

Occupational Therapist (OT) Summary Report

Occupational Therapist:

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| --- | --- | --- | --- |
| Date: |  | School: |  |
| Student name: |  | ID#: |  |
| Date of birth: |  | Grade: |  |

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| --- | --- | --- |
| **Date** | **Test** | **Results** |
|  | Peabody Developmental Motor Scales-2nd edition (PDMS-2) | Standard Score (SS)=  Percentile Rank (PR)=  Overall test results indicate: |
|  | Beery-Buktenica Developmental Test of Visual Motor Integration (Beery VMI)  Beery VMI Visual Perception Test  Berry VMI Motor Coordination Test  Bruininks-Oseretsky Test of Motor Proficiency 2nd edition (BOTMP-2) | SS=  PR=  SS=  PR=  SS=  PR=  SS=  PR=  Overall test results indicate: |
|  | Motor Free Visual Perception Test 3rd edition (MVPT-3) | SS=  PR=  Overall test results indicate: |
|  | Quick Neurological Screening Test Revised (QNST-R)  Short Sensory Profile (SSP)  Sensory Profile  Sensory Profile School Companion (SPSC)  Sensory Profile Adolescent/Adult (SPAA) | Total Score (TS)=  Rank=  Total Score (TS)=  Rank=  Quadrant Summary=  Quadrant Summary=  Quadrant Summary=  Overall test results indicate: |

Areas of concern addressed by occupational therapist (OT)

|  |  |  |
| --- | --- | --- |
| **Fine Motor** | **Sensory Motor** | **Self-help** |
|  |  |  |

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| --- | --- |
| **Other Assessment Date** | |
| Classroom observation |  |
| Teacher report |  |
| Other |  |

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| --- |
| **Summary** |
|  |

Individual evaluation was conducted in the student’s native language or other communication mode used by the student:

Yes

No

Evaluator’s initials: