



In-Tuned®

Occupational Performance Evaluation

Student: [REDACTED] **DOB:** [REDACTED] **Age:** 9y3m
Grade: 3rd
School: Tucson Waldorf School (TWS)
Parent(s)/Caregiver(s): [REDACTED]
Evaluator: Julia Grover-Barrey, OTR/L AZ License #1050

Student History and Present Narrative:

[REDACTED] is described by his family as joyful, kind and patient. He has attended TWS since early childhood. He lives with both biological parents and his older sister. He has had ongoing speech therapy with Diane Hansen for speech language delay. His formal diagnoses include dyspraxia of speech and motor dyspraxia. [REDACTED] is not age typical for reading and writing, social communication, motor skills and motor coordination according to family interview. [REDACTED] has difficulties with transitions and novel encounters, often entering “freeze” mode according to his family. [REDACTED] does not have an autism spectrum disorder (ASD) diagnosis, he recently was evaluated by D. Talwar, MD at the Center for Neuroscience (report pending).

[REDACTED] was a vaginal birth. Parents report early signs of atypical developmental trajectory including hand tremor, late to talk, eczema, delayed toileting, sleep issues involving night terrors. [REDACTED] was on time for crawling in reciprocal pattern and walking, although balance issues were noted early on. There is + family history of ASD (paternal cousin) and dyslexia (paternal cousin).

No hypersensitivities to touch or sound was reported, although he has difficulties with picky eating perceived to be secondary to textures of food. [REDACTED] does not have frequent melt downs and is not aggressive with others. Currently there are no issues around falling asleep and staying asleep.

Family Objectives:

██████'s family would like to see him improve his physical skills, mental focus, and academic skills, especially reading.

Occupational Performance Systems Review

Social Engagement/Communication: The social engagement system performance evaluation refers to how well a student can participate in a back-and-forth exchange of information with another person. How the student uses words and their body to communicate, establish personal boundaries, actively listen and actively filter are important aspects of navigating social encounters.

██████'s first encounter with therapist was what the family described as him being in "freeze" mode. He had difficulty transitioning from the car into the office, requiring maximum support of his family to enter the new environment, as well as participate in screening tool activities. During the second encounter ██████ entered the office without difficulty and participated 1:1 with therapist completing all evaluation tasks requested.

██████ gave eye contact during the second encounter when the relationship was more established. He participated in a reciprocal exchange of dialogue during the second encounter as well, when he was reluctant to do so during the first.

██████ has expressive and receptive language, although he often guesses at responses or alters/self-corrects his responses.

Motor Skills: Motor performance criteria will be based on what is age typical and developmental in nature. Does the student present with archetypal movement patterns and abilities, with integrated primitive reflexes and developed protective reflexes? Is the student able to isolate and coordinate their body parts and senses, as well as sustain effort for successful completion of age-appropriate motor tasks. Command of the physical body is essential for mental focus, optimal learning, and the ability to self-regulate.

Dominance –

(Brain hemisphere dominance is determined by hand dominance. Hemispheric dominance is the opposite side of the dominant hand. For instance, if someone is R hand dominant, they are L hemisphere dominant. It is preferable to have senses processed in the dominant hemisphere for ease of processing and ease of skill production. If senses are processed in the nondominant hemisphere there is lag time to process and act on information, thus we want to see a solid hand and hemisphere dominance emerging. Ideally dominance of hand, foot, eye, and ear should be on the same side, otherwise the student may have mixed dominance pattern putting them at a disadvantage for optimal learning.)

██████ demonstrated R hand, eye and ear dominance. He demonstrated no preferred foot.

Reflexes –

(Retained primitive reflexes get in the way of progression towards command of the physical body and production of age-appropriate skills. Retained primitive reflexes and undeveloped protective reflexes block readiness for higher cognitive demand, especially academics and self-regulation. Reflex development and integration are objective signs of overall neurological maturity of the student.)

██████'s protective hands pulling reflex was well developed, but weak hands grasping and hands supporting reflexes were observed. ██████ did not have any pronounced retained primitive reflexes with (-) STNR, (-) Spinal Gallant, (-) Babinsky and (-) Spinal Perez, however it is questionable whether he has a retained ATNR. ██████ was bracing his neck during passive ROM during testing for this reflex, thus limiting ability to validly test.

Gross Motor Skills –

(Muscle tone and activation, posture, stability in standing and sitting impact the student's ability to sustain and successfully complete tasks.)

██████ demonstrated independence in ambulation and functional dynamic balance for walking on an even surface. His muscle tone appeared low to normal. He had difficulty fully engaging both his postural flexors (50% engagement) and postural extensors (70% engagement) with flexors being weaker. Gross motor skills are below age typical.

Motor Coordination and Balance –

(The ability to move in 3D patterns, crossing from one side of the body to the other and moving in an automated fashion are important for skills production, fluidity of movement and mental flexibility.)

