**SCHOOL DISTRICT**

# OCCUPATIONAL THERAPY EVALUATION SUMMARY

CONFIDENTIAL

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|---|---|---|---|
| Name: | Child | Evaluation Dates: | |
| School: | | Date of Birth: | |
| Grade: | SDC 6 | Age: | 12 years, 1 month |

## BACKGROUND INFORMATION

Child is a twelve year, one month old boy with a special education eligibility of autism spectrum disorder, and Speech or Language Impairment. His mother also reports asthma and attention deficit hyperactivity disorder. Child is attending a sixth grade class in a non-public school with a one-on-one assistant. He receives specialized academic instruction, behavior intervention services, speech therapy and individual counseling. His mother's priorities are for him to learn patience and succeed with schoolwork. His school instructional team is working to increase his rate of learning and reduce his aggressive behavior. He is reported to throw items, hit, scratch, kick and slap causing damage and destruction. These episodes occur one to two times per week and last anywhere from one minute to one hour.

## EDUCATION / PREVOCATIONAL SKILLS

The results of the Psycho-educational testing (XX, xxxx) show below average problem solving ability as measured by the Universal Nonverbal Intelligence Test (UNIT). This may impact Child's understanding of classroom directions and prevocational skills contributing to his fluctuating levels of frustration. Child is reported to have difficulty with on-task behavior and task completion even if the task has been modified for his level of ability. An occupational therapy assessment has been requested to examine sensory and motor (praxis) factors underlying problem solving, learning and behavior and self-care.

## DEVELOPMENTAL HISTORY

Child was born full term without complications and developmental motor milestones were met on schedule. Child received occupational therapy (OT) through Regional Center from the age of eighteen months to approximately three years of age shortly after he was diagnosed with autism. He received short term OT at home through California Agency from 12/xxxx to 4/20/xx. Occupational therapy services were inconsistent over the years due to frequent moves averaging one or two months of once or twice a week 30-45 minute sessions consecutive treatment.

Vision and hearing are reported by his mother to be within normal limits as measured by a screening at the doctor's office. Child is taking medication for behavior, Adderall XR a.m.25 mg; Risperdal 5mg; Risperdal at noon, 5mg. There are no reported allergies however his mother reports asthma. Child's mother reports that he has irregular sleep patterns but does not have nightmares and can sleep six to eight hours per night.

## EVALUATION PROCEDURES

Record Review
Medical, Developmental and Sensory History
Classroom Observations**,** Review of Work Samples
Teacher, Parent and Child Interview
Structured and Unstructured Clinical Observations

**EVALUATION PROCEDURES (Continued)**
Standardized Testing:

1. *Sensory Integration and Praxis Tests (SIPT)* are standardized for children between the ages 4 years to 8 years and 11 months. The SIPT subtests are designed to evaluate sensory and motor functions that underlie learning and behavior. The tests evaluate praxis, the ability to interact purposefully in the tangible, physical, two and three-dimensional world. The SIPT praxis tests were administered. Child is three years older than the test norms and his performance is described as compared to children eight years, eleven months. The SIPT was chosen to assess praxis as it is considered the gold standard in the profession and would provide valuable information regarding Child's potential strengths and needs in this area.

2. *Sensory Processing Measure: Main Classroom (SPM)* is a teacher questionnaire that uses rating scales to describe sensory processing, praxis, and social participation for children between the ages of 5 and 12 years old.

3. *Bruininks-Oseretsky Test of Motor Proficiency: Revised* (BOT:2) is a standardized test that uses a variety of activities to measure fine motor and gross motor performance in individuals from ages 4 to 21 years old. The Fine Motor Precision, Fine Motor Integration and Manual Dexterity subtests were administered.

**Testing Observations**
The assessment was designed to evaluate Child's unique educational needs as a sixth grade child with autism spectrum disorder and speech and language impairment. Standardized testing took place over a ninety-minute period, with approximately one hour in a small quiet testing room and thirty minutes in the XX Elementary School OT PT therapy gym. Structured and unstructured clinical observations were made in the therapy gym.

The assessment was administered in English, Child's primary language and language thought most likely to yield accurate results. Procedures were selected to be unbiased with regard to race, gender, and culture. The technically sound, reliable and valid tests were administered for the purpose for which they were designed by a registered/licensed occupational therapist, certified to administer and interpret the *Sensory Integration and Praxis Tests*. More than one measure was used to determine Child's needs (Interviews, observations, standardized tests). Child's teacher stated that she understood the *SPM Classroom Observation* questions and his mother stated that she understood the items on the XX Developmental, Medical and Sensory History questionnaire.

Child was observed to be interested in the test items and observed to be working to the best of his ability. He demonstrated that he understood the test directions by his performance on the trial items. Child was able to complete test items in the standardized manner.

