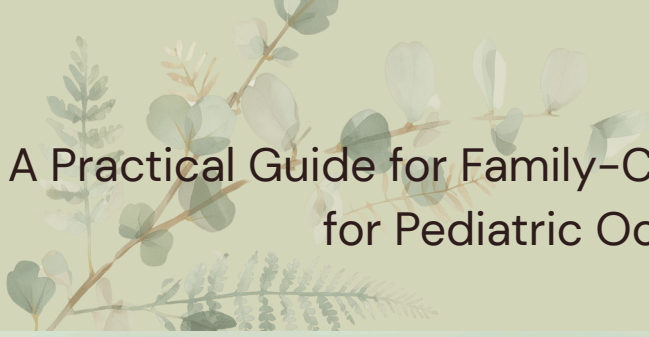




A Practical Guide for Family-Centered and Functional Assessments for Pediatric Occupational Therapists



Evaluation Preparation Checklist

Before the evaluation:

- ☐ Review the referral reason and diagnosis
- ☐ Identify the primary functional concerns
- ☐ Review relevant medical, developmental, school, and therapy history
- ☐ Confirm precautions, allergies, and medical considerations
- ☐ Select assessments based on the referral question
- ☐ Prepare backup activities if standardized testing is not tolerated
- ☐ Gather age-appropriate toys, tools, and observation materials
- ☐ Consider communication, sensory, behavioral, and accessibility needs

Quick Tip

Choose assessments based on the information you need—not only the child's age or diagnosis.

Suggested Evaluation Flow

1. Begin with rapport and observation

Allow the child time to explore and become comfortable before introducing structured demands.

Observe:

- Response to the environment
- Interaction with the caregiver
- Preferred toys and activities
- Communication style
- Activity level
- Regulation
- Approach or avoidance behaviors

2. Complete the caregiver interview

Gather information while the child plays or becomes familiar with the space.

3. Observe spontaneous play

Notice how the child initiates, explores, solves problems, and interacts without adult direction.

4. Complete standardized testing

Follow standardized procedures whenever possible. Document any modifications or accommodations.

5. Complete targeted clinical observations

Use activities that address the child's specific occupational performance concerns.

6. Assess functional participation

Connect findings to daily routines, roles, and caregiver priorities.

Caregiver Interview Questions

Primary concerns

- What led you to seek an occupational therapy evaluation?
- What activities are most difficult for your child?
- When do you notice the greatest difficulty?
- What would you most like your child to be able to do?

Daily routines (help build the occupational profile)

Ask about participation in:

- Dressing
- Bathing and grooming
- Toileting
- Feeding and mealtimes
- Sleep
- Play
- School or childcare
- Community activities
- Transitions
- Family routines

Developmental and medical history

- Pregnancy and birth history
- Prematurity or birth complications
- Developmental milestones
- Feeding history
- Medical diagnoses

- Surgeries or hospitalizations
- Vision and hearing
- Medications
- Previous or current therapy services

Regulation and sensory processing

- What situations are difficult for your child?
- What does your child do when overwhelmed?
- What helps your child calm or reorganize?
- Are there sounds, textures, movements, foods, or grooming tasks your child avoids?
- Does your child frequently seek movement, touch, pressure, or oral input?

Strengths and interests

- What does your child enjoy?
- What motivates your child?
- What activities hold their attention?
- What strategies already work well?

Clinical Observation Guide (depending on age, diagnosis)

Regulation and sensory processing

Observe:

- ☐ Arousal level
- ☐ Response to sounds, movement, touch, and visual input
- ☐ Ability to recover from frustration
- ☐ Need for movement or co-regulation
- ☐ Response to transitions

Attention and executive functioning

Observe:

- ☐ Task initiation
- ☐ Sustained attention
- ☐ Following directions
- ☐ Impulse control
- ☐ Flexibility
- ☐ Working memory
- ☐ Problem-solving
- ☐ Task completion

Fine-motor and visual-motor skills

Observe:

- ☐ Hand preference
- ☐ Grasp patterns
- ☐ Bilateral coordination
- ☐ Finger isolation
- ☐ In-hand manipulation
- ☐ Tool use
- ☐ Visual attention
- ☐ Eye-hand coordination
- ☐ Copying and construction skills

Gross-motor and postural skills

Observe:

- ☐ Postural control
- ☐ Core stability
- ☐ Balance
- ☐ Bilateral integration
- ☐ Crossing midline
- ☐ Motor planning
- ☐ Coordination
- ☐ Endurance

Play and social participation

Observe:

