

ST. LUCIE COUNTY SCHOOLS OCCUPATIONAL THERAPY FUNCTIONAL EVALUATION

___ INITIAL ___ 3 YEAR ___ REEVALUATION

STUDENT: _____
STUDENT ID: _____
MEDICAID #: _____
SCHOOL: _____
CURRENT ASSIGNMENT: _____
DIAGNOSIS: _____
PRECAUTIONS/ MEDS: _____

DATE OF REPORT: _____
D.O.B.: _____
GRADE: _____
SCHOOL #: _____
PHYSICIAN: _____
PARENT: _____

1 = Functional 2 = Minimal Dysfunction 3 = Moderate Dysfunction
 4 = Maximal Dysfunction NA = Not Applicable

I. NEUROMUSCULAR SKILLS

	1	2	3	4	N A	Notes
Postural Control						
Range of Motion						
Muscle Tone (low, normal, increased)						
Strength						
Endurance						
Reflexes						

COMMENTS: _____

Postural control: ability to maintain and adjust body alignment.
Range of Motion: ability to move body parts through all movements.
Muscle Tone: muscle readiness to work.
Strength: muscle power against resistance.
Endurance: ability to sustain work activity over time.
Reflexes: presence or absence of reactions that effect movement.

II. SENSORIMOTOR COMPONENTS

A. Sensory Processing

	1	2	3	4	N A	Notes
Tactile						
Vestibular						
Auditory						
Proprioception						
Gustatory						
Olfactory						
Visual						

COMMENTS: _____

Sensory processing: process of registering and perceiving sensory information. Organization of sensations is needed to adapt adequately to environmental demands.

Tactile: interpretation of light touch, pressure, temperature, pain, and vibration..

Auditory: interpretation and localization of sound and discriminating background sounds.

Proprioception: interpretation of stimuli originating in muscles, joint , that give information about position of body parts in relation to another.

Olfactory: interpretation of smell.

Visual: interpretation of stimuli through eyes.

B. Perceptual Skills

	1	2	3	4	NA	Notes
Body awareness						
Draw a Picture						
R/L Discrimination/ Directionality						
Color Recognition						
Shape Recognition						
Size Recognition						
Coloring						
Puzzles						
Stereognosis (identifying objects without vision)						

Your child was administered a standardized test(s)

MVPT SS: _____

MVPT (Motor-Free Visual Perceptual Test) is a test of visual perception free of any motor involvement.

VMI SS: _____

VMI (Visual-Motor Integration) is a test designed to assess the integration of visual perception and motor abilities.

COMMENTS: _____

V. PSYCHOSOCIAL

	1	2	3	4	NA	Notes
Interaction						
Coping skills						
Motivation						
Time Management						
Initiation of activity independently						
Completion of activity independently						
Transitioning						
Choice making						

COMMENTS:

VI. WORK ACTIVITIES

A. Learning Environment/ Classroom Observation

	1	2	3	4	NA	Notes
Independence in group						
Attends to group activities						
Attends to desktop activities						
Functional Mobility						
Safety awareness						

COMMENTS:

B. Prevocational Skills

	1	2	3	4	NA	Notes
Money Skills						
Time Skills						
Calendar Skills						
Topographical Orientation						
Phone Skills						
Tool Use						
Sequencing Task						
Assembling						
Sorting						
Safety/ Survival skills						
Signature						

COMMENTS: _____

VII. ACTIVITIES OF DAILY LIVING

	1	2	3	4	NA	Notes
Dressing/ orientation						
Zippers						
Buttons						
Snaps						
Socks						
Shoes						
Tying						
Self-Feeding						
Hygiene/ Grooming						
Toileting						
Functional Communication						

COMMENTS: _____

VIII. PLAY OR LEISURE ACTIVITIES

	1	2	3	4	NA	Notes
Playground						
Solitary Play						
Group Play						
Initiates Play with peers						
Engages in peer initiated play						

COMMENTS: _____

VIII. ADAPTIVE EQUIPMENT/ MODIFICATIONS CLASSROOM/ ENVIRONMENT

	1	2	3	4	NA	Notes
Adaptive Equipment						
Assistive Device						
Task/ Environment Modifications						
Management of materials						

COMMENTS: _____

X. SUMMARY

Educational Strengths:

- _____
- _____
- _____
- _____
- _____

Educational Concerns:

- _____
- _____
- _____
- _____
- _____

PLAN:

A committee meeting should be held to discuss the results of this evaluation.

Date of Report: _____

Therapist Signature: _____ Date of Signature: _____

cc: Parent/Adult Student