██████ demonstrated difficulties with R-L discrimination. He had difficulties with homologous and homolateral repetitive tasks, as well as reciprocal patterns using arms and legs in synch. He was able to catch a bounced ball with more success (7/10) than bounce and catch a ball at midline on his own (4/10). He has difficulty with balancing in one foot and crossing the midlines with his feet. He was able to cross midlines with his hands during testing and during functional tasks. He was noted to tremor with his hands during finger to nose eyes open and eyes closed effecting his accuracy, and he had difficulty with fingertip approximation. Motor coordination is below age typical.

Fine Motor Skills –

(Handedness is the biggest determinant of hemispheric dominance and hand use plays a significant role in how we express ourselves. Skilled use of our hands leads to successful and accurate completion of tasks which positively fuel our motivations, but if age-appropriate manual skills are lacking frustration and avoidance patterns ensue.)

██████ is R hand dominant for print and drawing tasks. He has immature prehensile grasp of pencil with no thumb IP flexion and all digits engaged. He can use two hands together at the midline of the body and to reach across the midlines to retrieve objects during manipulative assessment. It was noted he used both hands for fine motor coordination activities, such as putting small beads on a string, in other words he did not use only his R hand to do the precision work. He required a model of the alphabet to copy from and did not know his ABCs from rote memory, nor was he able to recognize all the letters. He was able to recognize all numbers 1-10. ██████ copied alphabet to approx. 60% accuracy and had the same accuracy with producing basic shapes. Ataxia was observed during pencil/paperwork and other fine motor tasks. Fine motor skills are below age typical.

Ocular Motor Skills –

(Movement and focus of the eyes support the work of the hands, as well the student's ability to sustain attention to task. The eyes need to work together, tracking across all midlines and to all quadrants smoothly, as well as move independently from the head.)

██████'s eyes have difficulty crossing the vertical and horizontal midlines. He lacks full eye teaming and smooth pursuits during object tracking. He does not have convergence, nor divergence when tracking. He has limitations of his awareness to the L visual field. Ocular motor skills are below age typical.

Visual Perceptual/Motor Skills: These skills reflect the brain's ability to make sense of and process visual input from the environment. Poor visual perception hinders independence in self-care activities, proficiency in reading and writing, and limits creative abilities.

Visual perceptual skills may be impacted by lack of full ocular motor development, but ██████ has accurate visual memory according to this testing, but difficulties with visual motor skills.

Sensory Processing Skills: These skills are related to how the brain organizes and acts upon sensory information coming in from the environment. If sensory processing is happening in typical fashion student will have typical responses, but if the brain is unable to make sense of incoming sensations and organize them output.

will be atypical. These atypical outputs are observable, repeatable, and predictable.

Transitioning issues were observed during the first encounter but resolved during the second. [REDACTED] did not demonstrate any hypersensitivities, nor did he engage in avoidance nor seeking behaviors. [REDACTED] did not demonstrate any overt sensory processing challenges during this evaluation.

Executive Functions: Are a collection of cortical skills requiring top-down control. These skills consist of working memory, mental flexibility, problem solving, meeting the demands of the environment, sustaining focus, and resisting temptations there to sidetrack us.

Visual and auditory working memory were functional for the evaluation activities. [REDACTED] appeared to not be giving visual attention, as his eyes were not converging on the targets at times, but he was taking in more than what it appeared. [REDACTED] required assistance with problem solving basic tasks, such as how to position himself for best outcomes during gross motor, motor coordination and fine motor tasks. [REDACTED] was able to sustain his mental focus for the 70 minutes of the evaluation without therapist having to bring him back to task. [REDACTED] has some good executive function skills in terms of visual and auditory memory, and mental focus when given support and structure.

Summary of Findings:

1. Speech language delay with social communication delay.
 2. Gross motor, motor coordination and ocular motor delays make participating in age typical activities and academics difficult.
 3. Significant academic delay in reading and writing.
 4. At risk of specific learning difficulties diagnoses, such as dyslexia. [REDACTED] demonstrates some of the underlying features, such as poor phonetical awareness, poor recognition of letters, dyspraxia, and low motor coordination.
 5. Lack of full neck ROM and tightness in cervical thoracic musculature is felt to be secondary to over stabilizing of his head to stabilize vision.
 6. Visual motor difficulties secondary to delayed ocular motor skills and motor dyspraxia.
 7. No profound sensory processing challenges were identified during this evaluation. [REDACTED] has been in an enriched environment providing appropriate sensory stimulus; however, he requires more specific work on skills to bring him closer to age typical.
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Recommendation(s):

- 1. Participation in In-Tuned® Therapeutic Group to improve motor skills, including ocular motor status, social engagement, and executive functions (initiative, maintaining focus and problem solving).**
 - 2. Engagement in a phonics-based reading program over the summer. Further investigation pending.**
 - 3. Daily handwriting practice of letters and numbers.**
 - 4. Engagement in one community activity requiring proprioceptive sense and reciprocal patterns, such as martial arts or gymnastics.**
 - 5. 1:1 In-Tuned® lessons either over the summer or at the beginning of the next school year to focus on all skills development.**
 - 6. Discussion about academic support, classroom observations and discussion with teachers regarding specific supports for [REDACTED] to improve his academic and social success.**
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April 14th, 2023

Date

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