

# **APPENDIX C**

## **Physical and Occupational Therapy under IDEA in Oregon**

### **Resources**

- C1: Commonly Used Special Education Acronyms (3 pages)
- C2: Glossary of Special Education Terms (8 pages)
- C3: IEP Guidance for OTs and PTs (3 pages)
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## Commonly Used Special Education Acronyms

AAC	Augmentative and Alternative Communication
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
APE	Adapted Physical Education
ARC	Previously known as Association for Retarded Citizens and now the initials are the name of organization
ASHA	American Speech-Language-Hearing Association
AT	Assistive Technology
AYP	Adequate Yearly Progress
BD	Behavior Disorder
BIP	Behavioral Intervention Plan
CDRC	Child Development and Rehabilitation Center
CDS	Child Development Specialist
CEC	Council for Exceptional Children
CMHP	Community Mental Health Program
COSA	Confederation of Oregon Schools Administrators
COTA	Certified Occupational Therapy Assistant
CP	Cerebral Palsy
DD	Developmental Disability or Developmentally Delayed
DEC	Division of Early Childhood (A subdivision of CEC)
DHH	Deaf and Hard of Hearing
DHS	Department of Human Services
DSM-IV	Diagnostic and Statistical Manual IV
ECSE	Early Childhood Special Education
ED	Emotionally Disturbed
EH	Emotionally Handicapped
EHA	Education of the Handicapped Act
EI	Early Intervention
EI/ECSE	Early Intervention/Early Childhood Special Education
ELL	English Language Learner
ERC	Education Resource Center
ESD	Education Service District
ESL	English as a Second Language
ESY	Extended School Year
EYS	Extended Year Services (EI only)
FAPE	Free Appropriate Public Education
FTE	Full-time Equivalent

FBA	Functional Behavior Assessment
FERPA	Family Education Rights and Privacy Act
HS	Head Start
HIPAA	Health Insurance Portability Accountability Act
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IEE	Independent Educational Evaluation
IEP	Individualized Education Program or Plan
IFSP	Individualized Family Services Plan
IQ	Intelligence Quotient
LD	Learning Disabled
LEA	Local Education Agency, usually the local school district
LEP	Limited English Proficiency
LPTA	Licensed Physical Therapy Assistant
LRE	Least Restrictive Environment
MA	Mental Age
NICHCY	National Information Center for Handicapped Children and Youth
NCLB	No Child Left Behind
OAR	Oregon Administrative Rules
OCR	Office for Civil Rights
ODE	Oregon Department of Education
OGPL	Oregon Games for the Physically Limited
OHI	Other Health Impaired
OHSU	Oregon Health Sciences University
OI	Orthopedic Impairment
O&M	Orientation and Mobility
OMAP	Oregon Medical Assistance Program
ORPTI	Oregon Parent Training and Information Center
ORS	Oregon Revised Statutes
OSB	Oregon School for the Blind
OSD	Oregon School for the Deaf
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services
OSHA	Oregon Speech-Language and Hearing Association
OT	Occupational Therapy/Therapist
OVSA	Oregon Very Special Arts Program
P&A	Protection and Advocacy
Part B	Special Education—School-Aged Children
Part C	Special Education—Birth–Two Years Old
PDD	Pervasive Development Disorders

PT	Physical Therapy/Therapist
SEA	State Education Agency
SILP	Semi-Independent Living Program
SLD	Specific Learning Disability
SLP	Speech Language Pathologist
SSI	Supplemental Security Income
TAG	Talented and Gifted
TBI	Traumatic Brain Injury
TSPC	Teachers Standards and Practices Commission
UCP	United Cerebral Palsy
VI	Visually Impaired
VR	Vocational Rehabilitation
WAC	Work Activity Center
YTP	Youth Transition Program

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## **Glossary of Special Education Terms**

**Abduction** (away from midline): Movement away from the midline of the body or a body part, as in raising the arms to the side and away from the body, spreading the legs, or spreading the fingers or toes.

**Abnormal patterns of movement:** Forms of movement which are associated with brain damage and which are not observable at any stage of a normal full-term infant's motor development.

**Adaptive equipment:** Devices used to position or to teach special skills.

**Adduction** (to the midline): Movement to the midline of the body or body part or the anatomical position of closing the fingers or toes or bringing the arms close to the trunk.

**Ambulation:** Walking.

**Antigravity posture:** A position, such as sitting or standing, which requires that the child be able to support himself against the force of gravity.

**Aspiration:** Inhalation of foreign substances (such as fluid or dust) into the lungs.

**Asymmetry:** One side of the body different from the other.

**Ataxic:** One type of classification of cerebral palsy where balance and fine motor functions such as coordination are impaired.

**Athetoid movement** (or athetosis): Uncontrolled and continuous movement associated with cerebral palsy (and other movement disorders) where involuntary writhing movements occur, particularly in the hands and feet.

**Atrophy:** Wasting of the muscles, typically from disuse.

**Automatic movement:** A type of movement which is performed without thinking or conscious control and which aligns body parts or restores and maintains balance.

**Bolster:** A long, narrow, rounded pillow or cushion. A pillow rolled over and tied makes a good bolster. Ideal size is 6-12 inches in diameter.

**Cerebral palsy:** A disorder of posture and movement which results from damage to the brain and which produces atypical postural tone and unusual ways of moving.

**Chorea:** Involuntary jerky movements.

**Clonus:** A repetitive tremor of spastic muscles after those muscles have been stretched or after pressure (such as in weight bearing).

**Co-contraction:** Contraction of muscle groups on both sides of the body part (trunk, legs, arms) which enable the child to assume and maintain antigravity postures, such as sitting or standing.

**Compensatory movement:** An atypical movement pattern used to compensate for the inability to perform a normal movement; may produce abnormal muscle tone.

**Consistency** (of muscle) – The softness or firmness of the muscle tissue when you press it with your fingers or thumb.

**Contracture:** Permanent shortening of muscles or tendons which produces limited range of motion at the involved joints.

**Corner chair:** A piece of adaptive equipment that can be used to seat the child and is shaped in a 90° angle.

**Crawl:** Movement forward, with child's stomach on floor. Child moves legs in alternate way (moves one, then the other).

**Creep:** Movement forward on hands and knees, stomach up, in quadruped. Child moves one hand and opposite knee, then other hand and opposite knee, and so on.

**Cruise:** To walk sideways holding onto furniture or other supports. Example: child walks around coffee table and couch, stepping sideways and hanging on to furniture.

**Deformity:** Permanent change in the joints of the body which can only be altered through surgical intervention and which results from imbalance in muscle action (as in cerebral palsy or meningomyelocele).

**Depression** (lowering): Movement that produces a lowering of a particular area; the opposite of *elevation*. The movement most typically occurs to return the elevated part to the anatomical position (returning the scapula to normal alignment) or can occur as an isolated movement as in mandibular (or jaw) depression, which opens the jaw.

**Diplegia:** A type of cerebral palsy where the muscles in the legs are more involved than those in the arms.

**Dislocation** (of a joint): Complete separation or displacement of the bones that form a joint. In hip dislocation, the hip bone (femur) is pulled out of its socket (acetabulum) in the pelvis.

**Distal:** Farthest from the body trunk, toward the hands and feet.

**Elevation** (raising): Movement that produces a raising of a particular area such as scapular elevation or raising (shrugging) the shoulders or mandibular elevation (closing the jaw). The term *elevation* is always used in combination with the name of the bone being moved (scapular) or, more generally, the body area being moved (shoulder elevation or jaw elevation).

**Elongation** (muscle elongation): Increase in the length of the muscle.

**Equilibrium reactions:** Automatic patterns of body movements that enable restoration and maintenance of balance against gravity.

**Extension** (straightening): Movement that causes an increase in the angle between two adjoining bones, such as straightening the knee or elbow.

**Extremity:** A body limb, such as the arm (upper extremity) or leg (lower extremity).

**Facilitation:** Techniques that make it possible to move; physical techniques where guidance is specifically provided at key points (shoulders, head, hips/pelvis) to normalize tone and promote more normal forms of movement.

**Fine motor:** Small muscle movements; use of hands and fingers.

**Fixate:** To look at or stare at; to focus eyes on something.

**Flaccid:** Lacking force; weakness (as in muscles).

**Flexion** (bending): Movement that decreases the angle between two adjoining parts, such as bending the elbow to bring the forearm toward the upper arm.

**Floppy:** Hypotonic, or with low muscle tone.

**Fluctuating tone:** Changing from one degree of tension to another (i.e., from low to high tone).

**Form:** Way in which the various parts of a movement pattern are arranged in skill sequences (i.e., walking and crawling are two different forms of mobility).

**Gesture:** A physical movement or motion (e.g., child raises hands to be picked up, mother moves her hand toward her to motion for the child to come to her).

**Gross motor:** Large muscle movements like walking, sitting, crawling.

**Habit** (habitual pattern): Compensatory patterns of movement that have been strengthened through nonsystematic (intermittent) reinforcement and practice.

