

## ***Occupational Therapy Evaluation Report***

Client's Name: Jessica Sullivan  
D.O.B.: 12/19/18  
Diagnosis: Down Syndrome  
Parent's Names: Ashley and Vance Gilbert

Date of Evaluation: 11/19/22  
Age: 3.11 years  
Physician: Dr. Smith

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*Occupational therapy is a family-centered service that enables engagement in activities and social participation. Occupations are the meaningful things you do on a regular basis. A child's primary occupations are playing, learning, and gaining independence in self-care.*

*Intervention in occupational therapy can include the process of occupation (the DOING of something meaningful), as well as adapting the environment or altering the task demands to allow for occupation to occur. Intervention can be provided directly with the child, or via consultation with significant persons in the child's life.*

*The typical OT evaluation consists of record review, interviews of family members, important adults in the child's life, and the child him or herself when appropriate or feasible. Additionally, the occupational therapist will observe the child at work and play, and use specific tests or assessment tools as appropriate.*

*This report will provide you with a summary of the occupational therapy evaluation that was completed for your child.*

### **REASON FOR REFERRAL:**

This occupational therapy evaluation is being completed at the request of Jessica's parents due to their primary concerns with her kindergarten readiness skills. Jessica currently receives OT and SLP at preschool and outpatient OT. This evaluation, therefore, focused on determining if Jessica would benefit from home services to target the specific skills required for kindergarten.

### **BIRTH AND MEDICAL HISTORY:**

Jessica was diagnosed with DS at the 12 week screen via CVS. Jessica's mother went into labor naturally and had a vaginal birth at 39 weeks with no complications. At 2 weeks old, it was discovered that Jessica had an ASD and VSD, however, no medications or surgeries were needed as they are closing on their own. Jessica failed her newborn hearing test and received bilateral ear tubes when she was 22 months old. Her hearing is now WNL for speech and language.

### **SOCIAL HISTORY:**

Jessica lives at home with her father, mother, and brother, Miles. Her father is a physician and her mother is currently a homemaker. Her maternal and paternal grandparents are involved in care and assistance. There is a large extended family that lives nearby. Jessica attends preschool at Loving Hands.

### **EVALUATION METHODS:**

- Parent interview
- The Sensory Processing Measure (SPM-2 pre-k): This is a questionnaire completed by Jessica's mother that rates behaviors at home that are believed to be indicative of sensory processing skills.
- The Test of Visual-Motor Integration (VMI) was attempted: This is an assessment that requires Jessica to draw what she sees. It is a measure of visual perception and motor control in relation to visual perception.
- Observations of a variety of play-based gross and fine motor skills guided by the Peabody Developmental Motor Scales (PDMS-2) and the Hawaii Early Learning Profile (HELP)

### **BEHAVIOR DURING EVALUATION:**

Jessica actively participated throughout the session and did not demonstrate any behavioral outbursts. During activities, Jessica had difficulty following directions as she frequently became distracted. This resulted in her shifting her attention from the task at hand, but was able to return to the task on multiple occasions with cueing. Utilizing rewards assisted in task completion. The day after the evaluation, Jessica was ill which should be taken into consideration when assessing her abilities.

### **SELF CARE:**

*Dressing:* Per Jessica's mother's report, Jessica independently removes her shirt and pants, then brings them to the hamper. According to The HELP, this would be an age-appropriate self-help skill. Jessica requires physical assistance to put her shirt, pants, and shoes on, however, can independently fasten Velcro shoes.

*Feeding/Eating:* During snack, Jessica independently fed herself using a spoon. On some occasions, Jessica dipped her finger into the food and her mother reported that she needs occasional cueing to use her utensils. While finger feeding, Jessica held one piece in each hand and ate one at a time. First, Jessica used two hands to bring the cup/straw to her mouth, then she demonstrated picking the cup up with one hand. According to The HELP, it is developmentally appropriate to hold a container with one hand while sucking liquid through a straw. When given a napkin, Jessica pinched it to wipe her fingers, then needed cueing to wipe her face. When asked, Jessica verbalized with a "yes" or "no" which foods she "likes". Jessica's mother reported that she helps make the table and puts her chair back after the meal.

*Toileting:* Per Jessica's mother's report, Jessica is not toilet trained and currently wears diapers.

*Personal Hygiene:* According to Jessica's mother, Jessica requires minimal assistance to brush her teeth and is dependent on her mother to do her hair.

**PLAY:**

Jessica's mother reports that she is a very happy girl who likes to engage in different activities. She states that she enjoys playing with her dolls, going to the beach and swimming pool, playing with sand, making bubbles in the water, and having a dance party with her family. According to The HELP, dancing with a group is among the expected play activities for a child of Jessica's age. Based on her mother's report, Jessica engages in age-appropriate play at the playground, however, she does have concerns regarding her safety. Jessica appears to not enjoy coloring or drawing except for drawing with chalk outside and free drawing with markers and an easel, per her mother's report. As observed during the session, she demonstrates the ability to use pretend play with her kitchen set and dolls while interacting with her mother and the therapist. She shows excitement with a happy face when new toys are presented to her.

