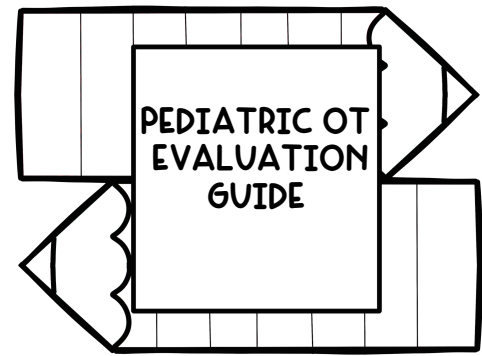


CHILD'S NAME:

☉☉☉➔ DATE OF EVALUATION:
☉☉☉➔ DATE OF BIRTH:
AGE:



ALLERGIES & MEDICATIONS



MEDICAL HISTORY



OTHER THERAPIES



EDUCATION



PARENT CONCERNS



MOST IMPORTANT GOALS PARENT WOULD LIKE TO ACHIEVE

1

2

3

DEVELOPMENTAL MILESTONES

☉☉☉➔ SAT:

☉☉☉➔ CRAWLED:

☉☉☉➔ WALKED:

☉☉☉➔ TOILET TRAINED:

ASSESSMENTS PERFORMED



PRIMITIVE REFLEXES

INTEGRATED: ___
PRESENT: ___

GRASP

PALMAR: ___
DIGITAL PRONATE: ___
MODIFIED TRIPOD: ___
STATIC TRIPOD: ___
DYNAMIC TRIPOD: ___

WEB SPACE

OPEN: ___
CLOSED: ___
TOOL RESTED: ___

SENSORY MODULATION

SENSORY OVER-RESPONSIVE: ___
SENSORY UNDER-RESPONSIVE: ___
SENSORY CRAVING: ___

SELF REGULATION

GOOD: ___
FAIR: ___
POOR: ___

MUSCLE TONE

NORMAL: ___
HYPOTONIC: ___
HYPERTONIC: ___

MUSCLE STRENGTH

GOOD: ___
FAIR: ___
POOR: ___

JOINT ACTIVE ROM

WFLS: ___
LIMITED: ___

STATIC BALANCE

GOOD: ___
FAIR: ___
POOR: ___

DYNAMIC BALANCE

GOOD: ___
FAIR: ___
POOR: ___

DRINKS FROM STRAW

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

DRINKS FROM CUP

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

SELF-FEEDS

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

UPPER BODY DRESSING

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

LOWER BODY DRESSING

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

CLOTHING FASTENERS

FUNCTIONAL: ___
WITH ASSISTANCE: ___
UNABLE: ___

BEHAVIOR



COGNITION



FINE MOTOR



GROSS MOTOR / MOTOR PLANNING



ACTIVITIES OF DAILY LIVING



SENSORY PROCESSING



IMPRESSIONS



SKILLED OT INTERVENTION IS RECOMMENDED: _____

NO SKILLED OT INTERVENTION NEEDED AT THIS TIME: _____