OCCUPATIONAL THERAPY ASSESSMENT REPORT

Ventura County SELPA

Student Name: _____ D.O.B.: _____ Age: ___ Yrs.___Mo.

School: _____ Grade: _____ Sex: ❑ M ❑ F

Case Manager: _____ Date(s) of Assessment: _____

Address: _____ Type of Report: ❑ Initial ❑ Triennial

_____ ❑ Other: _____

(Street & Number) City Zip

Phone: _____ Work Phone: _____

Materials and procedures were provided in the student's native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain_____

Assessment(s) administered in (language): _____

REASON FOR REFERRAL:

BACKGROUND INFORMATION RELEVANT TO THIS REPORT:

Environmental, cultural, and economic information:

Health and developmental information:

Educational history:

BEHAVIORAL OBSERVATIONS:

Observations in classroom and other appropriate settings, including relationship of behavior to student's academic and social functioning:

Behavior during testing, including relationship of behavior to the reliability of the current assessment results:

ASSESSMENT INFORMATION:

SOURCES OF DATA REVIEWED: (check or indicate "NA")

____ Cumulative records ____ Statewide Testing and Reporting results (STAR program)
____ Work samples ____ Existing assessment reports (within three years list below)
____ Progress toward goals

Date	Type	Assessor

❑ Parent interview ❑ Teacher survey or interview
❑ Other data sources _____
❑ New assessment(s) (see next section)

Summary of existing data (if applicable):

NEW ASSESSMENTS ADMINISTERED: (List all)

Under the current edition of the Guidelines for Occupational Therapy and Physical Therapy in California Public Schools, the use of functional, curriculum-based assessments is highly encouraged. Observations made by a qualified professional, interview with those who are familiar with the child (especially parents, teachers, and other professionals providing services), and work samples compared with age-equivalent peers are considered appropriate assessment tools.

(Either describe each assessment in this section, or include description of assessments in results below)

ASSESSMENT RESULTS:

Fine Motor:
Gross Motor:
Self-Help:
Sensory Processing:
Visual Motor:

- Student was assessed in all areas of suspected disability related to this discipline.
- All tests and materials include those tailored to assess specific areas of educational need.
- All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
- Each assessment was used for the purpose for which it was designed and is valid and reliable.
- Each instrument was administered by trained and knowledgeable personnel.
- Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
- All tests were selected and administered to best ensure that they produce results that accurately reflect the student's abilities, not the student's impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that are not applicable _____

OVERALL SUMMARY AND RECOMMENDATIONS:

Summary of assessment, including factors affecting educational performance:

Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities):

Eligibility:

- (Required for initial and triennial evaluations) Indicators of possible disability or continuing disability:

- Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need):

Need for specialized services and equipment (required for low incidence):

The decision regarding the provision of special education and specific related services is the responsibility of the IEP team. The purpose of this report is to provide information to assist the team in making that decision.

Person completing this report:

Name	Signature	Title	Date