Additional occupational therapy observations of sensory, motor and social performance were made at his school through direct observation and interview with his teacher. The results of this evaluation may be considered accurate within the reliability of the tests and a valid measure of Child's sensory processing and motor planning abilities as they relate to his participation at school and access to his education. Child is older than the standardized SIPT age comparisons, however, the test results are used descriptively to obtain information regarding how Child is motor planning a response to both verbal and visual instructions. The SIPT results should be interpreted with caution, as the reported scores are an estimated comparison with an eight-year, eleven-month age group.

## SENSORY INTEGRATION AND PRAXIS

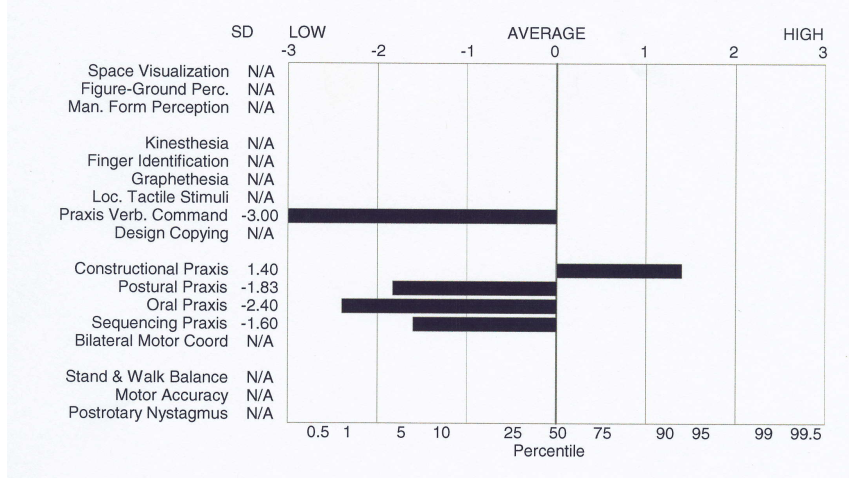
Sensory processing of auditory, visual, body awareness (proprioception), touch, movement (vestibular) information was evaluated through the *Sensory Processing Measure, Sensory Integration and Praxis Tests,* structured clinical observations, observations in the school environment and teacher interview. A comprehensive occupational therapy school based assessment of sensory integration and praxis requires the synthesis of standardized test information and observations of sensory processing across environments with a focus on how the results impact a child's ability to access the educational curriculum and adapt to the every day expectations at school.

The results of the sensory integration assessment (standardized tests and evaluation of sensory processing across environments at school and at home) show that Child has identifiable sensory processing needs potentially contributing to his behavior and limiting his access to curriculum. Child demonstrates difficulty interpreting and modulating sensory information in order to manage self-regulation. He is observed to both over respond and at times under respond to sensory information in all sensory systems. He shows decreased ability to motor plan i.e. plan and execute a response to an unfamiliar activity based on visual and verbal instructions. This may contribute to frustration and aggression.

### Praxis Tests (SIPT)

Praxis is the ability to form an idea, plan, time, sequence and execute an unfamiliar motor activity. Child's performance in motor planning and praxis are below average as measured by the SIPT, teacher report and observations in both the clinic and classroom. Constructional Praxis is within normal limits.

| SIPT Praxis Tests | Brief Description of Function(s) Measured | Score (SD) | Description |
|---|---|---|---|
| Praxis on Verbal Command | Translation of verbal directions into action | >-3.0 | Well below Average |
| Constructional Praxis | Part to whole construction; Three-dimensional visual space management. (15 block structure) | 1.40 | Average |
| Postural Praxis | Imitation/Planning and executing body movements | -1.83 | Below Average |
| Oral Praxis | Imitating tongue, lip, jaw movements; somatopraxis | -2.40 | Below Average |
| Sequencing Praxis | Sequencing movements, bilateral integration | -1.60 | Below Average |



