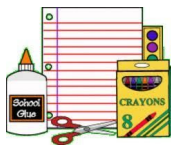


# Evaluation

Occupational therapy addresses the occupational roles of the student in the educational setting. These roles may fall under any of the following four areas which are addressed in the Occupational Therapy Educational Performance Questionnaire: Use of School Materials, Written Work, Behavior/Self-Regulation, and Personal-Management/Self-Care.

The following tests and tools are some of those frequently used by occupational therapists working within the Mecosta Osceola Intermediate School District. Occupational therapists should consider available information on the date of the latest edition or revision, reliability, and validity, included ages, areas addressed and standardizations.



## Use of School Materials

Peabody Dev. Scales/Fine Motor Portions

Benbow Observations of Hand Skills of the K-1 Child

Bruininks Oseretsky Test of Motor Proficiency, 2<sup>nd</sup> Edition (BOT2)



## Written Work

Beery Visual Motor Integration (VMI)

Gardner Test of Visual Perceptual Skills non-motor (TVPS)

Developmental Test of Visual Perceptual (DTVP-3)

Motor Free Visual Perceptual Test (MFVPT)

Children's Handwriting Evaluation Scale (CHES)



## Behavior/Self-Regulation

(Sensory Processing/Sensory Integration)

Sensory Profile (Winnie Dunn PhD, OTR)

Sensational Brain Sensory Checklist



## Personal Management/Self-Care

School-based Self-help Questionnaire

School Functional Assessment



## Guidelines for Occupational Therapy Service Rubric

Complete the rubric below based on the completed OT Educational Performance Questionnaire, Staff/Parent Input, your evaluation, as well as your interpretation of data. Using your professional judgment, consider the following: potential for change in the student's occupational performance, previous interventions, underlying limitations in occupational performance components (e.g. postural, perception, coordination, processing), factors such as, environmental, emotional, lack of experience, additional paraprofessional or adult support, reduced school day, homebound or medical factors, etc.

Educational Performance Areas	Use of School Materials	Written Work	Behavior/ Self-Regulation	Personal Management	
Does the problem significantly interfere with the student's ability to participate in the educational program and require the expertise of an occupational therapist? (Circle all that apply)	(1)	(1)	(1)	(1)	= (score 1-4)

Contributing Factors					
Age (Circle one)	18+ (0)	12-17 (1)	7-11 (2)	6 or below (3)	= _____ score 0-3
Placement (Circle one)		Self-contained (1)	Resource support (2)	General education (3)	= score 0-3
Previous School Occupational Therapy (Circle one)	5+ years (0)	4-5 years (1)	2-3 years (2)	0-1 years (3)	= score 0-3

TOTAL Score = \_\_\_\_\_  
(Total of 4 areas above)

### OT Frequency Guidelines:

<u>Total Score</u>	<u>Frequency Recommendations</u>
10-13	3-4 x/month
8-10	2-3 x/ month
6-8	1-2 x/ month
1-6	no service / monitor



# OCCUPATIONAL THERAPY EDUCATIONAL PERFORMANCE

## SCHOOL AGE TEACHER QUESTIONNAIRE

Student: \_\_\_\_\_ Birth date: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher / Grade: \_\_\_\_\_

Completed by:

### 1. USE OF SCHOOL MATERIALS:

Compared with classroom peers, does the student's use of school materials significantly interfere with learning or participation? \_\_\_\_ no \_\_\_\_ yes. If yes, check items in section 1 that are difficult for the student; if no, go to section 2.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Turns pages in book   | <input type="checkbox"/> Uses pencil sharpener, stapler, tape, etc.                  | <input type="checkbox"/> Removes/replaces objects into storage bin/desk/locker |
| <input type="checkbox"/> Reads without losing place                                  | <input type="checkbox"/> Uses scissors   | <input type="checkbox"/> Uses computer mouse                                   |
| <input type="checkbox"/> Uses a functional grasp of writing tools                    | <input type="checkbox"/> Spreads glue on paper                                       | <input type="checkbox"/> Uses two-handed keyboarding                           |
| <input type="checkbox"/> Erases without tearing paper                                | <input type="checkbox"/> Uses calculator/ruler/template, etc.                        | <input type="checkbox"/> Produces computer work with reasonable speed          |
| <input type="checkbox"/> Folds paper   | <input type="checkbox"/> Inserts paper into appropriate places (folder, desk, cubby) |  |
| <input type="checkbox"/> Manipulates small items (game pieces, coins, manipulatives) |  |  |

Please explain how "use of school materials" significantly interferes with the student's learning, and comment on successful/unsuccessful interventions.

### 2. WRITTEN WORK:

Compared with classroom peers, does the student's written work significantly interfere with learning/participation? \_\_\_\_ no \_\_\_\_ yes. If yes, check items in section 2 that are difficult for the student; if no, go to section 3.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Has established hand dominance                          | <input type="checkbox"/> Writes on lines or in designated spaces                              | <input type="checkbox"/> Copies from a nearby source (book, worksheet)               |
| <input type="checkbox"/> Uses functional grasp of pencil                         | <input type="checkbox"/> Organizes written items on a page from top to bottom & left to right | <input type="checkbox"/> Copies from a distant source (white board, screen)          |
| <input type="checkbox"/> Uses appropriate pressure on writing tool               | <input type="checkbox"/> Leaves appropriate spaces between words in a sentence                | <input type="checkbox"/> Produces written work with reasonable speed without fatigue |
| <input type="checkbox"/> Maintains adequate posture during handwriting           | <input type="checkbox"/> Aligns numbers/words   | <input type="checkbox"/> Writes letter of acceptable size and formation (cursive)    |
| <input type="checkbox"/> Prints numbers/letters of acceptable size and formation |   |  |

Please explain how "written work" significantly interferes with the student's learning, and comment on successful/unsuccessful interventions.