**Handling techniques:** Methods of holding or moving children with motor delay.

**Head control:** Ability to bring head in a straight, upright position when tilted in any direction. Mouth should be in a horizontal (lateral) position, parallel to floor.

**Hemiplegia:** A type of cerebral palsy where half of the body (arm, leg, and trunk on same side) is primarily involved.

**High tone:** Hypertonia or increased tone.

**Hydrocephalus:** Accumulation of spinal fluid in the brain which results in an abnormally large head.

**Hyperextensibility:** Extreme flexibility of joints due to loose or lax ligaments; “double-jointedness”; a characteristic of many children with hypotonia or athetoid cerebral palsy.

**Hyperextension:** Movement that increases the angle between two adjoining parts *past* a straight position (180°).

**Hypertonia:** Increased tension in the muscles that results in limited range of motion of the joints.

**Hypotonia:** Decreased tension in the muscles that results in excessive range of motion and inability to move against gravity.

**Inhibition:** Physical guidance techniques provided at postural proximal key points (shoulders, head, hips/pelvis) to decrease tone and eliminate atypical patterns of movement.

**Insult:** Injury.

**Involuntary movements:** Accidental or unintentional movements that are not performed by choice.

**Joint:** The place where two or more bones of the skeleton are joined. In the hip joint, the hip bone (femur) is joined to the pelvis and held in place by ligaments.

**Joint compression:** A therapy technique in which pressure is applied to bring the joint spaces closer together. Joint compression down through the shoulders and into the pelvis brings the vertebrae (bones that form the spine) closer together. Also known as *joint approximation*.

**Key points of control:** The parts of the body nearest the center of the body; the head, neck, shoulder girdle, and hips. These key points are used in handling and positioning the child with motor delay.

**Ligament:** A thick band of tissue that connects bone to bone to help form the joint.

**Low tone:** A term often used in place of hypotonia to indicate decreased tension in the muscles.

**Manipulation:** Use of the hands and fingers in relation to objects, including such actions as holding, pointing, pounding, releasing.

**Meningomyelocele:** Developmental disability present at birth in which there is an opening in the spine through which part of the spinal cord and its covering protrude.

**Midline:** The middle of the body from top to bottom; an imaginary line drawn from the top middle of the head, over the nose, and down the middle of the body.

**Mobility:** Capability to move or to be moved (i.e., movement of a body muscle or body part or movement of the whole body from one place to another).

**Movement patterns:** Organization of components of muscle action required to produce various forms of total movement that result in a change of position of the body as a whole or of an extremity (arms or legs).

**Muscle strength:** Amount of power of the muscle fibers in relation to contraction of the muscles under varying conditions of resistance; typically rated as good, poor, fair, trace.

**Muscle weakness:** Decreased power of the muscle fibers in relation to various conditions of gravity and with ratings of fair or trace.

**Myelomeningocele:** Same as meningomyelocele.

**Neurodevelopmental treatment (NDT):** A form of treatment of children and adults with disturbances in posture and movement that relies on facilitation and inhibition techniques used when handling and when teaching movement skills.

**Normalized tone:** Postural (muscle) tone that has been made more normal through use of procedures to alter tone.

**Occupational therapist:** Professional trained to work with fine motor activities, self-help skills, visual-motor activities, and activities of daily living.

**Occupational therapy:** A method of treatment that helps the individual function as normally as possible. With children, occupational therapy typically emphasizes the improvement of movement in play and daily living.

**Oral-motor coordination:** Interaction of the muscles of the neck, lips, tongue, cheeks, and jaw to produce smooth movement in eating and phonation.

**Orthopedic conditions/problems:** Specific problems that involve the bones, joints, and muscles of the body and that include deformities such as scoliosis (spine), hip/shoulder dislocations, or muscle contractures.

**Patterns of movement:** The combination of various muscle contractions in order to move a body part in space or to accomplish a particular objective.

**Physical guidance:** A training (or teaching) procedure in which the required movement is produced by physical manipulation by another person.

**Physical therapist:** Professional trained to work with gross motor activities, mobility, and ambulation.

**Physical therapy:** A method of treatment that helps the individual perform movement as normally as possible.

**Pivot:** The first way that an infant moves when in prone (on the stomach); by shifting weight on the arms, the infant moves in a semicircle on her stomach.

**Positioning:** Ways of placing an individual that will help to normalize postural tone and facilitate normal patterns of movement; may involve the use of adaptive equipment.

**Postural fixation:** Co-contraction of specific muscle groups to provide a stable base for movement that can result in normal stability or compensatory stability with atypical postural tone.

**Postural tone:** The degree of tension in the muscles with the body at rest and when actively moving; the degree of tension in the muscles with the body at rest and under various conditions of environmental stimulation.

**Primitive patterns/movements:** Patterns of movement that are present in motor development of a normal full-term infant but prolonged past the typical time of disappearance or integration in the child with motor delay.

**Pronation:** Movement that rotates the forearm so that the palms are down; the opposite of supination. Pronation is the downward rotation of the forearm.

**Prone board:** A piece of adaptive equipment on which the child is placed in a supportive standing position with support provided on the frontal surface of the body (i.e., prone stander).

**Proprioceptive:** Relating to sensations produced in the joint spaces and muscle tendons of the body.

**Quadriplegia:** Involving all four body segments (i.e., arms and legs), as well as the trunk.

**Quadruped:** The hands-and-knees position, as used in creeping on all-fours.

**Range of motion:** The amount of motion present in each joint of the body under conditions of passive movement of the body part (passive ROM) or of active movement produced by the individual (active ROM).

**Reflex:** Stereotypic posture or movement that occurs in response to specific stimuli and is outside of conscious control.

**Regurgitation:** The return of partially digested food to the mouth from the stomach.

**Resistance:** A force to hinder or prevent movement; a therapy technique used to increase muscle tone or muscle strength.

**Respiration:** Breathing; the process by which an organism supplies its cells with oxygen and relieves them of carbon dioxide.

**Respiration/phonation:** Coordination of the respiratory mechanism and oral-motor coordination to produce speech sounds.

**Respiratory distress syndrome:** Lung condition found in premature babies due to immature lung development which requires ventilation to enable the baby to breathe.

**Retrolental fibroplasia:** Visual disorder of particular risk to premature infants.

**Righting reactions:** Subconsciously controlled movements that right the body in space and/or the body parts in relation to each other (e.g., head righting, body righting).

**Rigid:** A condition of increased postural tone (hypertonus) that prevents any movement at all and in which the individual's body is very stiff and difficult to move by another person.

**Rotation:** Movement of the head, trunk, or limb about its axis.

**Side-lying:** A position in which the individual is placed on a supporting surface on either the right or left side.

**Spasticity:** Increased muscle tone (associated with presence of stretch reflex) or stiffness; hypertonia.

**Stability:** The contraction of muscles to hold the body against gravity and/or to hold the joints in place to allow movements at other joints.

**Startle reflex:** Jerking movements of the body or blinking of the eyes as a result of a loud sound or sudden movement at other joints.

**Stiff:** Used to describe spasticity or increased postural tone (hypertonus), which relates to the difficulty in moving the body as a whole or any body part.

**Subluxation:** An incomplete or partial dislocation of a joint.

**Supination:** Movement of the forearm such that the palm is facing up.

**Tactile defensiveness:** Extreme sensitivity to touch.

**Tightness (muscle tightness):** Decreased elasticity in a muscle or group of muscles which produces limited range of active movement but which can be stretched to full length passively.

**Transporter chair:** A piece of adaptive seating equipment that can be used as a car seat to transport a child safely.

**Trunk:** The body, not including the head, the arms and the legs.

**Trunk control:** Ability to bring the body into a straight, upright position when tilted in any direction.

**Vestibular:** Relating to sensations produced in the semicircular canals of the ear, which affect balance and posture.

**Voluntary movements:** Movements produced under the conscious control of the individual.

**Wedge:** A piece of adaptive equipment, like a pillow, that is used to help position the individual in proper body alignment.

**Weight-shifting:** Shifting weight off one body part to another. In order to pivot in prone, for example, the infant must shift weight off of one arm (or elbow) and then move that arm while bearing weight on the opposite arm. Weight-shifting in standing allows the child to cruise around furniture and later to walk.

*The Clinical Connection, Spring, 1988.*

## **Contributing to the Development of the IEP Selected Guidance for OTs and PTs**

*Note: The following excerpts have been taken from guidance offered by the Oregon Department of Education (ODE) regarding the creation of Individualize Educational Programs (IEP). The full text of this guidance, along with the IEP forms themselves, can be found on the ODE website at <http://www.ode.state.or.us/search/page/?id=1163>.*

### **The Present Levels of Academic Achievement and Functional Performance**

The Present Levels of Academic Achievement and Functional Performance (*Present Levels*) information serves as a foundation for the development of the IEP. The Present Levels statement(s) provide a clear picture of the student's strengths and needs, as determined through evaluation. These statements guide the Team in identifying all services necessary to address the student's educational needs related to their disability (ies). These statements should be written in language that is easily understood by all IEP Team members.

