

**District 75
400 First Avenue
New York, NY 10010**

Assistive Technology Equipment Assessment

Evaluation Information

Occupational Therapy

Student _____ Date of Birth _____

Class/Program _____

Examiner _____ Date of Evaluation _____

Instructions: Please complete the Occupational Therapy information on the student named above.

I. Physical

A. Joint Stability - indicate right, left or bilateral in the spaces below.

| Joint | Seated | Subluxes | Dislocations | Comment |
|-----------------|--------|----------|--------------|---------|
| <i>Hip</i> | | | | |
| <i>Shoulder</i> | | | | |
| <i>Elbow</i> | | | | |
| <i>Thumb</i> | | | | |
| <i>MCP/PIP</i> | | | | |

B. List contractures and limitations in range of motion which interfere with active reach.

C. List contractures which interfere with sitting in a chair.

D. Describe student's back (tone, curves, flexibility).

E. Describe student's muscle tone in trunk and upper and lower extremities when

At rest

Active

F. Indicate reflexes which interfere with the student's ability to reach, and state precipitating factors:

ATNR (face turned right) _____

ATNR (face turned left) _____

STNR (flexion) _____

Startle/Moro _____

G. Hand functioning:

1. Grasp (describe)

| | |
|----------------------|---------|
| <i>1-inch block:</i> | R _____ |
| | L _____ |
| <i>Opposition:</i> | R _____ |
| | L _____ |
| <i>Pencil:</i> | R _____ |
| | L _____ |

2. Voluntary release

| | | |
|--------------|-------------|---------------|
| | <i>Able</i> | <i>Unable</i> |
| <i>Right</i> | | |
| <i>Left</i> | | |

3. Finger isolation (indicate): (R) _____ (L) _____

4. Dominance: R ____ L ____ Mixed ____ Unknown ____

5. Describe any modifications in positioning to enhance student's hand use:

H. Pointing

1. Method

eye ____ head ____ elbow ____ foot ____ finger ____

other _____

2. Accuracy

III. Positioning (If the student receives physical therapy services it is not necessary to complete A through E)

A. List all positions in which student is routinely placed at school. List in order from least to most time spent and who positions student

B. List activities the student can perform in each position

C. State position in which student's communication is best understood

D. Describe adaptations made in wheelchair, classroom chairs, or other positioning devices

E. List other non-positioning appliances or adaptive equipment

IV. Perceptual Skills

A. Does the student display tactile defensiveness? Yes ___ No ___

If yes, where

B. Date of most recent visual exam and results

C. Can student separate the movement of his/her eyes from the head?

Yes__ No__

D. Describe the student's ability in each of the following areas:

tracking _____

form discrimination _____

figure ground _____

position in space _____

visual memory _____

visual attending behavior _____

V. Communication/Interaction in Physical Therapy

A. Present means of communication

| | | |
|----------------------------------|----------------------------------|---------------------------------|
| <i>Gestures</i> _____ | <i>Facial expressions</i> _____ | <i>Vocalizations</i> _____ |
| <i>Sign Language</i> _____ | <i>Yes/No Reliability</i> _____ | <i>Semi-intelligible</i> _____ |
| <i>Intelligible Speech</i> _____ | <i>Communication Board</i> _____ | <i>Electronic Devices</i> _____ |
| <i>Other</i> _____ | | |

B. Student's communication needs in physical therapy are:

| <i>Social</i> | <i>Making choices</i> | <i>Indicating basic needs</i> | <i>Other</i> |
|---------------|-----------------------|-------------------------------|--------------|
| | | | |

C. Describe any body movements that accompany or are initiated by attempts to communicate

D. List communication partners during therapy, in addition to therapist

VI. Surgery

List recent or proposed orthopedic/neurological surgery. Give date, if possible.

VII. Student Profile

A. Describe student's major assets

B. Describe student's major difficulties