- ☐ Exploration
- ☐ Functional or pretend play
- ☐ Joint attention
- ☐ Imitation
- ☐ Turn-taking
- ☐ Play flexibility
- ☐ Response to adult participation
- ☐ Frustration tolerance

Activities of daily living

Discuss or observe:

- ☐ Dressing
- ☐ Fasteners
- ☐ Shoe and sock management

- ☐ Feeding utensil use
- ☐ Cup drinking
- ☐ Grooming
- ☐ Toileting
- ☐ Hygiene
- ☐ Sleep

Activity-Based Observation Ideas (depending on age, diagnosis)

Blocks or construction toys

May provide information about:

- Bilateral coordination
- Visual-motor integration
- Motor planning
- Problem-solving
- Play skills
- Frustration tolerance

Coloring, drawing, or prewriting

May provide information about:

- Grasp
- Hand preference
- Pressure
- Visual attention
- Postural control
- Endurance

Scissors or simple crafts

May provide information about:

- Bilateral coordination
- Tool use
- Sequencing
- Following directions
- Visual-motor skills

Puzzles

May provide information about:

- Visual perception
- Spatial relationships
- Fine-motor manipulation

- Problem-solving
- Persistence

Obstacle course

May provide information about:

- Motor planning
- Balance
- Bilateral coordination
- Safety awareness
- Direction following
- Regulation after movement

Standardized Testing Reminders

When reporting standardized testing, include:

- ☐ Assessment name and edition
- ☐ Subtests completed
- ☐ Standard or scaled scores
- ☐ Percentile rank
- ☐ Descriptive classification
- ☐ Relevant testing behaviors
- ☐ Accommodations or modifications
- ☐ Whether results are considered valid and representative

Use caution with age-equivalent scores

Age-equivalent scores should not be interpreted as meaning that a child functions exactly like a child of that age. They are descriptive estimates and should not be used as the primary indicator of delay.

When standardized scores may not be valid

Scores may not accurately represent the child's abilities when:

- Difficulty following directions
- Significant modifications are required
- Communication differences interfere with participation
- The child declines or cannot complete most items
- Regulation, vision, motor, or behavioral factors affect administration
- Standardized procedures cannot be maintained

Connect Findings to Function

Avoid listing performance deficits without explaining their impact on everyday participation.

Example:

The child demonstrates sensory-seeking behavior.

Consider:

The child frequently seeks movement and deep-pressure input during seated tasks and transitions. Without access to movement, the child demonstrates increased difficulty maintaining attention and remaining safely engaged.

Example

The child has poor fine-motor skills.

Consider:

Reduced hand strength and dexterity affect the child's ability to manipulate fasteners, use classroom tools, open packages, and complete age-appropriate self-care tasks.

Clinical Impression Builder

A concise clinical impression should include:

Child presentation + assessment findings + functional impact + need for skilled services

Sample

The child presents with decreased fine-motor coordination, bilateral integration, visual-motor skills, and task persistence. These difficulties affect participation in dressing, pre-academic or academic skills, age-appropriate play, and multistep routines. Skilled occupational therapy is recommended to address identified performance skills, provide caregiver education, and improve independence across daily routines.

Goal-Writing Formula (Smart or Coast)

Use:

Given support or condition, child will complete (functional task) + (level of assistance or accuracy) + (frequency)

Example

Given visual supports and no more than two verbal cues, the child will complete a three-step dressing routine with minimal assistance in 4 out of 5 opportunities.

Keep goals functional

Less functional:

The child will improve core strength.

More functional:

The child will maintain an upright seated position during a 10-minute tabletop activity with no more than one postural cue in 4 out of 5 opportunities.

Final Evaluation Quality Check

Before signing the evaluation, ask:

- ☐ Did I answer the referral question?
- ☐ Did I include the child's strengths and interests?
- ☐ Did I identify caregiver priorities?
- ☐ Did I describe functional participation?
- ☐ Did I explain what the assessment results mean?
- ☐ Did I document testing limitations or modifications?
- ☐ Did I connect findings to daily occupations?
- ☐ Are recommendations supported by the findings?
- ☐ Are the goals measurable and functional?
- ☐ Is the need for skilled occupational therapy clear?
- ☐ Would the family recognize their child in this report?

Important Note

This resource is intended for educational and professional support purposes. It does not replace clinical judgment, facility policies, assessment manuals, payer requirements, or state and federal practice regulations. Therapists should select evaluation methods and recommendations based on the individual child, family priorities, clinical setting, professional scope of practice, and current evidence.