The *Present Levels* statement(s) must identify how the student's disability affects the student's involvement and progress in the general education curriculum, defined as the curriculum that is the same as for nondisabled students. Present level statements should be based on student data which reflect current academic achievement and functional performance. A clear linkage should be evident between the needs identified by the data in the *Present Levels* statements, the annual goal statement(s), and all other services identified in the IEP.

In developing the Present Levels of Academic Achievement and Functional Performance Statement, the IEP Team must include specific information addressing:

- The present level of academic performance, including the student's most recent performance on State or district-wide assessments;
- The present level of developmental and functional performance; and,
- How the student's disability affects involvement and progress in the general education curriculum.

### **Measurable Annual Goals, including academic and functional goals**

*NOTE: Two goal page options are available for IEP team use. The first page option allows the team to document the development of measurable annual goals for the student. The second page option allows the team to document the development of both measurable annual goals and measurable short term objectives for the student. The IEP team must develop both measurable annual goals and measurable short-term objectives for students taking alternate assessments based on alternate achievement standards. The team will determine which page(s) to use based on whether the student will be taking alternate assessment aligned to alternate achievement standards in the*

*area of specially designed instruction being considered. It may be necessary for the IEP team to use both pages, if the student will be taking alternate assessment aligned to alternate achievement standards in certain academic areas, but not in all.*

Annual goals are statements, written in measurable terms that describe what the student can reasonably accomplish in a 12-month period. There should be a direct relationship between the goal statements and the student's present levels of educational performance.

- Each goal must include:
  - **Criteria:** How will the skill be demonstrated by the student to be considered successful; and,
  - **Evaluation Procedures:** How the student's performance will be evaluated.
- Identify the Measurable Annual Goals, including academic and functional goals. These goals and objectives must relate to:
  - Meeting the student's needs that result from the disability;
  - Meeting the student's needs to enable involvement in and progress in the general education curriculum; and,
  - Meeting other educational needs that result from the disability.
- Identify the criteria and evaluation procedures for each annual goal.

## **Short-term objectives**

The IEP must include measurable short-term objectives for students taking alternate assessments based on alternate achievement standards. IEPs *may* include measurable short-term objectives for all other students.

Write short-term objectives for the student. Short-term objectives are intermediate performance steps that will enable parents, students and teachers to gage, at intermediate times during the year, how well the student is progressing toward the annual goals by either:

- Breaking down the skills described in the goal into discrete components; or
- Describing the amount of progress the student is expected to make within specified segments of the year.

## **How will progress be reported to parents**

The IEP must include a description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided. Progress toward *each* annual goal will be measured through the identified criteria and evaluation measures established for each goal.

- Identify how progress will be reported to parents (e.g. “written report” or “with regular report card”).
- Identify the dates or time period (e.g. “quarterly”) that the reports will be provided.

Space is provided for noting the student’s “Progress toward Goal.” This can be used to indicate how the student is progressing on the goal at the review date.

## Service Summary

The Service Summary documents the IEP Team’s decisions regarding necessary services for the student. These services must be based on peer-reviewed research, to the extent practicable. Sec. 614(d) (1) (a) (i) (IV) (new).

- Indicate the services that will be provided to the student or on behalf of the child to allow the child to:
  - Advance appropriately toward attaining the annual goals;
  - Be involved in and make progress in the general education curriculum;
  - To participate in extracurricular and other nonacademic activities; and
  - Be educated and participate with other children with disabilities and nondisabled children to the maximum extent appropriate.
- Identify the student’s specially-designed instruction, related services, accommodations, and supplementary aids and services. (If necessary, use a second page to document additional services.)
- Indicate the anticipated amount/frequency, location (e.g., general education class, resource room, self-contained class, work-site, etc.), starting and ending dates for services (month, day, AND year), and provider for:
  - Each area of specially designed instruction (e.g., reading, math, physical education, vocational, travel training);
  - Any related services to be provided (related services are those services necessary to allow a student to benefit from specially designed instruction);
  - Accommodations, and/or Supplementary Aids & Services to be provided to the student;
  - Supports for school personnel (e.g., specified training to be provided to a teacher) provided on behalf of the student.

The amount/frequency of any service should **NOT** be identified as a “range” (e.g. “30-60 minutes/week”) or as an unspecified period of time (e.g. “as needed”, “if appropriate”). The amount/frequency of each service cannot be established based on convenience of school personnel, or because of shortages of personnel or uncertainty regarding staff availability.

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School District: \_\_\_\_\_

**Service Summary (this section may be continued on additional page(s), if necessary)**

Specialty/Designed Instruction	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider e.g. LEA, ESP, Regional
Instruction of individual goals is listed in this section. (See pages 49 - 50)	_____	_____	_____	_____	_____
This section is often used to list therapy services which take place directly with the student. (Pages 49 - 50)	_____	_____	_____	_____	_____
Related Services	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
Supplementary Aids/Services; Modifications; Accommodations	_____	_____	_____	_____	_____
Indirect services, special equipment, assistive technology, or other such supports to the student are typically documented here. (Pages 46-47, 49-50)	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Supports for School Personnel	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider
Consultation and training may be documented in this section. (Pages 46-47, 49-50)	_____	_____	_____	_____	_____

**Nonparticipation Justification**

Does the student need to be removed from participating with nondisabled students in the regular classroom, extracurricular, or nonacademic activities for the provision of special education services, related services, or supplementary aids and services?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, document the amount/ extent of the removal: \_\_\_\_\_

If yes, provide explanation justifying the removal: \_\_\_\_\_

**Extended School Year (ESY) Services**

ESY services will be provided for this student: \_\_\_\_\_

Yes: ESY services to be provided are described on Services Summary Page \_\_\_\_\_ No \_\_\_\_\_ To be considered: Will meet to consider ESY by \_\_\_\_\_ (date)

### Individualized Family Service Plan (IFSP)

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Student Identification #: \_\_\_\_\_  
 Parent(s)/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Service Coordinator \_\_\_\_\_ Resident School District \_\_\_\_\_

IFSP Date	
Eligibility Date	
Review Date(s)	
Annual Review Date	

EI/ECSE Services	Method	How Often?	Location	Who will do this?	Who will pay?	Start Date	Stop Date
Therapy services from the EI/ECSE program are listed in this section. (See page 49)							
Other (non EI/ECSE) Services  Therapy services from sources other than the EI/ECSE program are listed in this section. (See page 49)							

Are EI services in the child's natural environment? \_\_\_\_\_ If not, please explain why EI services could not be achieved in the natural environment: \_\_\_\_\_

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How many hours **per week** does the child attend an early childhood program (group child care, Head Start, community preschool, reverse mainstream classroom: **see early childhood program definitions in the IFSP instructions**): \_\_\_\_\_ How many hours **per week** will ECSE services **not be** provided with typical peers in an early childhood program: \_\_\_\_\_ If ECSE services **will not be** provided with typical peers in an early childhood program, explain the reason(s) for not providing services with typical peers: \_\_\_\_\_

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**Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.**

Parents will be informed of the child's progress toward annual goals. Review Schedule:  Six month and annual review  Other review schedule: \_\_\_\_\_  
 How will progress be reported to parents? \_\_\_\_\_

**Services, Continued**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

E/IECSE Services	Method	How Often?	Location	Who will do this?	Who will pay?	Start Date	Stop Date
Other (non E/IECSE) Services							

Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.

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# Information Resources for OTs and PTs in Schools

## **Council of Administrators of Special Education (CASE)**

<http://casecec.org>

Fort Valley State University  
1005 State University Drive  
Fort Valley, GA 31030

Office: 478-825-7667  
Fax: 478-825-7811  
Email: [lpurcell@bellsouth.net](mailto:lpurcell@bellsouth.net)

Council of Administrators of Special Education, Inc. (CASE) (2006) *Section 504 and the ADA Promoting Student Access: A Resource Guide for Educators*, Third Edition, ISBN #0-865585-343-1

**Oregon Department of Education** Web site: <http://www.ode.state.or.us>

## **Oregon Occupational Therapy Licensing Board**

<http://www.oregon.gov/OTLB/index.shtml>

Felicia Holgate, Contact: [Felicia.M.Holgate@state.or.us](mailto:Felicia.M.Holgate@state.or.us)  
800 NE Oregon Street, Suite #407  
Portland, OR 97232

Phone: 971-673-0198  
Fax: 971-673-0226

## **Oregon Physical Therapist Licensing Board**

<http://www.oregon.gov/PTBrd/index.shtml>

Contact at: [Physical.Therapy@state.or.us](mailto:Physical.Therapy@state.or.us)  
800 NE Oregon Street, Suite #407  
Portland, OR 97232

Phone: 971-673-0200  
Fax: 971-673-0226

## **Regional and Statewide Services for Students with Orthopedic Impairments (RSOI)**

[www.rsoi.org](http://www.rsoi.org)

Diana Roberts, Coordinator: [Diana.roberts@dougasesd.k12.or.us](mailto:Diana.roberts@dougasesd.k12.or.us)  
Douglas ESD  
1871 NE Stephens St  
Roseburg, OR 97470  
Phone: (503) 440-4791

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## Recommended Reading

Chiarello L, & Effgen S. K. (2006). *Updated competencies for physical therapists working in early intervention*. Pediatric Physical Therapy, Vol. 18, No. 2, pp. 148-67.

