

Occupational Therapy Evaluation Data/Observation

Student Profile:

Name: _____
Caregiver(s): _____
School: _____

DOE: _____
DOB: _____
Phone Number: _____
Teacher: _____

Caregiver Name: _____ Phone: _____
Current Services: _____
Reason for Referral: _____

Tests Administered: _____

Background:

Birth History: _____

Medical History: _____

Current Medication: _____

Allergies: _____

Current: Equipment: _____

Observations: _____

Motor Function:

Tone	
Strength	
Posture	

Range of Motion:

Shoulder:	Right	Left	Additional Information
Flexion			
Extension			
Abduction			
Adduction			
Elbow:			
Flexion			
Extension			
Forearm:			
Supination			
Pronation			
Wrist:			
Extension			
Flexion			
Radial Deviation			
Ulnar Deviation			
Fingers:			
Flexion			
Extension			
Abduction			
Adduction			
Thumb:			
Flexion			
Extension			
Abduction			
Adduction			

Bilateral Coordination: _____

Hand Function:

Hand Dominance (circle one and explain as necessary):

Right Left Ambidextrous Unsure

(Provide Explanations as related to hand function)

Grasp/Release	
Grasp Patterns	
Manipulation	
Handwriting	
Scissor Use	
Other	

Visual Skills:

(Provide Explanations as related to visual function)

Ocular Motor	
Visual Motor	
Visual Perceptual	
Other	

Sensory Skills:

(Provide Explanations as related to sensory integration and response)

Sensory Processing	Tactile: _____ _____
	Auditory: _____ _____
	Visual: _____ _____
	Oral: _____ _____
	Olfactory: _____ _____
	Proprioceptive: _____ _____
	Vestibular: _____ _____

Motor Planning/ Praxis	Ideation: _____ _____ Plan: _____ _____ Execution: _____ _____
Behavior	
Attention	
Other	

Activities of Daily Living:

Self-Care:
(Provide Explanation, as related to school function)

Feeding	
Toileting	
Dressing	
Hand Washing	

Other	
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Social Skills: _____

Standardized Testing Results:

Recommendations:

____ Occupational Therapy is **NOT** recommended

____ Occupational Therapy **IS** recommended

Frequency _____

Duration _____

Name of Evaluator

Signature of Evaluator

Date

Contact Information