

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 TestBerry VMI Motor Coordination TestBruininks-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 ProfileSensory 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)

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| **Fine Motor** | **Sensory Motor** | **Self-help** |
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| **Other Assessment Date** |
| Classroom observation |  |
| Teacher report |  |
| Other |  |

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

[ ]  Yes

[ ]  No

Evaluator’s initials: