

Assessment of Functional Skills in the Educational Environment

Instructions

To assist in providing a free appropriate public education (FAPE) for students with disabilities, occupational and physical therapy are related services provided to enable the student to benefit from his or her education. This assessment is designed to provide information about the student's overall functional ability within the school environment, with a focus on what is expected of the student in his/her natural educational environment in comparison with same-age peers. This functional assessment can be used to assist in establishing the need for therapeutic intervention when a student has been initially referred for therapy or as part of an assessment to determine need for continuation or discontinuation of occupational therapy and physical therapy services.

The occupational therapist and/or physical therapist completes each section. It is the components of the task, not the task itself, that are considered differently by each discipline. Information may be obtained through observation or consultation with other professionals. Reporting sources should be noted. Definitions or explanations are provided for items that require clarification.

The first portion of this evaluation includes evaluation type, demographic information, and medical history. Information about previous therapy interventions and concerns should be clearly stated.

The following codes are used in parts of this evaluation.

F	Functional	The student can perform the task with or without adaptive equipment within the educational environment.
S	Supervision/prompts	The student requires adult attention for safety or thoroughness and/or verbal, visual, tactile, or gestural cues to perform the task.
P	Physical assistance	The student requires hands-on assistance to perform all or part of the task.
E	Emerging	The student is beginning to perform part of the task. Moderate to maximum assistance may be needed to complete the task.
N/A	Not applicable	The assessment of this skill is not needed. The student is unable to perform the task due to developmental age, physical limitations, or cognitive ability. The student's needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.

General Directions

When another therapist is scoring a section, or when the student is not expected to be able to perform any of the tasks in that section due to developmental age, physical limitations, or cognitive ability, check “Assessment in this area is not indicated at this time.”

Use the codes provided on the first page of these instructions to record the student’s ability levels in the section marked “Code.”

The Comments section may be used to include information about the type of device used to accomplish the task, equipment needed, support provided by adults, etc. Occasionally, a clarifying prompt may be given to indicate the content of the comments. Whenever an item is scored as anything other than functional, an explanatory comment should be written in the comments section.

For items that contain two separate tasks, the code boxes are divided by a slash. Record the student’s performance on the first task above the slash, and on the second task below the slash.

Summarize each section by identifying those factors that interfere with the student’s ability to perform functionally in that area.

Section I. Learning Environment

Each therapist assessing the student completes this section.

The Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (AOTA, 2008) describes how environments and contexts may support or inhibit the child’s ability to successfully participate in educational activities. Gathering information about the student’s ability to function in all aspects of the learning environment is an important part of the assessment process.

This section considers the student’s performance in his/her learning environment, including the classroom, computer and science labs, community-based instruction (CBI) sites, and any other areas for which the primary use to the student is instructional, including the home environment for students who receive hospital/homebound services.

The following are examples of clarifying statements for the table in the Learning Environment section of the assessment tool:

- The chair height is appropriate if the student’s feet rest on the floor when the hips, knees, and ankles are flexed to approximately 90 degrees.
- The desk height is appropriate if the desk surface is two inches above the bent elbow when the student is seated with feet flat on the floor.
- The desk location is accessible if the student’s access to the desk is unobstructed.
- The desk location is functional if the student is able to focus on the teacher and teaching materials and/or receive prompts or cues.
- Storage is accessible if the student is able to get to it without difficulty and can locate, retrieve, and replace materials with ease.

- Adaptive positioning equipment is functional when it allows the student to focus and access his educational environment.
- Assistive technology is functional when it allows the student to access his educational environment.
 - o Low-tech assistive technology devices include pencil grips, slant boards, reachers, visual schedules, highlighters, and adaptive activities of daily living (ADL) equipment
 - o High-tech assistive technology devices include electronic page-turners, laptop computers, electronic or voice output communication devices, voice recognition computer software, etc.
- Student support includes such things as an adult pushing a student in a wheelchair, behavioral reward systems, and individual or small group assistance for any area of learning.
- Accommodations include enlarged materials, shortened assignments, flexible schedule, flexible response mode, use of a calculator, etc.

Section II. Personal Care

This area addresses self-help skills that are necessary in the educational environment.

A. Eating/Feeding Skills

Describe any special diet for the student, such as gluten-free or milk-free, and indicate whether the student eats table food (AOTA, 2009).

Definitions:

- Chewy foods: Includes raisins, many types of meats, licorice, and any other foods that provide some resistance. These foods must be chewed several times in order to be soft enough to be swallowed.
- Chopped foods: Must be cut into very small pieces to minimize the need for chewing. Examples include tiny bits of fruits, vegetables, or meats.
- Crunchy foods: Includes raw carrots, crackers, potato chips, nuts, and any other foods that must be chewed several times in order to be soft and moist enough to be swallowed.
- G-tube: Is a tube or button into which liquids that go directly to the stomach are put.
- Mashed foods: Are processed until smooth, but may contain small lumps.
- Pureed foods: Are processed until smooth, but are primarily liquid.
- Soft foods: May be swallowed without being chewed. Examples include yogurt, gelatin, and applesauce.
- Thickened liquids: Includes milkshakes and some creamy soups. Some liquids are thickened by adding a thickening powder.
- Thin liquids: Includes water, milk, nonpulpy fruit juices, and broth.

Note any unusual food preferences, including foods the student always eats or always avoids and whether the student drools while eating.

The following are examples of clarifying statements for the table in the Personal Care section of the evaluation tool:

- Meal set-up includes opening milk cartons, utensil containers, lunch box, plastic bags or containers, and thermos.
- Meal clean up includes closing food containers, fastening the lunch box, throwing trash away, and returning the tray to its proper location.

B. Hygiene

This area addresses the students' ability to attend to the cleansing of his/her body and access the necessary tools in the educational environment. Assessment in this area included both bladder and bowel control. Information will most likely be obtained from the teacher (AOTA, 2008; Coster et al, 1998).

Definitions:

On toileting schedule: The student is on a toileting schedule and is sent to the bathroom on a set schedule, such as every two hours.

Toilet trained: The student independently anticipates the need and uses the bathroom.

Wears diapers: The student wears diapers as a primary method of toileting.

If the student uses a catheter to empty the bladder, indicate whether he/she does so independently or with assistance.

The following are clarifying statements for the table in the Hygiene section of the evaluation tool:

- Fastener manipulation includes buckling and unbuckling, snapping and unsnapping, buttoning and unbuttoning, zipping and unzipping, etc.
- Managing clothing includes pulling pants, shorts, and underpants up and down; keeping the shirt out of the way; tucking the shirt in; and straightening clothing, etc.
- The type of handle on the faucet and water fountain is noted or should be included in the Comments section.

List any adaptive equipment or modifications the student currently uses for toileting, such as a raised seat, step stool, grab bars, reacher, etc. Note placement of the devices in the Comments section.

Section III. Mobility

This area addresses functional movement (transfers and transitions) and the ability to navigate architectural barriers within the educational environment, including community-based instruction (CBI) sites (American Academy of Pediatrics [AAP], 2008; Bluth, 2009; Coster et al, 1998; Rehabilitation Engineering Research Center on Wheelchair Safety and University of Michigan Transportation Research Institute University of Michigan Health System, 2009).

A. School Bus

Definitions:

Independent: The student can maneuver his/her wheeled mobility device on and off the bus lift without physical assistance.

With assistance or supervision: The student needs physical support or verbal directions to maneuver his/her wheeled mobility device on and off the bus lift.

In both situations, the bus monitor will supervise the process and operate the bus lift for safety.

Name or describe equipment that is transported on the bus with the student, including crutches, wheelchair, walker, assistive technology devices, etc.

It is important to assess the student's sitting posture while the school bus is moving. Note if the student leans to one side, has trouble holding up his/her head, or has trouble maintaining balance on the bus.

Indicate any and all occupant restraint systems used by the student on the bus.

B. School Campus

Definitions:

Walks independently: Walks without support from devices and without holding onto furniture, caregiver, etc.

Walks independently with equipment: Walks with equipment; walks with mobility devices or orthotics

Walks with assistance: Walks with physical assistance by a person, furniture or walls, verbal assistance, and/or supervision

Assistive devices used for mobility include ankle-foot orthoses (AFOs), supra-malleolar orthoses (SMOs), braces, cane, crutches, walker, wheelchair, gait trainer, etc.

Use the codes provided on the first page of these instructions to record the student's ability to manage the distance between the classroom and other locations in uncrowded and crowded conditions (such as when classes are changing or at dismissal). In the area marked "Within Environment," score the student's ability to perform mobility demands within the specified area. If the student is otherwise functional but has decreased endurance, score as "S."

In the next section, use the codes to record the student's ability to manage obstacles commonly encountered on school campuses. For items that contain two separate tasks, the code boxes are divided by a slash. Record the student's performance on the first task above the slash and on the second task below the slash.

C. Classroom Mobility

Use the Comments section to clarify how the student moves, the equipment used, and any modifications made for the student, etc.

D. Manipulation of Mobility Equipment

Use the Comments section to clarify any difficulties the student has in performing the tasks. Record any additional wheelchair equipment the student manipulates, in addition to the locks, joystick or wheels, and positioning belt.

Section IV. Gross Motor

This area addresses functional gross motor skills and postures students need to participate in educational activities (AOTA, 2008; Bruinincks & Bruininks, 2006).

The following are clarifying statements for the table in the Gross Motor section of the evaluation tool:

- In evaluating the student's ability to localize sight or sound by turning head, note in the Comments section any delay in initiating the orienting response and whether the student alerts to stimuli presented on both sides as well as in front of and behind him/her.
- If the student is not fully mobile, record his/her ability to roll to change positions. Note in the Comments section whether the rolling is in one or both directions, performed segmentally, etc.
- Note any increase in tone or drooling with movement.
- Note the floor positions favored by the student and whether the position is functional.
- Note the student's use of a chair back, arm supports, toilet grab bars, or other adaptations for sitting in a chair, using the toilet, or accessing playground equipment.
- Use the Comments section to record the student's balance during various gross motor activities. Is the balance functional, precarious, emerging, etc.?

Be sure to complete the section requesting information about any abnormal movement patterns of fixed postures, whether the student receives adaptive physical education, and/or any adaptations used.

Section V. Fine Motor/Visual Motor

This area addresses visual tracking, visual-perceptual skills, functional fine motor skills, and visual-motor skills needed for functional school performance (Case-Smith & Pehoski, 1992; Erhardt, 1990; 1999).

A. Visual Tracking

Assess the student's ability to track the eyes in all directions. Hold a target, such as a brightly colored eraser on a pencil, approximately 12" from the student's eyes. Tell the student to keep his/her head still while maintaining visual contact with the stimulus. Move the target vertically, horizontally, diagonally, and in circular motions, minimizing arm movements as much as possible. Note the smoothness of

movement in each direction, inability to disassociate head and eye movements, any midline difficulties, or lack of symmetrical eye movements. Mark those planes (vertical, horizontal, diagonal, and circular) in which the student smoothly tracks the target.

Assess the student's ability to refocus (find one's place) between the board/display screen and a paper on the desk and between the paper and a book in front of the student. Also note the student's ability to scan objects on an assistive device. Check "Yes" if the student can easily find his/her place between the two surfaces; check "No" if there is a delay in finding his/her previous place or the student focuses on an incorrect place.

B. Visual-Perceptual Skills

To complete this section, you must determine what is age-appropriate for the student by consulting with the teacher or comparing the student's work to that of his/her same-age, nondisabled peers. Record the student's performance on only those items that are age-appropriate.

Note in the Comments section any visual field deficits, difficulties if the objects were oriented in a different or unusual plane, etc. In addition, indicate if an unusually long period of time was required to perform any of these tasks.