Effgen, S. K., Chiarello, L., & Milbourne, S. (Winter 2007). *Updated Competencies for Physical Therapists Working in Schools*. Pediatric Physical Therapy, Vol. 19, No. 4, pp. 266-274.

*Early Intervention Services: Natural Learning Environments*. Fact Sheet. Section on Pediatrics, American Physical Therapy Association. (2008).  
[www.pediatricapta.org/](http://www.pediatricapta.org/)

*Providing PT in the School Systems Under IDEA*. Brochure. Section on Pediatrics, American Physical Therapy Association. (2008).  
[www.pediatricapta.org/](http://www.pediatricapta.org/)

“Early Intervention: Physical Therapy Under IDEA,” Brochure. Section on Pediatrics, American Physical Therapy Association. (2004).  
[www.pediatricapta.org/](http://www.pediatricapta.org/)

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# Section on Pediatrics

## List of Assessment Tools Used in Pediatric Physical Therapy

Created by the Practice Committee 05/04

Last revised 06/05

This list of assessment and evaluation tools and measures is NOT exhaustive. The Practice Committee has attempted to compile a list of the tools that are most commonly used by pediatric physical therapists. There are many other tools, as well as many Web sites, with additional information. This list should serve as a starting point for anyone seeking information on assessment and evaluation tools and measures. The Practice Committee suggests the following Web site as one source of additional information: <http://nieer.org/assessment/>. If you have additional tools or measures that you believe should be added to this list, please complete the form at the end of this document and submit it to the Section on Pediatrics at [cindysliwa@apta.org](mailto:cindysliwa@apta.org).

### Assessment Tools

#### *ABILITIES INDEX*

Author: Simeonsson, R. J., Bailey, D., Smith, T., Buyssee, V. (1995).

Publisher: Young children with disabilities: Functional assessment by teachers. *Journal of Developmental Physical Disabilities*, 7, 267-284.

Purpose: Documents the nature and extent of the functional characteristics of childhood disability. Has potential to identify discrete profiles of functional characteristics

Age Range: 36-69 months

Areas Tested: Index of 9 domains: audition, behavior, intelligence, limbs, intentional communication, tonic, integrity of health, eyes, and structure.

#### *AGES & STAGES QUESTIONNAIRES (ASQ) – Second Edition*

Authors: Diane Bricker, Jane Squires, & Linda Mounts

Publisher: Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624

Purpose: To determine the developmental level of a child through parent report

Age Range: Four to sixty months (4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, 60)

Areas Tested: 19 questionnaires each containing thirty items covering five areas of development: -Communication  
Gross motor, Fine motor, Problem solving, Personal-social

#### *AGES & STAGES QUESTIONNAIRES: Social Emotional (ASQ:SE)*

Authors: Jane Squires, Diane Bricker, and Elizabeth Twombly

Purpose: To help identify young children at risk for social emotional difficulties.

Age Range: six to sixty months (6, 12, 18, 24, 30, 36, 48, and 60)

Area Tested: Social and emotional behavior

#### *ALBERTA INFANT MOTOR SCALE (AIMS)*

Author: Martha C. Piper and Johanna Darrah

Publisher: WB Saunders Co., The Curtis Center, Independence Mall West, Philadelphia, PA 19106

Purpose: To identify infants and toddlers with gross motor delay and to evaluate gross motor skill maturation over time

Age Range: Birth – 18 months

Areas Tested: Fifty-eight gross motor skill items divided among four positions: prone, supine, sitting, standing

Each item observed for the components of: weight bearing, posture, and anti-gravity movement

#### *ASSESSMENT, EVALUATION, AND PROGRAMMING SYSTEM FOR INFANTS AND CHILDREN (AEPS)*

Volume 1: Measurement for Birth to Three Years

Author: Diane Bricker

Publisher: Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624

Purpose: To determine level of skill attainment, assist in the development of programmatic outcomes, goals and objectives, and monitor progress toward attainment of outcomes over time  
Age Range: Developmental skill range from one to 36 months of age  
Areas Tested: Two hundred twenty-eight items divided among six domains which are further divided into strands: Fine motor: reach, grasp, release, functional use; Gross motor: movement in prone and supine, balance in sitting, standing and walking, and play; Adaptive: feeding, hygiene, undressing; Cognitive: sensory causality, problem-solving, pre-academic interaction with objects; Social: interaction with adults, peers, and environment; Communication: pre-linguistic, expressive, receptive  
Each strand is further divided into goals and objectives. Goals and objectives are assessed and are arranged hierarchically

*BATTELLE DEVELOPMENTAL INVENTORY (BDI)*

Authors: Newborg J, Stock JR, Wnek L., Guidubaldi J, Svinicki J.

Publisher: Riverside Publishing Co., 8420 Bryn Mawr Avenue, Chicago, IL 60631

Purpose: Judgment or performance based measure administered through structured format, interviews with caregivers or naturalistic observations. Norm referenced

Age Range: Birth to 8 years

Areas Tested: GM, FM personal-social, language and cognitive skills,

*BAYLEY INFANT NEURODEVELOPMENTAL SCREENER (BINS)*

Author: Glen P. Aylward

Publisher: Psychological Corporation, 19500 Bulverde Rd., San Antonio, TX 78259

Purpose: To identify infants who are at risk for delays or neurological impairments

Age Range: Three to twenty-four months

Areas Tested: Seventy-two items divided among six age sets (3, 6, 9, 12, 18, 24 months) each containing 11-13 items. Items are categorized into four "conceptual areas of ability": Basic neurological functions/intactness: tone, reflexes, and abnormal signs: Receptive functions: visual, auditory, verbal: Expressive functions: gross motor, fine motor, vocalizations: Cognitive processes; memory, problem solving, object permanence, attention

*BAYLEY SCALES OF INFANT DEVELOPMENT-II*

Author: Nancy Bayley

Publisher: Psychological Corporation, 19500 Bulverde Rd., San Antonio, TX 78259

Purpose: To identify developmental delay and to monitor a child's developmental progress

Age Range: One to 42 months

Areas Tested: Consists of three scales: Mental: cognition, object permanence, memory, manipulation, problem solving, verbal communication, and comprehension; Motor: gross and fine motor development/ skill acquisition;  
Behavior: qualitative aspects of child's behavior during administration of mental and motor scale

*BERG BALANCE TEST*

Authors:

Purpose: Measures balance during movement activities

Age Range: 5 years and older

Areas Tested: 14 items including common movement activities such as picking an object up from the floor, walking and turning

*BRIGANCE INVENTORY OF EARLY DEVELOPMENT, REVISED EDITION (BDIED-R)*

Author : Albert Brigance

Publisher: Curriculum Associates, 5 Esquire Road, North Billerica, MA 01862-2589

Purpose: Commonly used assessment in early intervention and preschool programs to determine developmental delay in several domains and for program planning.

Age Range: Birth-7 years

Areas Tested: Criterion-referenced test of: psychomotor, self-help, speech and language, general knowledge and comprehension, early academic skills and social-emotional development.

*BRUININKS-OSERETSKY TEST OF MOTOR PROFICIENCY (BOTMP)*

Author: Robert Bruininks, ----Oseretsky

Publisher: American Guidance Service, Publisher's Bldg., PO Box 99, Circle Pines, MN 55014-1796  
Purpose: Developmental motor skills  
Age Range: 4.5 –14.5 years  
Areas Tested: Balance, strength, coordination, running speed and agility, upper limb coordination (ball skills), dexterity, fine motor control, visual-motor

*CANADIAN OCCUPATIONAL PERFORMANCE MEASURE*

Author: Mary Law, Sue Baptiste, Anne Carswell, Mary Ann McCall, Helene Polatajko, & Nancy Pollock  
Publisher: CTTC Building, Suite 3400, 1125 Colonel By Drive, Ottawa, Ontario K1S 5R1  
Purpose: To detect changes in parent or child's self-perception of performance over time.  
Age Range: Any  
Areas Tested: Satisfaction and disability rating of daily activities and routines, which are, identified by the child and family as important part of daily life

*THE CAPUTE SCALES: CAT/CLAMS*

Author: Arnold J. Capute  
Purpose: To quantify delay in language and problem solving  
Age Range: One to 36 months  
Areas Tested: Cognitive Adaptive Test (CAT): visual-motor skills, problem solving  
Clinical Linguistic and Auditory Milestone Scale (CLAMS): receptive and expressive language

*CHILD HEALTH AND ILLNESS PROFILE- ADOLESCENT EDITION (CHIP-AE)*

Author : B. Starfield, B., Berger, M., Ensminger, M., A. Riley, A., Ryan, S., Green, B., et al.  
Publisher: (1993). Pediatrics, 91, 430-435.  
Purpose: Detects differences in health status among children with chronic illness.  
Age Range: 11- 17 years  
Areas Tested: Self-administered questionnaire of health assessment. Domains covered: comfort, satisfaction with health, risk, disorder, achievement of social expectations and resilience

*CHILD HEALTH QUESTIONNAIRE (CHQ)*

Author: Jeanne Landgraf, Linda Abetz, John Ware  
Publisher: Quality Metric Inc., 640 George Washington Hwy., Suite 201, Lincoln, RI 02865  
Purpose: Measures physical and psychosocial health concepts  
Age Range: 2 months – 17 years  
Areas Tested: Judgment based quality of life instrument, completed by parent or child.

