MIDDLE / HIGH SCHOOL OCCUPATIONAL THERAPY EVALUATION
OF FUNCTION AND PARTICIPATION

Student:	**NYC ID:**	**DOB:**	**Age:**	**Grade:**
District / Borough / School:	**Class Program:** ☐ **Gen Education** ☐ **ICT** ☐ **Special Class: Class Size/Ratio** _____			
Disability Classification:	**Diagnosis:**		**Alerts:**	
Parent / Guardian:	**Telephone #:**		**Medication:**	
Primary Physician:	**Telephone #:**		**Method of Mobility:**	
Evaluator's Name:	☐ **DOE Evaluator** ☐ **Agency Evaluator**		**Date of Evaluation:**	
Referred by:	**Teacher:**		**Date of Previous IEP:**	

Referral Type: ☐ **Initial (no previous IEP)** ☐ **Add OT to IEP** ☐ **3 Year Review (Triennial)** ☐ **Requested Review**

Services Receiving:		**Paraprofessional:** ☐ **Crisis** ☐ **Health** ☐ **Mobility**		**OT**		**PT**		**Speech**		**Counseling**		**Other**
Existing OT Mandate:												**Test Accommodations:**						
Assistive Devices or Technology / Adaptive Equipment (note if in need of repair):																			

METHOD OF EVALUATION

	Classroom Observation		**Clinical Observation**		**Parent/Guardian Report**		**Teacher Report**		**Review of Documents**		**COSA Student Interview**		**Para Interview**
	Adolescent Sensory Profile		**VMI**		**KELS School AMPS**		**SFA GOAL**		**THS WOLD**		**Vocational Self-Assessment**		**Other**

Section 1: BACKGROUND INFORMATION

Based on OT Teacher Report, Parent/Guardian Report, and chart review

Developmental & Medical History / Relevant Background Information / Reason for Referral

Description here

Section 2: CLASSROOM FUNCTION & PARTCIPATION

PRIMARY SCHOOL-BASED CONCERNS: *Based on OT Teacher Report*

PRIMARY CONCERN # 1	Text here
PRIMARY CONCERN # 2	Text here
PRIMARY CONCERN # 3	Text here

ADDITIONAL CONCERNS: *Based on OT/PT Parent/Guardian Checklist and/or observation*

Parent/Guardian Concerns	Text here
Observational Concerns	Text here

LEARNING & PARTICIPATION IN COMPARISON TO PEERS: *Based on OT Teacher Report*

Grade Level	School Activity	Above	Comparable	Below	School Activity	Above	Comparable	Below
	English Language Arts				Electives / Extracurricular			
	Math				Physical Ed. / Sports			
	Science				Attendance			

CLASSROOM OBSERVATION

Text here

SOCIAL PARTICIPATION AND EMOTIONAL REGULATION: *Based on observations in classroom & during evaluation, and/or OT Teacher Report & Parent/Guardian Report*

Developing friendships, working cooperatively, managing emotions, advocating for self, demonstrating self-awareness, demonstrating socially appropriate behaviors, using judgement, making responsible choices, expressing needs, etc.

Text here

WORK BEHAVIORS: *Based on observations in classroom & during evaluation and/or OT Teacher Report & Parent/Guardian Report*

Following directions, rules, and routines, sustaining effort to complete tasks, attending to lessons and work, solving problems, completing work on time, organizing materials, completing work independently, making decisions, etc.

Text here

STUDENT INTERVIEW

Student interests, point of view, feelings about school, etc.

Text here

STUDENT STRENGTHS

Personal, social, functional, etc.

Text here

Section 3: SKILL ASSESSMENT

ACCESS / MOVEMENT	SUPPORTS School Function	Difficulty noted, DOES NOT significantly impede function	Difficulty noted, SIGNIFICANTLY impedes function
Adjusts position for comfort / maintains posture			
Accesses all areas of building with or w/o equipment			
Moves without fatigue / keeps pace with class			
Navigates safely to destination in school or community			

_____ No significant difficulties noted

_____ Description of difficulties, impact on participation

Description here

LIFE SKILLS	SUPPORTS School Function	Difficulty noted, DOES NOT significantly impede function	Difficulty noted, SIGNIFICANTLY impedes function
Manages bathroom / hygiene /dressing / meals			
Accesses folders / notebooks / book bag / locker			
Tells time / uses planner / refers to calendar			
Identifies personal information / completes forms			
Makes purchase / counts change / makes budget			
Reads bus or subway map / uses public transportation			