The following are clarifying statements for the table in the Visual Perceptual Skills section of the evaluation tool:

- For students in second grade and above, record the ability to form letters, numbers, and words without reversals. In the Comments section, list the reversals noted in the student's writing.
- In the assemble puzzles area, identify what types of puzzles (formboard, non-interlocking, interlocking, knobbed, adapted) and the number of pieces the student can assemble independently.
- Determine the student's ability to distinguish between the following positional terms: in/out, top/bottom, over/under, and left/right. Include in the Comments section whether the demonstrations involved objects or the body.
- A 4–4½-year-old student is expected to be able to draw a person with three body parts, whereas a 5–5½-year-old is expected to draw five or more body parts. List those body parts the student drew and any unusual orientation or placement of the body parts in the drawing.

C. Functional Fine Motor Skills

To complete this section, you must determine what is age-appropriate for the student by consulting with the teacher or comparing the student's work to that of his/her same-age, nondisabled peers. Record the student's performance on only those items that are age-appropriate.

Observe the student's spontaneous use of the hands to determine which is the preferred or dominant hand. Indicate whether this preference is emerging (frequent use) or established (consistent use).

- Emerging: Hand is used frequently.
- Established: Hand is used consistently.

In the Comments section, record any unusual use of the hands, positioning of the fingers, use of external support, etc.

D. Visual Motor Skills

To complete this section, you must determine what is age-appropriate for the student by consulting with the teacher or comparing the student's work to that of his/her same-age, nondisabled peers. Record the student's performance on only those items that are age-appropriate.

The following codes are used on this portion of the evaluation.

- C The student copied a design that was already made in each of the pre-writing strokes.
- I The student imitated the examiner or another adult in reproducing each of the pre-writing strokes.
- U The student is unable to perform the task.

Indicate whether the student copied a design already made or imitated the examiner or another adult in reproducing each of the pre-writing forms.

The following are clarifying statements for the table in the Visual Motor Skills section of the evaluation tool:

- Use age-appropriate material as needed.
- For each of the items in the table, record the student's ability to copy material from near point (book or other piece of paper close to the student) and from far point (board/display screen or wall, approximately 3–6 feet away).
- Note the number of units (letters or words) the student wrote before returning to the original.

When describing the pencil/crayon grip, consider the following:

- Does the grasp vary with time?
- Is the grasp immature but functional for the student?
- What modifications (such as a pencil grip, weighted pen, raised line paper, color-coded paper, etc.) is the student using to complete written work?

Note the type of scissors used. Use the descriptors below in addition to describing the student's ability to use scissors:

<i>Functional</i>	Age-appropriate
<i>Emerging</i>	The student demonstrates beginning scissors use, but may need physical assistance
<i>Unable</i>	The student is not able to use scissors without maximum assistance
<i>Smooth cuts</i>	Jagged edges and curves are rounded
<i>Choppy</i>	Jagged edges, cuts extend beyond the cutting line

If the student is able to cut with scissors, check the types of lines/shapes the student cuts: straight line, angled line, curved line, circle, triangle, square, or simple picture.

Note the accuracy and size (width and/or length) of lines/shapes cut and the weight of the paper.

Include in your comments whether the student holds the scissors proximally (at the base of the fingers) or distally (between the distal interphalangeal [DIP] and proximal interphalangeal [PIP] joints of the fingers). Also indicate whether the student's forearm is pronated or supinated when cutting. Record any unusual behaviors, such as stabilizing the arm against the trunk, keeping the paper on the table while cutting, using associated movements, showing inability to rotate paper while cutting, etc.

Section VI. Sensory Processing

This area addresses tolerance of sensory stimuli, play/work skills, and praxis abilities needed to function in the school environment (AOTA, 2003; AOTA, 2008).

A. Tolerance of Sensory Stimuli

Mark "Yes" or "No" as appropriate in the table. If assessment of this skill is not applicable or is addressed by another discipline, place an "N/A" in the Y/N column. In the Duration/Reaction column, document pertinent information regarding the length of time the student could tolerate the particular type of stimulation and/or any unusual reactions to the sensory stimulation.

The following are clarifying statements for the table in the Sensory Processing section of the evaluation tool:

- Wet sensory materials include shaving cream, finger paints, and glue.
- Dry sensory materials include rice, sand, sandpaper, and macaroni.
- Indicate any difficulties in determining if a student transitions easily between activities, including any actions the student uses to avoid the transition. Be sure to indicate the length of time for the student who is having difficulty. (Also note if any activities when transitioning to and from the activity are consistently a problem.)
- Indicate any unusual amount of force used by the student to determine if appropriate pressure is used in play. Include the activity and/or object involved during which an inappropriate amount of force was used. Be sure to record the student's affect.
- When observing playground activities, note if the student seeks only one particular type of movement or avoids all playground equipment. Document any brief or prolonged use of particular pieces of equipment and the student's atypical reaction to any movement experiences.
- Document any self-stimulating behaviors in which the student engages, and indicate the times they are most likely to occur.
- Describe any sensory activities that the student seeks, such as fidgeting, putting nonfood objects into the mouth, smelling objects, twirling his/her hair, constant humming, etc.
- Describe any sensory activities that the student avoids, such as being messy, having his/her feet off the ground, etc. Document the behaviors in which the student engages to avoid these activities.

B. Play/Work Skills

- Solitary play: The student plays only by him/herself and may move away if others approach.
- Parallel play: The student plays by him/herself in close proximity to a peer. The play may involve using similar toys or sharing materials
- Group play: The student engages in play involving rules so that all the players share a basic understanding of the rules of the game. This may involve games in which a standard set of rules applies, or in which the players make up the rules, as in role-playing or fantasy play.

C. Attention and Motor Planning

Use the codes provided on page 10 to record the student's ability to perform both the attention and motor planning components of each task. In the Duration/Reaction column, note any unusual behaviors observed during the course of any of the activities listed. Examples may include a delay before responding, talking to oneself, and the type of assistance needed to perform the task. If the student is unable to complete the task, indicate the length of time the student engaged in the activity. In recording the student's ability to complete a multi-step task, note the maximum number of steps the student can complete independently. Indicate whether the level is appropriate for the situation.

Definitions:

- Attention: The ability to focus on the task.
- Motor planning: Includes the conception, organization, and execution of a task.

Evaluation/Summary

The following are directions for completing the Evaluation of Functional Skills in the Educational Environment Summary form.

Learning Environment

Be sure to note what needs to be changed or modified within the student's learning environment (e.g., different height or location of chair/desk, etc.).

Personal Care, Mobility, Gross Motor, Fine Motor/Visual Motor, Sensory Processing

Summarize the student's strengths and weaknesses in each of these five areas. This is to be a comprehensive narrative written in language that is easily understood by parents and teachers. It should be concise, jargon-free, and without abbreviations or symbols.

Additional Information

Additional information may include such things as medical and therapy histories, treatment precautions, and other factors that may impact therapy services. List any other assessments performed with the student.

Information Source

Record all sources of information.

Present Level of Performance

Record the student's abilities in positive statements. Include levels of support needed to perform tasks.

What is interfering with the student's ability to perform in the educational environment?

Summarize the student's identified needs that impact or impede the student's ability to access or benefit from the current IEP goals. A definitive statement about the need for and frequency of therapy services is **not** to be included. The IEP team makes that decision.

Signatures

Sign and print your name. The date should indicate when the report was completed.

Assessment of Functional Skills in the Educational Environment

Type of Evaluation: ___ Occupational Therapy ___ Physical Therapy
 ___ Initial ___ Re-evaluation

Student Name: _____ Date(s) of Evaluation: _____

DOB: _____

Student Number: _____ Age: _____ Grade: _____

School: _____ ESE Program(s): _____

Medicaid Number: _____ Physician: _____

Medical Diagnosis/History: _____

Medication(s)/Allergies: _____

Previous Therapy Intervention: _____

Referral Concerns: _____

The following codes are used to record the results of the evaluation:

- F – Functional** **The student is functional in performing the task with or without adaptive equipment in the educational environment.**
- S – Supervision/prompts** **The student requires adult attention for safety or thoroughness and/or verbal, visual, tactile cues or gestures to perform the task.**
- P – Physical assistance** **The student requires hands-on contact to perform all or part of the task.**
- E – Emerging** **The student is beginning to perform part of the task. Moderate to maximum assistance may be needed to complete the task.**
- N/A – Not applicable** **The assessment of this skill is not needed. The student is unable to perform the task due to developmental age, physical limitations, or cognitive ability. Student’s needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.**

