture, balance, strength, endurance, ROM, motor skills, visual-motor, cognition, social skills, etc., as applicable.</i>
Activity Demands, Performance Patterns: <i>Include changes in activity demands, routines, residence, day activities, job tasks, support levels and direct support personnel as applicable. Include NEW job tasks and NEW residence.</i>
Performance Environments: <i>Include home and day/work environmental observations.</i>

FUNCTIONAL STATUS IN OT INTERVENTION AREAS (During the Report Period)	
OT Goal:	
OT Objective:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Current Status: <input type="checkbox"/> Accomplished <input type="checkbox"/> Progress made <input type="checkbox"/> Maintained <input type="checkbox"/> Loss of function/progress Current Baseline and Comments:	
OT Objective:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Current Status: <input type="checkbox"/> Accomplished <input type="checkbox"/> Progress made <input type="checkbox"/> Maintained <input type="checkbox"/> Loss of function/progress	

Current Baseline and Comments:	
Related WDSI:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Related WDSI:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
DSP Training Status/Training Challenges:	
Related AT or Env. Mods: <i>(These are listed in Therapy Intervention Plan. Comment on evaluation of current effectiveness here.)</i>	
OT Goal:	
OT Objective:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Current Status: <input type="checkbox"/> Accomplished <input type="checkbox"/> Progress made <input type="checkbox"/> Maintained <input type="checkbox"/> Loss of function/progress Current Baseline and Comments:	
OT Objective:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Current Status: <input type="checkbox"/> Accomplished <input type="checkbox"/> Progress made <input type="checkbox"/> Maintained <input type="checkbox"/> Loss of function/progress Current Baseline and Comments:	
Related WDSI:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
Related WDSI:	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue
DSP Training Status/Training Challenges:	
Related AT or Env. Mods: <i>(These are listed in Therapy Intervention Plan. Comment on evaluation of current effectiveness here.)</i>	

Specific status of CARMP strategies if not included above <i>(if applicable):</i>
Other areas of OT Intervention not described elsewhere (description and status): <i>(include monitoring of AT that may not be listed above)</i>
Additional Comments:

RECOMMENDATIONS FROM ENTITIES OUTSIDE OF THE IDT <i>(PCP, SAFE Clinic, TEASC, etc.):</i>
OT response to recommendations:

OT SUMMARY
Areas of Progress/Maintenance:
Prioritized Areas of Need:

GENERAL RECOMMENDATIONS <i>(Pending further information from Annual IDT meeting.)</i>
<u>Note: Specific OT Goals/ Objectives and intervention plans including specific plans for WDSIs, AT, and other intervention strategies will be outlined in the Therapy Intervention Plan to be completed after further information is obtained during the Annual IDT meeting.</u>
<input type="checkbox"/> Continued OT intervention is recommended. Comments:
<input type="checkbox"/> General focus of OT Objectives and WDSIs will include:
CARMP strategies <input type="checkbox"/> to continue <input type="checkbox"/> additional strategies recommended <input type="checkbox"/> modified strategies recommended. Comments:
<input type="checkbox"/> General focus of AT, Env Mods intervention will include:

<input type="checkbox"/> Other: <i>(Include recommendations for other services or referrals if applicable)</i>
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(Note: put digital signature in text box or use JPEG signature insert to make sure it appears!)		
Therapist Signature/Credentials	Name of Agency	Date
Therapist Ph.#/E-mail:		