*CHILD HEALTH ASSESSMENT QUESTIONNAIRE (CHAQ)*

Author: Len  
Purpose: Judgment based quality of life measure; developed primarily for children with arthritis but has been used for children with other physical disabilities  
Age Range: Any age  
Areas Tested: Performance of activities of daily living and assistance required.

*THE CAROLINA CURRICULUM FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS, SECOND EDITION (CCITSN)*

Authors: Nancy M. Johnson-Martin, Kenneth G. Jens, Susan M. Attermeier, and Bonnie J. Hacker  
Publisher: Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624  
Purpose: Curriculum based assessment used to determine approximate developmental level of children and programming strategies  
Age Range: Birth to twenty-four month developmental range  
Areas Tested: Three hundred fifty-nine items and curricula content covering twenty-six areas of development (sequences) divided among five developmental domains: -Cognition-Communication-Social/adaptation-Fine motor-Gross motor

*CAROLINA CURRICULUM FOR PRESCHOOLERS WITH SPECIAL NEEDS (CCPSN)*

Authors: Nancy M. Johnson-Martin, Susan M. Attermeier, Kenneth Jens, and Bonnie Hacker

Publisher: Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624  
Purpose: Curriculum based assessment used to determine approximate developmental level of children and programming strategies  
Age Range: Two and five years developmentally  
Areas Tested: Five hundred and eighteen items and curriculum content covering twenty-five sequences divided among five domains of development: - Cognition- Communication- Social Adaptation- Fine Motor- Gross Motor

*CLINICAL OBSERVATIONS OF MOTOR AND POSTURAL SKILLS 2ND EDITION (COMPS)*

Author : Brenda Wilson, Nancy Pollack, Bonnie Kaplan, & Mary Law  
Publisher: Therapro, 225 Arlington Street, Framingham, MA 01702-8723  
Purpose: Screens for subtle motor coordination problems.  
Age Range: 5-9 years screening  
Areas Tested: Tests subtle motor coordination during slow movements, arm rotation, finger-nose touching, prone extension posture, prone extension posture, asymmetrical tonic neck reflex, and supine flexion posture.

*DEGANI-BERK TEST OF SENSORY INTEGRATION (TSI)*

Author : Georgia Degani & Ronald Berk  
Publisher: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025  
Purpose: Screens for sensory integration dysfunction in preschoolers.  
Age Range: 3-5 years  
Areas Tested: Criterion-referenced test of postural control, bilateral motor integration and reflex integration.

*DENVER DEVELOPMENTAL SCREENING TEST-II*

Author: William K. Frankenburg, Josiah Dodds, Phillip Archer, Beverly Bresnick, Patrick Maschka, Norman Edelman, and Howard Shapiro  
Publisher: Denver Developmental Materials, Inc., PO Box 6919, Denver, CO 80206-0919  
Purpose; to detect potential developmental problems in young children and monitor children at-risk for developmental problems  
Age Range: One week to six years, six months of age  
Areas Tested: One hundred twenty-five items divided among four areas of function: Personal-social: behavior, caring for self: Fine motor-adaptive: eye-hand coordination, manipulation of small objects, problem solving Language: hearing, speaking, and understanding: Gross motor: sitting, walking, and jumping. Also, five subjective "Test Behavior" items assessing overall test behavior.

*DEVELOPMENTAL HAND DYSFUNCTION 2ND EDITION*

Author : Rhonda Erhardt  
Publisher: Therapy Skill Builders, 19500 Bulverde Rd., San Antonio, TX 78259-3701  
Purpose: Used to determine delay or dysfunction in prehension skills, but without standardized scores. Useful tool in intervention planning.  
Age Range: Birth-15 months  
Areas Tested: Criterion-referenced assessment of prehension including positional-reflexive, cognitively directed movement and prewriting skills.

*DEVELOPMENTAL OBSERVATION CHECKLIST SYSTEM (DOCS)*

Author: Wayne P. Hresko, Shirley Miguel, Rita Sherbenou, & Steve Burton  
Publisher: PRO ED, Inc., 8700 Shoal Creek Blvd., Austin, TX 78757-6897  
Purpose: Provides general developmental assessment.  
Age Range: Birth – 6 years  
Areas Tested: Norm-referenced checklist covering language, motor, social and cognitive development. Also includes adjustment behavior and parent stress and support.

*DEVELOPMENTAL PROGRAMMING FOR INFANTS AND YOUNG CHILDREN - REVISED (DPIYC)*

Author: D. Sue Schafer, Martha S. Moersch, and Diane B. D'Eugenio  
Publisher: University of Michigan Press, 389 Green Street, Ann Arbor, MI 48104  
Purpose: To describe the developmental status of a child with a disability and assist with program planning and implementation

Age Range: Early Intervention Developmental Profile (EIDP): 0-36 months  
Areas Tested: The EIDP has 299 items divided into six areas of development  
Cognition-Gross Motor- Fine Motor- Language-Social-emotional-Self-care

*DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION – FOURTH EDITION (VMI-4)*

Author : Keith Beery  
Publisher: PRO-ED, Inc., 8700 Shoal Creek Blvd., Austin, TX 78757  
Purpose: Easy test to determine problems in visual-motor integration important in writing and reading.  
Age Range: 3-8 years (short form), 3-18 years (long form)  
Areas Tested: Norm-referenced test of visual perception, motor coordination, and integration.

*DEVELOPMENTAL TEST OF VISUAL PERCEPTION – 2ND EDITION (DTVP-2)*

Author : Donald Hammil, Nils Person, & Judith Voress  
Publisher: Assists in distinguishing between problems in visual perception versus visual-motor problems.  
Purpose: PRO-ED, Inc., 8700 Shoal Creek Blvd., Austin, TX 78757  
Age Range: 4-10 years  
Areas Tested: Norm-referenced test of form consistency, figure ground, position in space and spatial relation.

*DEVEREUX EARLY CHILDHOOD ASSESSMENT PROGRAM (DECA)*

Author: P. A. LeBuffe, & J. A. Naglieri  
Age Range: Ages 2-5 years  
Purpose: To measure resilience in preschool children. Resilience is defined as the ability to recover from or adjust to misfortune or change.  
Areas Tested: The tool therefore addresses the child's social emotional development

*EARLY INTERVENTION DEVELOPMENTAL PROFILE (EDP)*

Authors: Schafer SD, Moersch MS  
Purpose: Developmental screening tool  
Age Range: Birth – 3  
Areas Tested: Cognition, gross motor, language, perceptual / fine motor, self-care, social/emotional

*ENERGY EXPENDITURE INDEX (EEI)*

Authors: Rose  
Purpose: Measure of endurance  
Age Range: 3 years and older  
Areas Tested: Calculation of heart rate, distance walked and time, Working HR – Resting Heart Rate/ Speed

*ERHARDT DEVELOPMENTAL PREHENSION ASSESSMENT (EDPA) - Second Edition*

Author: Rhonda P. Erhardt  
Purpose: To describe the quality of both right and left arm and hand prehension patterns for treatment planning  
Age Range: Birth - 15 months  
Areas Tested: Three hundred forty-one items divided into three sections: 1.Positional-reflexive: involuntary arm-hand patterns; 2. Cognitively directed: voluntary movements of approach, grasp, manipulation, and release  
3. Pre-writing skills: pencil grasp and drawing

*FACES PAIN SCALE*

Author : Bieri, D., Reeve, R., Addicoat, L. & Ziegler, J.  
Publisher: (1990). The Faces Pain Scale for the self-assessment of the severity of pain experienced by children. Pain, 41, 139-150.  
Purpose: Measures self reporting of pain intensity, although probably a better measure of child's emotional distress.  
Age Range: 6-8 years  
Areas Tested: Pain intensity rating scale using pictures of faces

*FIRSTSTEP: SCREENING TEST FOR EVALUATING PRESCHOOLERS (FirstSTEP™)*

Author : Lucy Jane Miller  
Publisher: The Psychological Corporation, 19500 Bulverde Road, San Antonio, TX 78259

Purpose: Determine delay in all developmental areas.

Age Range: 2.9 years –6.2 years

Areas Tested: Norm-referenced screening test of cognition, communication, motor, social-emotional, and adaptive behavior.

