

## OT Pediatric Evaluation Checklist

Use the checklist below during an evaluation as a reminder of areas to address. The American Occupational Therapy Association (AOTA) encourages practitioners to print the checklist and bring it with you to help guide areas to assess in client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality occupational therapy evaluations that lead to occupation-based, client centered interventions, and quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework* (AOTA, 2020). A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns. In pediatric practice, it is important to take into account the developmental skills expected for the age of the child.

### Occupational Profile

Each element of the occupational profile is considered from the client’s perspective. Take notes here or download the Occupational Profile at [aota.org/profile](https://aota.org/profile) to facilitate the interview and goal development.

- Client’s Concerns
- Successful Occupations
  - Strengths       Barriers
- Occupational History
  - Birth History       Developmental History
- Interests & Values
- Contexts: Environment & Personal
- Performance Patterns
  - Habits       Routines       Roles       Rituals
- Client Factors
  - Values/Beliefs       Body Function       Body Structure
- Client Goals/Priorities

### Analysis of Occupational Performance

Utilize the [Quality Toolkit](#) for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Priority?		Addressed	Priority?
<b>Occupations</b>					
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Grooming (Hair/Teeth)	<input type="checkbox"/>	<input type="checkbox"/>	Health Management	<input type="checkbox"/>	<input type="checkbox"/>
Feeding/Eating	<input type="checkbox"/>	<input type="checkbox"/>	IADLs/Chores	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	Play	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>			

	Addressed	Priority?		Addressed	Priority?
<b>Performance Skills</b>					
Psychosocial/ Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Social Skills/ Peer Interactions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)</b>					
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	Language/ Communication	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Processing	<input type="checkbox"/>	<input type="checkbox"/>	Praxis	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Patterns</b>					
Habits, Rituals & Roles (family dynamics, sibling relations)	<input type="checkbox"/>	<input type="checkbox"/>	Daily Routine	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environment &amp; Contexts</b>					
Safety Screen (physical space, family needs)	<input type="checkbox"/>	<input type="checkbox"/>	SDOH (transportation, food security, housing, financial)	<input type="checkbox"/>	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	<input type="checkbox"/>	Parent/caregiver mental health screen	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver learning style	<input type="checkbox"/>	<input type="checkbox"/>	Home Environment	<input type="checkbox"/>	<input type="checkbox"/>
Assistive technology used in the home	<input type="checkbox"/>	<input type="checkbox"/>	Assistive technology used in the community or at school	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Considerations

Interprofessional team members:

Previous services:

Previous goals/assessment results:

### Resources

Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. *Am J Occup Ther* August 2020, Vol. 74(Supplement\_2), 7412410010p1–7412410010p87. doi: <https://doi.org/10.5014/ajot.2020.74S2001>

### Quality Indicators

Quality Indicators may differ based on practice setting. Please be sure to utilize this checklist in coordination with the standards utilized with your organization, setting, and payors.

### Acknowledgements

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