_____ No significant difficulties noted

_____ Description of difficulties, impact on participation

Description here

MANAGEMENT OF CLASSROOM TOOLS & MATERIALS	SUPPORTS School Function	Difficulty noted, DOES NOT significantly impede function	Difficulty noted, SIGNIFICANTLY impedes function
Uses pen, ruler, calculator, combo lock, etc.			
Copies / writes independently, legibly, & at pace			
Uses keyboard / computer / tablet			

_____ No significant difficulties noted

_____ Description of difficulties, impact on participation

Description here

SENSORY SKILLS FOR LEARNING	SUPPORTS School Function	Difficulty noted, DOES NOT significantly impede function	Difficulty noted, SIGNIFICANTLY impedes function
Auditory: Responds appropriately to environmental sounds			
Visual: Responds appropriately to visuals during instruction			
Tactile: Responds appropriately to touch and various textures			
Proprioception: Adjusts force when handling or moving objects			
Vestibular: Sits without excessive rocking, bouncing, or spinning			
Maintains personal space			

_____ No significant difficulties noted

_____ Description of difficulties, and underlying skills that impact participation
If significant difficulty is noted, indicate over-responsiveness or under-responsiveness

Description here

PRE-VOCATIONAL SKILLS	SUPPORTS School Function	Difficulty noted, DOES NOT significantly impede function	Difficulty noted, SIGNIFICANTLY impedes function
Follows directions / rules / schedule			
Sustains effort to complete tasks within allotted time			
Submits work on time / works independently			
Identifies / explores realistic post high school goals			

Participates in work or volunteer activities			

_____ **No significant difficulties noted**

_____ **Description of difficulties, impact on participation**

Description here

Section 4: SUMMARY & RECOMMENDATION

CONSIDERATIONS

Prior to recommending OT services, the IEP team must determine if the student meets the eligibility requirements for special education. Special education services require identification of a specific disability classification.

SCHOOL-BASED OT SERVICES are designated for eligible students whose difficulties significantly impede participation in school. OT promotes strategies to be implemented by teachers/family for students who are not eligible for services.

WRITING FUNCTION is influenced by hand skills, expressive writing abilities, academic skills and work behaviors. Functional writing difficulties for middle school/high school students are best addressed through modifications, accommodations, appropriate instructional technology and/or assistive technology and academic support.

BEHAVIOR is most effectively addressed by teachers within the classroom. OT supports students by providing strategies to promote work behaviors and support social-emotional learning, self-regulation and self-management.

SUMMARY

Description here

			Yes	No
PRIMARY CONCERN # 1		**Is this area best addressed by OT?**		
PRIMARY CONCERN # 2		**Is this area best addressed by OT?**		
PRIMARY CONCERN # 3		**Is this area best addressed by OT?**		
ADDITIONAL CONCERNS		**Is this area best addressed by OT?**		

Description here:

(Choose ONE of the options below, to be included in the Summary section)

If challenges in function/participation:

Based on the evaluation results, [student name] demonstrates challenges in the following areas/domains _____. These areas identified may warrant additional support. These findings will be considered within the total decision-making context of the IEP meeting, where service recommendations are made.

If no challenges in function/participation:

Based on the evaluation results, [student name] demonstrates functional skills in the areas of Access/Movement, ADL, Management of Classroom Tools, Pre-writing/Writing, & Sensory Skills for Learning. These findings will be considered within the total decision-making context of the IEP meeting, where service recommendations are made.

RECOMMENDATION: *Final recommendations to be determined at the IEP meeting*

☐	**NO**	
	☐	**Concerns are best addressed by the primary educational program or other methods**
	☐	**Current function is at an appropriate level given the nature of student's overall learning profile / disability**
	☐	**Concerns do not significantly interfere with function and participation in school**
	☐	**Graduation from OT is recommended as IEP goals have been met / performance can no longer be improved by OT**

☐	**YES**	**Contingent upon meeting eligibility criteria; final recommendation determined at IEP meeting**
	☐	**Initiate OT services**
	☐	**Continue OT at current mandate**
	☐	**Continue OT at modified mandate**

SUGGESTIONS TO CONSIDER / STRATEGIES TO PROMOTE FUNCTION

☐	**Consultation with Pediatrician**	☐	**Community Counseling**	☐	**School Counseling**	☐	**Additional Academic Supports**
☐	**Physical Therapy Observation**	☐	**Assistive Technology**	☐	**Test Modifications**	☐	**Speech Therapy Observation**

ADDITIONAL SUGGESTIONS: ***Classroom strategies / Community resources / Home programs***

Text here

EVALUATOR SIGNATURE	**DATE**