#### *FUNCTIONAL OUTCOMES ASSESSMENT GRID (FOAG)*

Author: Phillipa H. Campbell

Purpose: To assist team in developing and implementing functional outcomes for children with disabilities

Age Range: No specific age range. Individualized based on desired outcomes thus age is not a factor

Areas Tested: Six functional outcome areas associated with four disability categories (physical, sensory, special health care needs, and other): Caring for self, Communication, Learning and problem solving, Mobility, Play and leisure skills, Socialization. Performance areas delineated within each outcome area. Performance areas: posture and alignment against gravity, movement patterns, movement of body in space, secondary physical disabilities. Performance areas are further divided into performance components with items such as weight shifting, muscle tone, oral-motor control, transitional movements and movement patterns, etc.

#### *FUNCTIONAL INDEPENDENCE MEASURE FOR CHILDREN (WeeFIM)*

Authors: Carl Granger, Susan Braun, Kim Griswood, Nancy Heyer, Margaret McCabe, Michael Msau, and Byron Hamilton

Publisher: Uniform Data System for Medical Rehabilitation, State Univ. of New York, Research Foundation, 82 Farbert Hall SUNY South Campus, Buffalo, NY 14214

Purpose: To determine the severity of a child's disability, the measurement of caregiver assistance needed in the Performance of functional activities, and outcomes of rehabilitation

Age Range: Children without disabilities: 6 months to 8 years; Children with developmental disabilities: 6 months to 12 years; Children with developmental disabilities and mental ages less than 7 years

Areas Tested: Eighteen items grouped into two major categories of function, motor, and cognition that are divided into six domains divided into sub domains: Motor, Self-care: eating, grooming, bathing, dressing, toileting, Sphincter control: bladder and bowel management, Transfers: chair, wheelchair, toilet, tub, and shower, Locomotion: wheelchair/crawl, stairs, Cognitive -Communication: comprehension, expression, Social cognition: social interaction, problem solving, and memory.

#### *FUNCTIONAL INDEPENDENCE MEASURE (FIM)*

Authors: Dodds, Heinemann

Purpose: Measures mobility in the home and community environment & ability to perform ADLs

Age Range: 7 years through adulthood

Areas Tested: Performance in self-care, sphincter control, transfers, locomotion, communication and social cognition

#### *FUNCTIONAL REACH TEST (FRT)*

Authors:

Purpose: Measure of anticipatory standing balance when reaching

Age Range: 4 years and older

Areas Tested: Measurement of the distance that the child can reach forward from a stationary standing position

#### *REVISED GESELL AND AMATRUDA DEVELOPMENTAL AND NEUROLOGIC EXAMINATION*

Author: H. Knobloch, F. Stevens, A.F. Malone (1987)

Purpose: It is a norm-referenced test identifying minor deviations in the areas of development and it is used to determine developmental status.

Age Range: 4 weeks to 36 months

Areas Tested: 5 areas of development-gross motor-fine motor-language-personal/social-adaptive

#### *GROSS MOTOR FUNCTION MEASURE (GMFM)*

Authors: Dianne Russell, Peter Rosenbaum, Carolyn Gowland, Susan Hardy, Mary Lane, Nancy Plews, Heather McGavin, David Cadman, and Sheila Jarvis

Publisher: Clinics in Developmental Medicine, No. 159, London, England: Mac Keith Press

Purpose: To evaluate change in gross motor function in children with cerebral palsy, describe a child's current level of motor function, and determine treatment goals

Age Range: No specific age range is recommended by the authors; however, the test has been validated on children between 5 months and 16 years. Seems best suited for children two to five years  
Areas Tested: Eighty-eight items of gross motor function divided into five dimensions: -Lying and rolling-Sitting Crawling and kneeling-Standing-Walking, running, and jumping. Items were selected to represent those typically performed by children by age five

*HEALTH UTILITIES INDEX – MARK 3 (HUI-3)*

Author: William Furlong

Purpose: Measures children's functional health status; can compute cardinal utility value to represent Health Related Quality of Life

Age Range: Any age

Areas Tested: Questionnaire completed by caregiver in eight domains: Ambulation, Dexterity, Speech, Vision, Hearing, Cognition, Emotion, and Pain

*INSIDE THE HAWAII EARLY LEARNING PROFILE (Inside-HELP)*

Author: Stephanie Parks

Publisher: VORT Corporation, PO Box 6032, Palo Alto, CA 94306

Purpose: To provide definitions and guidelines for administration and scoring of skills and serve as a reference for all the HELP curriculum and assessment materials

Age Range: Birth to 36 months

Areas Tested: Six hundred eighty-five skills divided among 40 developmentally sequenced conceptual strands covering seven domains-Regulatory/sensory organization: sensory processing. Cognition: symbolic play, imitation, sound awareness, spatial relationships, concepts, discrimination. Language: receptive, expressive. Gross motor: weight bearing, mobility and transitional movements, reflexes and reactions, advanced postural control. Fine motor: visual tracking, grasp, reach, voluntary release, midline skills, spatial perception, manipulative prehension. Social- emotional: attachment/separation, development of self, emotional expression, learning rules, social interactions. Self- help: oral motor development, dressing, independent feeding, sleep patterns, grooming and hygiene, toileting, household independence

*HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT (HOME)*

Author: Bettye M. Caldwell and Robert H. Bradley

Purpose: A screening tool to identify the quality and quantity of social, emotional and cognitive supports available to the child in the home environment

Age Range: Infant and toddlers version birth to three

Areas Tested; Infant and toddlers version: forty-five items clustered into six subscales: Parental responsiveness, acceptance of child-Organization of the environment-Play materials-Parental involvement with the child. Variety of stimulation.

*INFANT TODDLER DEVELOPMENTAL ASSESSMENT (IDA)-PROVENCE PROFILE*

Author: Sally Provence, Joanna Erikson, Susan Vater, and Saro Palmeri

Purpose: To determine a performance age range and a descriptive summary of a child's developmental competencies

Age Range: Birth - 3 years

Areas Tested: Six phase process of evaluation with phase four a developmental assessment (Provence Profile).

Assessment items are grouped by age sets and the number of items varies at each age set and within each domain Phase One: Referral and Pre-interview Data Gathering. Phase Two: Initial Parent Interview. Phase Three: Health Review. Phase Four -The Provence Profile: Developmental Observation and Assessment: Eight developmental domains divided between two categories: -Motor, Language, and Cognitive / Adaptive Competencies-Gross Motor-Fine Motor-Relationship to Inanimate Objects-Language/Communication-Self - Help-Feelings, Social Adaptation, and Personality Traits- Relationship to Persons-Emotions & Feeling States-Coping Behavior. Phase Five: Integration and Synthesis. Phase Six: Share Findings, Completion, and Report

*INFANT DEVELOPMENTAL SCREENING SCALE (IDSS)*

Author: W. Jane Proctor

Purpose: To assess developmental status of newborns

Age Range: Normal and at-risk infants between 38-42 weeks gestational age; can also be used sequentially on infants from 32 to 40 weeks gestational age.

Areas Tested: Twenty-four items divided into two groups-Behavioral: habituation, attention/interaction, motor responses, physiological system, abnormal posture or movements-Reflexes: rooting, suck, hand grasp, toe grasp, Babinski, ankle clonus, positive support, walk, placing, crawl, ATNR, Moro

*INFANT MOTOR SCREEN (IMS)*

Author: Robert E. Nickel

Purpose: To determine the neuromotor status of infants prematurely born

Age Range: Four to 16 months corrected age

Areas Tested: Twenty-five items adapted from the Milani-Comparetti and the Movement Assessment of Infants  
Muscle tone-Primitive reflexes-Automatic responses-Symmetry

*INFANT NEUROLOGICAL INTERNATIONAL BATTERY (INFANIB)*

Authors: Patricia H. Ellison

Publisher: Therapy Skill Builders, 19500 Bulverde Rd., San Antonio, TX 78259-3701

Purpose: To distinguish infants with normal neuromotor function from those with abnormal findings and to predict need for follow-up treatment

Age Range: One to eighteen month old at risk infants and toddlers, especially those born premature

Areas Tested: Twenty items divided into five content domains: -Spasticity: TLR, ATNR, hands open/closed  
Vestibular function: parachute, body rotative.-Head and trunk control: pull to sit, body derotative, sitting, prone posture.  
-French angles: scarf sign, heel-to-ear, popliteal angle, and hip abduction. -Legs: foot grasp, positive support reaction, dorsiflexion

*INFANT/TODDLER SYMPTOM CHECKLIST: A Screening Tool for Parents (ITS)*

Author: Georgia A. DeGangi, Susan Poisson, Ruth Z. Sickel, and Andrea Santman Wiener

Purpose: To identify infants at risk for sensory integrative disorders, attentional deficits, and emotional or behavioral problems

Age Range: 7 - 30 months

Areas Tested: Five age specific checklists (7-9, 10-12, 13-18, 19-24, 25-30) containing information on nine domains.  
Self-regulation: fussy-difficult behaviors such as crying, difficulty with transitions- sleep patterns: difficulty falling asleep, attention:, difficulty initiating and shifting attention-eating, feeding dressing or bathing: gagging, vomiting, food preferences, behavior problems during feeding-dressing, bathing, touch: tactile hypersensitivities, intolerance in being confined-movement: activity level, motor planning difficulties, balance, postural insecurity listening, language and sound: hyposensitivity to sound, language problems-looking and sight: sensitivity to light, visual distractibility-attachment/emotional functioning: gaze aversion, mood deregulation, flat affect, separation problems. There is also a general screening version.

