

**PEDIATRIC EVALUATION
OBSERVATION GUIDE**

Name: _____

DOB: _____

Diagnosis: _____

DOE: _____

Caregiver: _____

Age: _____

Phone #: _____

E-mail: _____

Significant/Medical History:

Medications:

Allergies:

Adaptive Equipment/Current Adaptations:

Other Therapies:

Assessments Performed:

Parental Concerns:

Observations:

Attending Skills: ___ adequate ___ inconsistent ___ distractible ___ alert ___ lethargic ___ non-responsive

Response Rate: ___ appropriate ___ impulsive ___ mild delays ___ moderate delays ___ severe delays

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Social Interactions: ___ WNL ___ shy ___ withdrawn ___ friendly ___ talkative

Behavior: ___ cooperative ___ fussy ___ aggressive ___ easily frustrated ___ crying

Level of Activity: ___ WNL ___ active ___ passive

Cooperation: ___ adequate ___ with some prompts ___ with numerous prompts ___ resists

Awareness of Environmental Events: ___ usually ___ moderately ___ occasionally ___ rarely

Awareness of Others: ___ adequate ___ fair ___ poor

Prognosis of Therapeutic Intervention: ___ favorable ___ guarded ___ unfavorable

FINE MOTOR

Hand Dominance	Translation	In-hand Manipulation	Shift
___ left	___ functional	___ functional	___ functional
___ right	___ with assistance	___ with assistance	___ with assistance
___ ambidextrous	___ unable	___ unable	___ unable

Opposition	Grasp	Web Space	Bilateral Coordination
___ functional	___ palmar supinate	___ open	___ functional
___ with assistance	___ radial cross palmar grasp	___ closed	___ with assistance
___ unable	___ digital pronate	___ tool rested on web space	___ unable
	___ static tripod		
	___ dynamic tripod		

GROSS MOTOR

Muscle Tone	Muscle Strength	Mobility	Reflexes
___ hypotonic	___ good	___ age appropriate	___ integrated
___ hypertonic	___ fair	___ delayed	___ present
___ normal	___ poor		

Standing Balance: ___ good ___ fair ___ poor

Sitting Balance: ___ good ___ fair ___ poor

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SENSORY INTEGRATION

Sensory Modulation

- sensory seeker
- sensory avoider
- sensory dormant
- sensory defensive/hyper-responsive

Sensory Processing

- gravitational
- postural
- vestibular
- auditory
- gustatory
- oral
- tactile
- visual
- olfactory

VISUAL/MOTOR PERCEPTUAL

Visual Impairments: none wears glasses wears contacts other

Follows Moving Target: horizontally vertically diagonally peripherally

Eyes Converge: yes no Eyes Diverge: yes no

Visually Locates: from white board to paper from book to paper

SOCIAL SKILLS

Plays with Peers

- functional
- with assistance
- unable

Plays with Toys

- functional
- with assistance
- unable

Completes Activity

- functional
- with assistance
- unable

Plays on Playground/Gym

- functional
- with assistance
- unable

ACTIVITIES OF DAILY LIVING

Washes/Dries Hands

- functional
- with assistance
- unable

Finger Feeds

- functional
- with assistance
- unable

Drinks from Straw

- functional
- with assistance
- unable

Drinks from Cup

- functional
- with assistance
- unable

Self Feeds Using Utensils

- functional
- with assistance
- unable

Manipulates Clothing Fasteners

- functional
- with assistance
- unable

Transfers To and From Toilet

- functional
- with assistance
- unable

**PEDIATRIC EVALUATION
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Diagnosis/Impressions:

Recommendations:

Occupational therapy **is** recommended: _____

Occupational therapy **is not** recommended: _____

Frequency: _____

Duration: _____

Evaluator: _____

Date: _____