



Professional Nursing Service
PEDIATRIC OCCUPATIONAL THERAPY EVALUATION

Individual's Name \_\_\_\_\_ Date of Eval \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Chronological age \_\_\_\_\_ Adjusted age \_\_\_\_\_

Primary Diagnosis / Condition: \_\_\_\_\_

Treating Dx / ICD-9: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Phone / Fax \_\_\_\_\_

Reason for referral / history / background information: \_\_\_\_\_

Educational Placement school: \_\_\_\_\_ Phone \_\_\_\_\_

Contraindications / precautions: [ ] Yes [ ] No If yes, explain \_\_\_\_\_

[ ] Seizures [ ] Shunt [ ] Allergies: please list \_\_\_\_\_

Previous therapies & outcomes: \_\_\_\_\_

Parent goal: \_\_\_\_\_

Medications / Equipment: \_\_\_\_\_

Level of alertness: [ ] age appropriate; comments: \_\_\_\_\_

Skin: [ ] intact; comments \_\_\_\_\_

Vision: [ ] intact [ ] impaired; comments: \_\_\_\_\_

Hearing: [ ] intact [ ] impaired; comments: \_\_\_\_\_

Muscle tone: [ ] WNL [ ] hypertonic [ ] hypotonic [ ] ataxic [ ] athetoid / fluctuating [ ] tremors [ ] N/A

Comments: \_\_\_\_\_

AROM/PROM:

UE: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Trunk: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Neck: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Notes: \_\_\_\_\_

STRENGTH/ACTIVE MOVEMENT:

UE: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Trunk: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Neck: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Notes: \_\_\_\_\_

POSTURAL ALIGNMENT:

Spine: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Pelvis: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Hips: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Ankles: [ ] WNL [ ] WFL; comments: \_\_\_\_\_

Other: \_\_\_\_\_

Individual's Name \_\_\_\_\_

Date of Eval \_\_\_\_\_

**SYMMETRY:**

Body structure:  WNL; comments: \_\_\_\_\_

In movement:  WNL; comments: \_\_\_\_\_

**REFLEXES:**

Age appropriate; comments: \_\_\_\_\_

**FUNCTIONAL MOVEMENT:**

Supine:  Age appropriate; comments: \_\_\_\_\_

Prone:  Age appropriate; comments: \_\_\_\_\_

Sitting:  Age appropriate; comments: \_\_\_\_\_

Standing:  Age appropriate; comments: \_\_\_\_\_

Transfers:  Age appropriate; comments: \_\_\_\_\_

**TRANSITIONAL MOVEMENTS:**

Age appropriate; comments: \_\_\_\_\_

**SPLINTS:**       yes     no

Type: \_\_\_\_\_

Wearing Schedule: \_\_\_\_\_

**ORTHOTICS:**     yes     no

Type: \_\_\_\_\_

Wearing Schedule: \_\_\_\_\_

**WHEELCHAIR:**

Model \_\_\_\_\_

Modifications: \_\_\_\_\_

Self-propel     Power     Dependent

Individual's Name \_\_\_\_\_ Date of Eval \_\_\_\_\_

**SELF CARE TASKS:**

TASK	LEVEL OF ASSISTANCE	COMMENTS
Tooth brushing		
Face washing		
Bathing		
Combing hair		
UB dressing		
LB dressing		
Fasteners		
Transfers		
Mobility		
Feeding		Diet
Utensil use		Type
Cup use		Type

Reflux     Feeding tube     Surgeries     Swallow studies

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SENSORY SYSTEMS:**

Tactile:  Intact     Deficit    Vestibular:  Intact     Deficit    Proprioceptive:  Intact     Deficit

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sensory awareness / aversions: \_\_\_\_\_  
\_\_\_\_\_

Sensory profile:  Completed     Recommended

Results: \_\_\_\_\_  
\_\_\_\_\_

**VISUAL PERCEPTUAL SKILLS:**

Visual field: \_\_\_\_\_

Tracking: \_\_\_\_\_

Convergence: \_\_\_\_\_

TVPS:  Completed     Recommended

VMI:  Completed     Recommended

MVPT:  Completed     Recommended

Results: \_\_\_\_\_  
\_\_\_\_\_

Individual's Name \_\_\_\_\_

Date of Eval \_\_\_\_\_

**FINE MOTOR SKILLS:**

SKILL	Y	N	TRIALS	SKILL	Y	N	TRIALS
Bats / swipes at objects			/	Crosses midline with R hand			/
Grasps objects after reaching			/	Crossed midline with L hand			/
Transfers items hand to hand			/	Controlled release? On lg surface			/
Displays hand preferences R L			/	Controlled release? On sm surface			/
Uses both hands at midline			/	Translation			/
Accurate grasp w/o over / under shooting			/	Isolates first finger for point or poke			/

**GRASP PATTERNS: Present Yes or No**

GRASP	Y	N	TRIALS	GRASP	Y	N	TRIALS
Palmar			/	Radial Palmar			/
Lateral Pincer			/	3-jaw chuck			/
Inferior Pincer			/	Fine Pincer			/
Palmar-Supinate			/	Digital Pronate			/
Static Tripod			/	Dynamic Tripod			/

Comments:

**HANDWRITING:**

Grasp on utensil: \_\_\_\_\_

Adaptive equipment: \_\_\_\_\_

Handwriting sample:  see back of page for sample

ETCH:  Completed  Recommended

Results: \_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORIAL OBSERVATIONS:**

Following directions:  1-step \_\_\_\_/\_\_\_\_ trials  2-step \_\_\_\_/\_\_\_\_ trials

Comments: \_\_\_\_\_  
\_\_\_\_\_

Attention span: \_\_\_\_\_  
\_\_\_\_\_

Safety concerns: \_\_\_\_\_  
\_\_\_\_\_

Individual's Name \_\_\_\_\_ Date of Eval \_\_\_\_\_

**COMMUNICATION:**

- Age appropriate     Delayed     Verbal     Non-verbal     Alienate communication

Comments: \_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF STATUS / JUSTIFICATION FOR SKILLED INTERVENTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TREATMENT INDICATED:  Yes     No    If yes, POC date \_\_\_\_/\_\_\_\_/\_\_\_\_

**RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REHABILITATION POTENTIAL:  Excellent     Good     Fair     Poor

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

Time in \_\_\_\_\_ Time out \_\_\_\_\_