I. Learning Environment (Each therapist evaluating the student must complete this section.)

Is the student’s:	Y/N	Comments
Chair height appropriate?		
Desk height appropriate?		
Desk location accessible?		
Desk location functional?		
Storage area accessible?		
Adaptive positioning equipment functional?		
Low-tech assistive technology equipment functional?		
High-tech assistive technology equipment functional?		

What support is provided to the student during the school day? _____

Describe any accommodations currently used to enable the student to participate in the educational environment. _____

Based on the above information, what is interfering with the student's ability to perform within and to access the learning environment? _____

II. Personal Care

A. Eating/Feeding Skills

Assessment in this area is not indicated at this time.

Special diet: _____

Does the student eat table foods? Yes No

If no, check all that apply:

- Soft Chopped G-Tube
 Chewy Mashed Thickened liquids
 Crunchy Pureed Thin liquids

Note unusual food preferences: _____

Functional Ability	Code	Comments
Obtains food from cafeteria line		
Carries tray to table		
Sets up meal		
Finger feeds		
Self-feeds using utensils/ equipment	/	
Drinks from cup		
Drinks from straw		
Uses napkin to wipe face/hands	/	
Cleans up		

Does the student drool while eating? Yes No

Does the complete meal within the designated time allotment? Yes No

Describe position for eating: _____

Describe any accommodations student currently uses for eating (seating, position of table, utensils, cups, etc.): _____

B. Hygiene

Assessment in this area is not indicated at this time.

Check to indicate how the student manages bladder and bowel control:

<i>Bladder Control</i>	<i>Bowel Control</i>
_____ Toilet trained	_____
_____ On toileting schedule	_____
_____ Wears diapers	_____
_____ Catheterized ___independently	_____with assistance

Functional Ability	Code	Comments
Manipulates fasteners for toileting		
Manages clothing for toileting		
Turns faucet on/off	/	
Washes/dries hands	/	
Accesses water fountain		

List adaptive equipment/accommodations currently used for toileting and personal hygiene: _____

Based on the above information, what is interfering with the student’s ability to perform educationally relevant personal care skills within the educational environment? _____

III. Mobility

A. School Bus

Assessment in this area is not indicated at this time.

Does the student ride the bus to school? Yes No
 Does the student ride the bus on field trips? Yes No
 Does the student ride the bus to a CBI site? Yes No

How does the student get on/off the bus?

- Walks up/down stairs independently
- Walks up/down stairs with assistance or supervision
- Independently maneuvers wheeled mobility device on/off bus lift
- Requires physical assistance to maneuver wheeled mobility device on bus lift

Note: On the ground, the student is allowed to motorize himself onto the lift; however, once on the lift the power to the wheelchair (or wheeled mobility device) is shut off. Once the lift is level with the bus floor, the wheel locks (if present) are unlocked and the lift gears are disengaged. The bus staff inside the bus pulls the wheelchair into the bus as the adults on the ground assist by pushing the wheelchair into the bus. When the motorized wheelchair is on the lift and the lift is off the ground, the power to the wheelchair must be turned off.

Where does the student sit?

- Bus seat
- Remains in wheeled mobility device

What equipment is transported with the student? _____

How does the student transfer to the bus seat? _____

Describe the student's sitting posture while on the moving bus: _____

Note the student's current occupant restraint system:

- Compartmentalization Car seat Special needs car seat
- Add-on seating system Integrated seat Safety vest with crotch strap
- Remains in wheeled mobility device and relies on school bus wheelchair tie downs and occupant restraint systems

B. School Campus

Assessment in this area is not indicated at this time.

Check to indicate all means of mobility:

- Walks independently
- Walks independently with equipment
- Walks with assistance
 - Physical assistance Holds onto furniture/walls
 - Cuing or prompting Supervision
 - Dependent mobility device (e.g., stroller)
 - Manual wheelchair
 - Self-propelled Pushed
 - Power wheelchair

List assistive devices, orthotics, and accommodations currently used for mobility: _____

Describe wheeled mobility base and seating system: _____

Describe how gait pattern influences campus mobility: _____

Classroom to:	Code the student's performance under all three conditions for each relevant location:			
	Uncrowded Conditions	Crowded Conditions	Within Environment	Comments
Bus area				
Bathroom				
Other classes				
Cafeteria				
Playground				
P.E. area				
Auditorium				
CBI site				

Student's ability to manage campus obstacles	Code	Comments
Opens door(s) – type of handle		
Closes door(s) – type of handle		
Steps over threshold		
Steps over/around obstacle		
Up/down curb		
Up/down ramp		
Up/down stairs		

Describe student's ability to transition between different types of terrain: _____

C. Classroom Mobility

Assessment in this area is not indicated at this time.

Student's ability to	Code	Comments
Move within the classroom		
Get down/up from floor	/	
Transfer to/from wheelchair to chair	/	
Transfer to/from chair to standing	/	
Transfer to/from toilet	/	
Transfer to/from chair to adaptive equipment	/	

D. Manipulation of Mobility Equipment

Assessment in this area is not indicated at this time.

Student's ability to	Code	Comments
Adequately grasp/release cane	/	
Adequately grasp/release crutches	/	
Adequately grasp/release walker	/	
Manipulate wheelchair locks	/	
Operate joystick on wheelchair	/	
Adequately grasp/release wheelchair wheels	/	
Fasten/unfasten wheelchair positioning belt	/	
Manipulate other wheelchair equipment (footplates, leg rests) specify:	/	

Describe any physical limitations that interfere with the student's safe and functional mobility: ___

Based on the above information, what is interfering with the student's functional mobility within the educational environment? _____

IV. Gross Motor

Assessment in this area is not indicated at this time.

Student's ability to	Code	Comments
Hold head without trunk supported		
Hold head with trunk supported		
Turn head to localize sight or sound		
Roll to change position		
Demonstrate functional floor mobility		
Demonstrate functional head and neck control for feeding		
Demonstrate functional sitting posture on floor		
Demonstrate functional sitting posture on chair/toilet	/	
Demonstrate upright mobility		
Carry school materials		
Pick up objects from floor		
Catch self during falls		
Walk in line		
Maintain balance while standing		
Manage classroom chair		
Maintain balance while reaching		
Maintain standing/sitting balance during white board activities	/	
Maintain standing/sitting balance while accessing locker	/	
Access playground equipment		
Participate in physical education		

Describe any abnormal movement patterns or fixed postures that interfere with the student's functional ability: _____

List any current equipment or accommodations provided to the student: _____

Based on the above information, what is interfering with the student's ability to perform educationally relevant gross motor skills within the educational environment? _____

V. Fine Motor/Visual Motor

A. Visual Tracking

Assessment in this area is not indicated at this time.

Check the directions in which the student smoothly tracks a target:

Vertically Horizontally Circularly Diagonally

The student visually scans and locates:

Between white board and paper Yes No

Between book and paper Yes No

Icon/picture on assistive technology device Yes No

B. Visual-Perceptual Skills

Assessment in this area is not indicated at this time.

Student	Y/N	Comments
Matches shapes, colors, letters, numbers		
Recognizes first/last name in print		
Identifies letters of name		
Distinguishes between small, medium, and large sizes		
Forms letters, numbers, and words without reversals		
Assembles puzzles		
Demonstrates positional concepts		
Finds hidden pictures		
Draws person with age-appropriate number of body parts		
Draws/colors/writes within boundaries provided		
Properly orients written work on paper		
Correctly spaces work on paper		

C. Functional Fine Motor Skills

Assessment in this area is not indicated at this time.