**3. BEHAVIOR/SELF REGULATION:**

Compared with classroom peer, does this student's behavior/self-regulation significantly interfere with learning or participation? \_\_\_ no \_\_\_ yes. If yes, check items in section 3 that are difficult for the student; if no, go to section 4.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Demonstrates appropriate work habits | <input type="checkbox"/> Handles frustration when experiencing difficulties    | <input type="checkbox"/> Tolerates stimuli (visual, sound, touch) without overeating |
| <input type="checkbox"/> Demonstrates appropriate attention   | <input type="checkbox"/> Transitions between activities                        | <input type="checkbox"/> Awareness of personal space boundaries                      |
| <input type="checkbox"/> Maintains control in large groups    | <input type="checkbox"/> Manages unstructured time (bus, recess, lines, lunch) |  |
| <input type="checkbox"/> Accepts change in routine            |  |  |
| <input type="checkbox"/> Complies with adult direction        |  |  |

Please explain how "behavior/self-regulation" significantly interferes with the student's learning, and comment on successful/unsuccessful interventions.

**4. PERSONAL MANAGEMENT/SELF CARE:**

Compared with classroom peers, does this student's personal management/self-care significantly interfere with learning/participation? \_\_\_ no \_\_\_ yes. If yes, check items in section 4 that are difficult for the student.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Uses utensils (fork, spoon)                 | <input type="checkbox"/> Ties/unties shoes                        | <input type="checkbox"/> Manages backpack, books, supplies       |
| <input type="checkbox"/> Eats meals without assistance               | <input type="checkbox"/> Sits in chair with adequate posture      | <input type="checkbox"/> Manages hallway/ keeps pace with peers  |
| <input type="checkbox"/> Opens food/ drink containers                | <input type="checkbox"/> Organizes materials in workspace         | <input type="checkbox"/> Manages doors                           |
| <input type="checkbox"/> Manages lunch in lunchroom                  | <input type="checkbox"/> Moves in classroom without tripping      | <input type="checkbox"/> Uses playground equipment               |
| <input type="checkbox"/> Removes/ puts on clothing                   | <input type="checkbox"/> Manages bathroom                         | <input type="checkbox"/> Uses supplemental aids (explain below): |
| <input type="checkbox"/> Opens/ closes fastenings (buttons, zippers) | <input type="checkbox"/> Manages locker (books, bag, lock, etc. ) | _____  |
|  |   | _____  |

Please explain how "personal management/self-care" significantly interferes with the student's learning, and comment on successful/unsuccessful interventions.

Additional comments:

Teacher Signature: \_\_\_\_\_ (IEP Teacher input ) Date: \_\_\_\_\_

Please return form to:

OCCUPATIONAL THERAPY EDUCATIONAL PERFORMANCE



## PRESCHOOL TEACHER QUESTIONNAIRE

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_ Completed by: \_\_\_\_\_

As compared to classroom peers, check the activities of significant student difficulty. If none, proceed to the next section.

### USE OF SCHOOL MATERIALS:

- Orients book correctly
- Turns pages in book
- Grasps writing tool (pencil, crayon, marker)
- Manipulates small items (game, puzzle pieces, marker tops, glue sticks, manipulatives)
- Grasps scissors/ cutting tool
- Snips with scissors
- Cuts on a line

### BEHAVIOR/SELF REGULATION:

- Participates in classroom activities appropriately (stays with group, doesn't blurt or wander)
- Able to attend to a story
- Complies with adult direction
- Transitions easily to next activity
- Tolerates stimuli (visual, sound, touch) without overreacting
- Aware of personal space
- Handles frustrations appropriately

### PRE-WRITING:

- Demonstrates hand preference
- Demonstrates functional grasp of writing tools
- Demonstrates fluid movement when writing/coloring/painting
- Uses appropriate pressure on writing utensils
- Stabilizes paper during coloring/ drawing
- Colors within defined area
- Imitates a line ( O | - / △ X )
- Draws a person with \_\_\_ body parts
- Traces name
- Copies name

### PERSONAL MANAGEMENT/SELF CARE:

- Eats/drinks snack/meals without assistance
- Uses simple utensils
- Manages meal in lunchroom
- Put on/remove clothing appropriately
- Manages simple fasteners (zippers)
- Manages bathroom
- Manages hand washing
- Identifies own belongings
- Manages backpack
- Moves in school environments without tripping
- Manages hallway and keeps pace with peers
- Uses playground equipment
- Sits in chair with good posture

Explain how the activities you identified significantly interfere with participation and progress. Comment on successful/unsuccessful interventions (continue on back/ next page).

Teacher Signature: \_\_\_\_\_ (MET participation-teacher input)

Please return form to: \_\_\_\_\_