**Sensory Processing Measure** (SPM): **Classroom Observations**

| **Sensory Processing and Participation in the Classroom and School** | **SPM Description and T Score (Teacher)**<br>Average = 40T - 59T, Some Problems = 60T - 69T, Definite Difference = 70T - 80T<br>**NOTE: Additional observations are included (Parent and Occupational Therapist)** |
|---|---|
| Social Participation | **Some Problems (62) – Limits Participation at School**<br>Occasionally resolves peer conflicts without teacher intervention.<br>Occasionally maintains appropriate body space and eye contact.<br>Low frustration tolerance, occasionally handles frustration without aggressive behavior<br>Has difficulty with self-regulation when frustrated. Sometimes cannot calm himself.<br>Has difficulty engaging in prolonged play.<br>Tends to be a loner or play with children several years younger. |
| Vision | **Some Problems (67) – Limits Participation at School**<br>Highly distracted by visual stimuli.<br>Looks around the room and not at the person talking.<br>Occasionally squints or complains of bright sunlight. |
| Hearing / Listening | **Definite Difference (74) – Limits Participation at School**<br>Frequently speaks too loudly or makes noises, hums sings or yells in class<br>At times does not respond to voices or new sounds.<br>Often fails to pay attention to what is said to him and talks off topic<br>Appears to not understand verbal directions and some conversations.<br>Random change in conversation topic sometimes resulting in unwarranted anxiety.<br>Has difficulty taking messages over the phone. |
| Touch | **Definite Difference (72) – Limits Participation at School**<br>Frequently shows distress when hands or face are dirty (glue, food, dirt).<br>Shows distress when touching certain textures and materials.<br>Occasionally is distressed by accidental touch of peers.<br>Dislikes going barefoot even for brief periods.<br>At school rubs or scratches himself for no apparent reason. |
| Body Awareness<br>(Proprioception) | **Some Problems (65) – Limits Participation at School**<br>Chews on clothing, pencils, crayons or classroom materials.<br>Stomps feet, runs, hops instead of walking.<br>Slams doors and uses materials at times with excessive force.<br>Touches pets and other children too roughly.<br>Seeks rough and tumble play.<br>Difficulty grading the proper amount of force to activate moving gym equipment. OT |
| Balance / Movement | **Some Problems (60) – Limits Participation at School**<br>Seeks an unusual amount of stimulation on rides at amusement parks.<br>Both seeks and avoids vestibular (movement) stimulation in OT therapy gym.<br>Evidence of decreased sensory modulation, over and under response to movement.<br>Hesitates to climb or play on moving play equipment.<br>Tendency to fear falling or heights. |
| Planning<br>Activity Participation | **Some Problems (67) – Limits Participation at School**<br>Frequently bobbles or drops items he is carrying.<br>Fails to complete tasks with multiple steps.<br>Shows poor organization of materials in on or around his desk.<br>Decreased independent work habits. |

## FINE MOTOR / HANDWRITING

Fine motor skills are functional enabling Child access to his curriculum. He is able to effectively manipulate fine motor objects and participate in his curriculum using a variety of science, history and art project materials and tools. He performs below average on standardized tests measuring precision and dexterity. Handwriting is legible and is not a reported area of concern. Child benefits from a model to copy.

***Bruininks-Oseretsky Test of Motor Proficiency: Second Edition (BOT-2)***

| Fine Motor | Scale Score Average = 11-19 | Descriptive Category |
|---|---|---|
| Fine Motor Precision (Color in Line, Cut) | 8 | Below Average |
| Fine Motor Integration (Copy Shapes) | 7 | Below Average |
| Manual Dexterity (Timed manipulation of pegs, beads, pennies) | 4 | Well Below Average |

## SELF CARE

Child has difficulty managing self-care needs at school. He inconsistently takes care of his personal belongings often loosing or destroying items. He has poor table manners and this interferes socially at the lunch table. He is independent in managing his hygiene, grooming and dressing needs in the bathroom however at times he returns to class disheveled. Inefficient sensory processing, poor body awareness and decreased motor planning ability are likely contributing to difficulty in managing self-care.

## PREVOCATIONAL WORK / EXECUTIVE FUNCTIONS / TRANSITION

Prevocational work habits are inconsistent. Child has difficulty inhibiting impulsive behavior, which interferes with task completion. He has decreased emotional control and demonstrates poor organization of time, space and materials. He responds well to having examples of an end product expectations and visual checklists providing strategy and steps. As noted on the results of the SIPT Constructional Praxis Test, he performs well working from a model.

Child does not know what he would like to do as a career but stated that he is interested in becoming a professional athlete. His school continues throughout eighth grade so he will not be transitioning to Junior High school. He does not know his family phone number or address.

## LEISURE, PLAY, SOCIAL PARTICIPATION

Child reports that he likes art projects in school and likes to spend time both alone and with others. His mother reports that he likes to play soccer and basketball and is interested in Pokémon toys. Child's mother, reports that Child has friends and that he has a two-hour attention span for movies and a ten-minute attention span for games, homework and meals. The administration of the *Children's Assessment of Participation and Enjoyment* (CAPE) was attempted to more specifically assess Child's interest in various activities to guide instruction and intervention. Although he was presented with cards visually representing the various activities (alone and with others, indoors-outdoors) he was not able to complete the standardized assessment due to the frequency with which he changed topics. His habit of inadvertently changing in midstream an intense focus of attention and conversation is observed to sometimes interfere with every day activities and may contribute to his difficulties with learning, behavior, discipline and sustaining positive social participation. The CAPE may be a valuable tool to use during intervention to address sustained focus of attention in conversation and to develop a self-awareness of preferred and potentially new prevocational interests.

## SUMMARY AND RECOMMENDATIONS TBD