Preferred hand: Right Left Emerging Established

Student	Code	Comments
Uses nondominant hand as assist		
Holds object at midline		
Puts two objects together		
Folds paper		
Tears paper		
Transfers object/coins from hand to hand		
Crosses midline of body		
Moves coin from palm to fingertips/ fingertips to palm	/	
Places coin in vending machine		
Places dollar in vending machine		
Turns pages one at a time		
Manipulates glue bottle or stick		
Manipulates office or work materials		
Manipulates hole punch		
Manipulates key lock		
Manipulates combination lock		

D. Visual Motor Skills

Assessment in this area is not indicated at this time.

Student: Scribbles Traces Draws Colors Writes

Indicate the student's ability to imitate (I) or copy (C) the following pre-writing strokes/forms.
Score (U) if the student is unable to perform the task.

Vertical line Horizontal line Circle Cross Left diagonal
 Square Right diagonal Triangle "X"

Student	Code	Comments
Copies/writes single letters, numbers	/	
Copies/writes single words	/	
Copies/writes a five word sentence	/	
Uses writing line appropriately		
Copies from near point		
Copies from far point / chalkboard		
Completes written work within given time		

Describe the student's pencil/crayon grasp: _____

Describe the student's ability to use scissors and type of scissors used for cutting: _____

List any current equipment or accommodations provided to the student: _____

Based on the above information, what is interfering with the student's ability to perform relevant fine motor/visual motor skills within the student's educational environment? _____

VI. Sensory Processing

A. Tolerance of Sensory Stimuli

Assessment in this area is not indicated at this time.

Student	Y/N	Duration/Reaction
Tolerates positioning in equipment		
Tolerates wet sensory materials		
Tolerates dry sensory materials		
Tolerates other sensory materials		
Tolerates closeness of peers		
Transitions easily		
Ignores movement of the other students		
Accommodates to everyday noises		
Tolerates loud or unexpected noises		
Tolerates unexpected bump/touch		
Tolerates a variety of food textures		
Tolerates hand over hand assistance		
Uses appropriate pressure in play/use of manipulatives		
Plays on a variety of playground equipment		

Describe any self-stimulating behaviors/activities in which the student engages: _____

Describe sensory activities the student seeks: _____

Describe sensory activities the student avoids: _____

B. Play/Work Skills

Assessment in this area is not indicated at this time.

Check the type(s) of play in which the student engages:

Solitary Parallel Small group Large group

Does the student initiate play with peers? Yes No

Does the student engage in peer initiated play? Yes No

List the student's preferred toys/play activities: _____

C. Attention and Motor Planning

Assessment in this area is not indicated at this time.

Use the code when completing the following section:

Student's ability to attend to and then physically perform tasks	Attention	Motor Planning	Duration/Reaction
Gathers/organizes materials needed for activity	/	/	
Completes sequenced tasks			
Follows verbal directions			
Attends to desktop activities			
Attends to group activities			
Initiates activities independently			
Performs tasks independently			

Does the student appropriately seek adult attention? Yes No

Does the student demonstrate the ability to self-regulate activity level? Yes No

List any current equipment or accommodations provided to the student: _____

Based on the above information, what is interfering with the student's sensory processing within the educational environment? _____

Occupational Therapist's Signature

Physical Therapist's Signature

Therapist's Name Printed

Therapist's Name Printed

Date

Date

Assessment of Functional Skills in the Educational Environment Summary

Type of Evaluation: _____ Occupational Therapy _____ Physical Therapy
_____ Initial _____ Reevaluation
Student Name: _____ Date(s) of Evaluation: _____ DOB: _____
Student Number: _____ Age: _____ Grade: _____
School: _____ ESE Program(s): _____

Based on the Evaluation of Functional Skills in the Educational Environment Evaluation, summarize the student's functional status in each area.

I. Learning Environment

II. Personal Care

III. Mobility

IV. Gross Motor

V. Fine Motor/Visual Motor
VI. Sensory Processing
Additional Information
Information Source: <input type="checkbox"/> Parent <input type="checkbox"/> School Personnel <input type="checkbox"/> School Records Review <input type="checkbox"/> Medical Records <input type="checkbox"/> Other _____
Present Level of Performance
What is interfering with the student's ability to perform within the educational environment?
Recommendations:

Therapist's Signature

Therapists's Name Printed

Date