**SOCIAL PARTICIPATION:**

Jessica is described as a very happy and social girl by her mother. She is reported to be a helper at home as well as at school. She engages in rough play with her little brother, but sometimes she does not realize when she is too rough. She appears to enjoy going to school and engages in class activities. According to her mother's report, Jessica does not realize when she occupies her peers' personal space when playing. During the session, Jessica appears to feel comfortable with the therapist and demonstrates humor often. Jessica took turns with the therapist and her mother which is an expected skill of a child her age, according to the HELP. Jessica transitioned from one activity to another at the request of the adult, as expected for a child of her age according to the HELP.

**EDUCATIONAL PERFORMANCE:**

Jessica's mother reports that she attends preschool 5 days a week from 9 AM- 2:30 PM. She stated that Jessica receives speech therapy at school and has one-to-one support for safety and attention. She reports that Jessica enjoys going to school. Jessica is able to recognize similar properties of shapes, however, she is unable to independently match shapes accurately. The HELP states that a child should be able to match simple shapes by 30 months. Jessica is not yet able to cut with scissors as she could not open and close the blades. A child Jessica's age should be able to cut across paper following a straight line 6 inches long, according to the HELP. Jessica scribbles, however, she was unable to hold a writing instrument with a mature grasp. According to the HELP, it is expected of a child her age to be using a static tripod grasp (a three-finger grasp).

### **ROUTINES:**

In the mornings, Jessica's mother utilizes a visual schedule. She reported that the visual schedule does not always work, but she continues to use it to provide a routine and build healthy habits. Based on the mother's report, Jessica completes her daily chores (e.g., cleaning the table) with the assistance of her mother. Jessica goes 5 days a week to school from 9 AM to 2:30 PM.

### **GROSS MOTOR SKILLS:**

Jessica demonstrated core strength that allowed her to maintain an upright position to engage in the activities by tilting her pelvis forward. However, she sat with her legs straight out to provide a wider base of support. When changing from a standing to sitting position, Jessica used her arms by putting them on the floor to stabilize herself. In addition, as she reached for the soccer ball on the ground, she sat down. She used a wide stance when walking and running. According to the HELP, a child 3 years old should be able to balance on one foot for 5 seconds, without support. Jessica stood on one leg to kick a soccer ball for about one second. She used her arms to provide additional stability by holding them out in the air while kicking the ball. She demonstrated the strength to kick a soccer ball at an adequate force to knock down the cones from about 2 feet.

Jessica demonstrated simple movement using both of her arms, such as throwing a bean bag with both hands, by pushing from her chest. In addition, she provided enough force to reach the cones, however, she did not knock the cones down. She used enough strength to pull apart the flexible tube with both of her hands to stretch it out. Jessica was able to catch the soccer ball using her stomach and arms.

### **FINE MOTOR SKILLS:**

Jessica's fine motor skills were observed through a variety of play activities. The tasks completed include cutting, drawing, coloring, putting in puzzle pieces, winding up toys, pinching clips, building with blocks, stringing beads, and placing pegs into a pegboard. Jessica was able to stabilize the paper with one hand while coloring with the other hand. Jessica demonstrated a variety of grasps in both her right and left hand while using writing instruments. When using her left hand, she demonstrated a digital pronate grasp (a three-finger grasp with the palm facing down) which is typical for a 2- 3.5-year-old, according to the HELP. In her right hand, Jessica presented with a mature three finger grasp, however, the movement primarily came from her shoulder and elbow.

Jessica was able to hold scissors using her thumb and index finger. However, Jessica required assistance to apply enough effort to snip the paper and cut through the straw. According to the HELP, a child of Jessica's age is expected to cut across a paper following a six inch, straight line. Jessica was able to place and stack large pegs on the board with adequate release pressure. Jessica occasionally demonstrated the use of a tip-to-tip grasp but primarily used a radial digital grasp (uses thumb, middle, and index finger) when picking up and placing small objects. She

was unable to use precision grasps against resistance, for example, she cannot fully turn a wind-up toy or open a clothespin. Jessica was able to manipulate puzzle pieces with her fingertips to place them in the correct location, however, she needed both hands to complete this task. When the therapist placed a small peg into her palm, Jessica had difficulty manipulating the peg to her fingertips, for example, she used gravity or picked up the small pegs from the floor to place them in the slot. For the play activities that had an increased fine motor skill demand, Jessica would tend to shift her attention to a different activity.

### **VISUAL-PERCEPTUAL MOTOR SKILLS:**

Jessica was able to participate in many visual perceptual motor tasks. She caught the ball using her torso and her arms outstretched. Jessica successfully kicked a stationary ball. When asked to throw objects at a target, she had a hard time adjusting the force to accurately hit the target. However, her accuracy improved when she was able to roll and throw the ball at the targets. Jessica does not wear glasses at this time and her vision appears to be functional.