*LEG LENGTH DISCREPANCY TAPE MEASURE*

Authors: Staheli

Purpose: Measure of leg length

Age Range: Any age

Areas Tested: Tape measurement from ASIS to medial malleoli

*MANUAL MUSCLE TEST (MMT)*

Purpose: Measure of muscle strength

Age Range: 4-5 years and older

Areas Tested: Contraction of muscles and if strong enough, application of manual resistance to the muscle contractions; Strength judged on ordinal scale

*MILANI-COMPARETTI MOTOR DEVELOPMENT SCREENING TEST, Third Edition (MC)*

Author: A. Milani-Comparetti and E.A. Gidoni, Wayne Stuberger, Project Director for revised edition

Publisher: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, 444 South 44<sup>th</sup> Street, Omaha, NE 68131-3795

Purpose: To identify motor dysfunction in infants by systematically examining the integration of primitive reflexes and the emergence of volitional movement against gravity

Age Range: Birth to two years

Areas Tested: Twenty-seven items divided into two groups: Spontaneous motor behaviors: locomotion, sitting, standing; Evoked responses: equilibrium reactions, protective extension reactions, righting reactions, primitive reflexes.

*MILLER ASSESSMENT OF PRESCHOOLERS (MAP)*

Author : Lucy Jane Miller

Publisher: The Foundation for Knowledge in Development, 1855 West Union Avenue, Suite B-8, Englewood, CO 80110

Purpose: Determination of preschoolers, without major problems, who are at risk for preacademic problems.

Age Range: 2 years, 9 months-5 years, 8 months

Areas Tested: Norm-referenced test of sensory and motor foundations and coordination, verbal and nonverbal cognitive skills and complex tasks.

*MEADE MOVEMENT CHECKLIST (MMCL)*

Author: Vicki Meade

Purpose: To screen infants for neuromotor delays

Age Range: Four to 6 months

Areas Tested: Flexor and extensor control is observed in six positions or transitional movements: - Sitting on lap: awareness to the surroundings-Prone: orientation of infant's body; tolerance of position- Rolling to back position of head, shoulder, pelvis, and hips- Supine: infant's alertness to self and external stimulus- Sitting: position of head, shoulders, pelvis, and hips- Standing: weight bearing through body; tolerance to position-Ventral suspension: lifting of the head and active movement of legs throughout hips/pelvis

*MERRILL-PALMER SCALE-REVISED (2003)*

Publisher: Stoelting Co., 620 Wheat Lane, Wood Dale, IL 60191

Purpose: The new addition of the motor measures makes this a comprehensive assessment that can be used from birth to kindergarten to determine delay or dysfunction and evaluate intervention effectiveness.

Age Range: 2-78 months

Areas Tested: Norm-referenced, standardized measure of cognitive (reasoning, memory, visual, etc.), language and motor (fine and gross), self-help/adaptive and social-emotional development. Patterns of development are assessed. Includes supplemental parent and examiner ratings.

*MODIFIED ASHWORTH SCALE (MAS)*

Authors: Bohannon RW. Smith MB.

Purpose: Measure of resistance to passive movement associated with spasticity

Age Range: 4-5 years and older

Areas Tested: Passive movement of a limb (usually the leg) through range while judging the resistance to the movement; resistance judged on ordinal scale

*MOTOR SKILLS ACQUISITION IN THE FIRST YEAR & CHECKLIST*

Author: Lois Bly

Publisher: Therapy Skill Builders, 19500 Bulverde Rd., San Antonio, TX 78259-3701

Purpose: To monitor motor development and assist in intervention planning for infants with motor delays or dysfunction.

Age Range: Birth -12 months

Areas Tested: Detailed explanation with photographs and checklist of gross motor development and indications of possible disturbances in motor development.

*MOVEMENT ASSESSMENT BATTERY FOR CHILDREN (MOVEMENT ABC)*

Author: Shelia Henderson & David Sugden

Publisher: The Psychological Corporation, 19500 Bulverde Road, San Antonio, TX 78259-7301

Purpose: Identifies impairments in motor function of children with milder movement disorders. Includes qualitative & quantitative information.

Age Range: 4-12 years

Areas Tested: Norm-referenced standardized performance test of manual dexterity, ball skills and static and dynamic balance. Also included is a checklist of daily routine activities, consideration of the context of performance and behavioral attributes.

*MOVEMENT ASSESSMENT OF INFANTS (MAI)*

Author: Lynnette S. Chandler, Mary S. Andrews, and Marcia W. Swanson

Publisher: Infant Movement Research, PO Box 4631, Rolling Bay, WA 98061

Purpose: To identify motor dysfunction in infants, especially those considered at-risk and monitor the effects of physical therapy on infants whose motor behaviors is at or below one year of age

Age Range: Birth to 12 months

Areas Tested: Sixty-five items within four areas of neuromotor functioning: -Muscle tone: anti-gravity postures, resistance to passive stretch, and consistency-Reflexes: relative presence or absence of primitive reflexes- Automatic reactions: righting, equilibrium, and protective-Volitional movement: gross and fine motor behaviors, hearing and vision.

*NATURALISTIC OBSERVATION OF NEWBORN BEHAVIOR (NONB)*

Author: Heidelise Als

Purpose: To develop a profile of the infants' physiological and behavioral responses to environmental demands and care giving.

Age Range: Neonates to four weeks post term

Areas Tested: Ninety-one behaviors based on the conceptual framework underlying the Assessment of Preterm Infant Behavior (APIB) - Autonomic: respiration, color, tremors, and twitch- Visceral: gagging, burp, spit up, and sounds - Motor: tone, posture, gross motor flexion or extension, upper and lower extremity movement State-related (attention related behaviors): eye movement, facial expressions, and gross body movements

*NEONATAL INDIVIDUALIZED DEVELOPMENTAL CARE AND ASSESSMENT PROGRAM (NIDCAP)*

Author: Heidelise Als

Publisher: National NIDCAP Training Center, Enders Pediatric Research Laboratories, The Children's Hospital, 320 Longwood Avenue, Boston, MA 02115

Purpose: Used to determine the infant's physiological and behavioral responses to the environment to assist parents and caregivers.

Training program recommended to become reliable in test administration.

Age Range: Neonates-4 Weeks post-term

Areas Tested: Criterion-referenced assessment of physiological and behavioral responses in the areas of autonomic, motor and attention.

*NEUROLOGICAL ASSESSMENT OF THE PRETERM AND FULL-TERM NEW BORN INFANT(NAPFI)*

Author: Lilly Dubowitz and Victor Dubowitz

Publisher: Cambridge University Press, 40 W. 20<sup>th</sup> Street, New York, NY 10011

Purpose: To document status of the nervous system in infants, document neurological maturation and/or change in infants

Age Range: Full term infants up to the third day of life and preterm infants who are medically stable and can tolerate handling up to term gestation age

Areas Tested: Thirty-three items divided into four categories: Habituation: visual and auditory stimuli Movement and tone: posture, tone of limbs, trunk and neck, abnormal movements Reflexes: tendon reflexes, primitive reflexes, Neurobehavioral characteristics: selected items from *Neonatal Behavioral Assessment Scale*

*NEUROBEHAVIORAL ASSESSMENT OF PRETERM INFANT (NAPI)*

Author: Anneliese Korner and Valerie Thom

Purpose: To assess neurobehavioral status of prematurely born infants, to monitor effects of intervention, and to document individual differences

Age Range: Thirty-two to 37 weeks conceptual age

Areas Tested: Seventy-one items divided into seven clusters: -Motor development and vigor-Scarf sign-Popliteal angle- Alertness and orientation-Irritability-Vigor of cry-Percent sleep

*NEONATAL BEHAVIORAL ASSESSMENT SCALE (NBAS)*

Author: T. Berry Brazelton and J. Kevin Nugent

Publisher: Cambridge University Press, 40 W. 20<sup>th</sup> Street, New York, NY 10011

Purpose: To assess and describe infant's interactions and behaviors within the context of a dynamic relationship with a caregiver. Results provide information regarding infant's ability to handle stressors and self-organize.

Originally designed to study individual differences in neonates that contribute to infant-caregiver interactions and for studying group differences among infants.

Age Range: Full term neonates 37 to 48 weeks post-conceptual age. Supplemental items are provided to test infants born less than 37 weeks

Areas Tested: Twenty-eight behavioral and eighteen elicited items that provide information in five packages:

Habituation: response decrement -Motor-Oral: reflexes of the feet, rooting, sucking, glabella-Truncal: undressing and moderate handling such as pull to sit, grasp-Vestibular: maximal handling and stimulating items

(TNR, Moro) -Social-Interactive: state dependent orientation items. There are also nine supplemental (optional items), five of which were devised by Als and one devised by Horowitz to be used with babies born premature

#### *NEUROLOGICAL EXAM OF THE FULL TERM INFANT*

Author: Heinz Prechtl

Publisher: Cambridge University Press, 40 W. 20<sup>th</sup> Street, New York, NY 10011

Purpose: To diagnose infants with neurological abnormality and predict future neurological problems. A screening test is also available which can be used to determine the need for further testing in low risk infants.