The therapist attempted the VMI assessment, however, due to Jessica's limited attention, the test was not completed and did not provide valid scores. Jessica was able to scribble in a circular pattern, which is appropriate for a 20 - 24 month old according to The HELP (birth-3). This was the only task she attempted for the VMI. Jessica was not able to independently use the scissors to snip at the edge of the paper. The PDMS-2 states that a child 37-42 months should be able to cut paper into two pieces. When participating in the puzzle activity, Jessica had a difficult time discerning what shapes fit into each slot until the therapist assisted her with a visual cue. Jessica was able to put two triangles into their correct spots after multiple attempts and maximal verbal prompting from the therapist. Jessica built a 2x2 structure of blocks, however, she was unable to imitate the therapist's block design. According to the PDMS-2, a child between 31-36 months old should be able to copy and imitate a block structure of 3-4 cubes which Jessica had difficulty doing. Jessica strung beads onto a pipe cleaner however she applied too much force to the beads and accidentally removed them from the pipe cleaner. A child between 29 to 30 months should be able to string 4 beads, according to the PDMS-2.

### **SENSORY PROCESSING SKILLS:**

According to the results of the SPM-2, Jessica scored within the typical range for taste. This was observed during Jessica's snack time as she appeared to enjoy eating her food. Per her mother's report, Jessica prefers crunchy foods but is willing to try a variety of foods. Jessica also scored within the typical range in smell and hearing as she did not show any avoidance or sensitivity to various smells or noises. She scored as having moderate difficulties in touch, social participation, vision and balance, and motion. According to the SPM-2, Jessica has some difficulties sharing, waiting her turn, and playing cooperatively with friends. Regarding vision, Jessica was distracted by objects or people noted by her trying to grab toys that were not being used during activities. For touch, she showed an avoidance of touch input on her skin when she was offered to have a

suction toy placed on her leg and arm. According to the SPM-2 results, she has severe difficulties with planning and ideas and body awareness. Per her mother's selection on the SPM-2, Jessica always has difficulty accurately copying a completed model and has trouble following directions and completing tasks that involve a sequence, such as putting toys away where they belong and carrying multiple objects at the same time. Jessica has trouble coming up with new ideas during play activities and using both hands to complete different tasks. SPM-2 results also show she seeks out activities that involve pushing, pulling, or dragging. Jessica has deficits regarding her proprioception, or her ability to gauge how much force is needed to complete a task, such as when trying to stack blocks precisely or placing the pegs on the board. Per her mother's report, Jessica is occasionally too rough with her younger brother. Her pressure while coloring was also inconsistent. There were times when the pressure was too light and no color was visible on the paper.

***The Sensory Processing Measure-2 Results:***

<b>Domain</b>	<b>Raw Score</b>	<b>T-score</b>	<b>Level of Difficulty</b>
Vision	26	68	Moderate difficulties
Hearing	17	56	Typical
Touch	19	62	Moderate difficulties
Taste and smell	13	50	Typical
Body awareness	34	71	Severe difficulties
Balance and motion	18	66	Moderate difficulties
Planning and idea	31	71	Severe difficulties
Social participation	26	61	Moderate difficulties

**ASSESSMENT AND SUMMARY:**

Jessica's strengths include her willingness to participate in most tasks and her happy demeanor. She demonstrated playfulness and social interaction skills when engaged in activities with her mother and the therapist. Per Jessica's mother's report, she is making progress with outpatient and school-based OT services. However, Jessica presents with limited attention, sensory processing deficits, and fine and gross motor delays that need additional support to prepare her for kindergarten. Of the most concern are attention and sensory processing skills such as body awareness and praxis, as these interfere with safe and successful participation in her daily

occupations. For example, poor body awareness and praxis may be causing difficulties with cutting, handwriting, and play. These areas can be addressed through various interventions and strategies, in addition to other concerns such as poor core strength and balance, delayed visual motor skills, and dressing. To promote better attention, it was beneficial to limit distractions in the environment, provide verbal cues, and utilize tasks that she is motivated to participate in. Jessica has an inconsistent and immature grasp of writing utensils and scissors, which appears to be due to limited hand strength, poor coordination, and delayed motor planning skills. By improving these performance skills through functional interventions at home, Jessica will have enhanced performance in areas of activities of daily living, education, play, and social participation.

#### RECOMMENDATIONS AND TREATMENT PLAN:

It is recommended that Jessica receives home-based OT once a week for one hour to ensure kindergarten readiness. The services will assist in improving attention, sensory processing skills, strength and endurance, fine motor skills, and visual motor skills. Jessica's sessions will consist of play-based and education related activities that will enhance skills such as cutting, handwriting, and attentiveness. There will be an emphasis on posture and positioning within each session to normalize her low tone and increase core strength. Jessica will benefit from activities that include her interests to promote engagement throughout the sessions. It appears Jessica performs best when there are minimal distractions, so the room the session takes place in will have minimal toys or materials that could gain Jessica's attention. In addition, because Jessica continued to gravitate toward her mother throughout the session, family members will be incorporated into the sessions only when necessary, such as providing caregiver education or working on social skills.

It was a pleasure meeting Jessica and getting the opportunity to assist the team in addressing her needs. She has a happy demeanor and contagious humor that radiates positivity. Her willingness to participate in tasks demonstrates great potential for progress. Please feel free to contact me at 203-123-4567 if you have any questions about this report.

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Hannah Tadic, OTS