Age Range: Full term and preterm infants 38-42 weeks gestation

Areas Tested: Twelve summary items that include primitive reflexes and responses. Posture: symmetry,

Opisthotonus-Eyes: reaction to light, reflexes-Power and passive movements: tone, range of motion, recall, muscular consistency-Spontaneous and voluntary movements: head control, tremors, clonus-State

#### *NEONATAL NEUROBEHAVIORAL EXAMINATION (NNE)*

Author: Andrew Morgan, Vera Koch, Vicki Lee, and Jean Aldag

Purpose: To determine neurobehavioral status of infants

Age Range: Thirty-two-42 weeks post conceptional age

Areas Tested: Twenty-seven items divided into three sections each having nine items-Tone and motor patterns-Primitive reflexes-Behavioral responses

#### *NEONATAL ORAL MOTOR ASSESSMENT SCALE (NOMAS)*

Author: Murray A. Braun and Marjorie M. Palmer

Purpose: To screen for oral motor dysfunction in the neonate, distinguish infants with normal sucking from those with disorganization, identify infants with poor feeding abilities, and distinguish inefficient from efficient feeders

Age Range: Neonate to three months of age

Areas Tested: Twenty-six items divided into two categories, jaw movements and tongue movements: -Rate-Rhythmicity-Consistency of degree of jaw excursion- Direction, range of motion, timing of tongue movement  
Tongue configuration

#### *NINE MINUTE WALK TEST (Screening tool)*

Authors:

Purpose: Endurance

Age Range: 5 years and older

Areas Tested: Distance walked in nine minutes. Subtest from a full fitness battery of the Health-Related Fitness Test.

#### *OBSERVATIONAL GAIT SCALE (OGS)*

Authors: Mackey

Purpose: Structured scale to rate gait parameters from video recordings

Age Range: 6-21 years

Areas Tested: Seven sections rated: Knee mid-stance; Initial foot contact; Foot contact mid-stance; Heel rise; Hind foot; Base of support; Assistive devices

#### *ORAL MOTOR/FEEDING RATING SCALE*

Author: Judy Michaels Jelmsir

Purpose: To document oral motor/feeding patterns and feeding function

Age Range: One year through adulthood

Areas Tested: Two major areas of oral motor/feeding behavior: Oral motor/feeding patterns lip/cheek movement, tongue movement, jaw movement Related areas of feeding function: self-feeding, adaptive feeding equipment, diet adaptation, position, sensitivity, food retention, swallowing, oral-facial structures

*OUCHER SCALE*

Author : Beyer, J.E.

Publisher: (1984). The Oucher: A user manual and technical report. Evanston, IL: The Hospital Play Equipment Co.

Purpose: Measures self reporting of pain intensity

Age Range: 5-12 years

Areas Tested: Pain intensity rating scale using actual pictures

*PEDIATRIC QUALITY OF LIFE INVENTORY (PEDS QL)*

Author: James W. Varni

Purpose: To measure health related quality of life

Age Range: 2-18

Areas Tested: The generic core scale consists of 23 items measuring the core dimensions of health from the World Health Organization, physical, emotional, and social functioning, as well as school functioning. The test contains child self-report forms for children 5 and older and parent proxy forms for children 2-18 years of age. Disease-Specific Modules are available for children with asthma, rheumatology, diabetes, cancer, and cardiac conditions.

*PEABODY DEVELOPMENTAL MOTOR SCALES SECOND EDITION (PDMS-2)*

Author: M. Rhonda Folio and Rebecca R. Fewell

Publisher: Pro-ed, 8700 Shoal Creek Blvd., Austin, TX 78757-6897

Purpose: To determine level of motor skill acquisition, detect small changes in motor development in children with known motor delays or disabilities, and assist in programming for children with disabilities

Age Range: One through eighty-three months

Areas Tested: Two hundred forty-nine items divided into two scales which are further divided into subtests. Gross Motor Scale: one hundred fifty-one items divided among three subtests:-Reflexes: primitive, automatic reactions-Stationary: static, dynamic--Locomotion: walk, run, jump, hop-Object manipulation: ball handling. Fine Motor Scale: ninety eight items divided among two subtests:Grasping: basic reach, grasp patterns, hand use: -Visual-motor integration: visual perceptual skills paired with motor, eye hand coordination

*PEDIATRIC EVALUATION OF DISABILITY INVENTORY (PEDI)*

Authors: Stephen M. Haley, Wendy J. Coster, Larry H. Ludlow, Jane T. Haltiwanger, and Peter J. Andrellas

Publisher: The Psychological Corporation, 19500 Bulverde Road, San Antonio, TX 7825-37019

Purpose: To determine functional capabilities and performance, monitor progress in functional skill performance, and evaluate therapeutic or rehabilitative program outcome in children with disabilities

Age Range: Six months to seven years, six months

Areas Tested: Two hundred seventy-one items divided into three subtests in the Functional Skill Scale:-Self care: eating, grooming, dressing, bathing, toileting-Mobility: transfers, indoors and outdoors mobility-Social function: communication, social interaction, household and community tasks. Also environmental modification and amount of caregiver assistance is systematically recorded in Modification Scale and Caregiver Assistance Scale

*PEDIATRIC CLINICAL TEST OF SENSORY INTERACTION FOR BALANCE (P-CTSIB)*

Authors: Crowe, Luyt, Westcott,

Purpose: Measures sensory system effects on stationary standing postural control (balance)

Age Range: 4-10 years

Areas Tested: Six conditions: Standing on floor with eyes open, eyes closed, and with dome (eyes open, but vision stabilized); Standing on foam with eyes open, eyes closed, and with dome (eyes open, but vision stabilized)

*POSNA PEDIATRIC MUSCULOSKELETAL FUNCTIONAL HEALTH QUESTIONNAIRE*

Author : Daltroy, L.H., Liang, M.H., Fossel, A.H., & Goldberg, M.J.

Publisher: (1998). Pediatric Outcomes Instrument Development Group.

Pediatric Orthopaedic Society of North America. Journal of Pediatric Orthopedics, 18, 561-571.

Purpose: Used to assess functional health outcomes, generally post orthopedic surgery. Can also examine child-parent agreement.

Age Range: 2-18 years with musculoskeletal disorders

Areas Tested: Scales completed by child and parent to measure upper extremity function, transfers and mobility, physical function and sports, comfort (pain free), happiness and satisfaction, and expectations for treatment.

#### *POSTURE AND FINE MOTOR ASSESSMENT OF INFANTS*

Author: Jane Case-Smith & Rosemarie Bigsby

Publisher: Therapy Skill Builders, 19500 Bulverde Rd., San Antonio, TX 78259-3701

Purpose: Assists in intervention planning and documenting progress over brief periods of time.

Age Range: 2-12 months

Areas Tested: Fine motor scales addressing infant's reaching and grasping patterns, finger and thumb movements, release and manipulation.

#### *INFANT/TODDLER SENSORY PROFILE*

Author: Winnie Dunn

Publisher: Psychological Corporation, 19500 Bulverde Rd., San Antonio, TX 78259

Purpose: Provides a standard method for measuring an infant's sensory processing with the child's daily life performance.

Age Range: Birth to 36 months

Areas Tested: sensory systems

#### *QUALITY OF WELL-BEING SCALE (QWB)*

Author: R.M. Kaplan, J.W. Bush, C.C. Berry

Publisher: (1976). Health status: types of validity and the index of well-being. Health Services Research, 11, 478-507.

Purpose: Summarizes health across symptoms, problems and functional states.

Age Range: 14 years and older

Areas Tested: Four scales focus on the physical impact of an illness related to symptoms, functions, social and mobility levels.

#### *RILEY INFANT PAIN SCALE*

Author : Schare, J., Joyce, B., Gerkenmeyer, J., & Keck, J.

Publisher: (1996). Comparison of three preverbal scales for postoperative pain assessment in a diverse pediatric sample. Journal of Pain and Symptom Management, 12 (6), 348-359.

Purpose: Indication of pain in infants and pre or non verbal children.

Age Range: Infants & pre or non verbal children

Areas Tested: Behavioral observation as an indication of pain

#### *SCALES OF INDEPENDENT BEHAVIOR-REVISED (SIB-R)*

Authors: Robert H. Bruininks, Richard W. Woodcock, Richard F. Weatherman, and Bradley K. Hill

Publisher: Riverside Publishing Co., 8420 Bryn Mawr Avenue, Chicago, IL 60631

Purpose: To measure functional independence and adaptive functioning in school, home, employment, and community settings

Age Range: Three months - 90+ years

Areas Tested: Adaptive Behavior Full Scale contains two hundred fifty-nine items divided into fourteen subscales which are organized into four clusters: -Motor skills: gross, fine-Social interaction and communication skills: social interaction, language comprehension and expression-Personal living skills: eating and meal preparation, toileting, dressing, personal self-care, domestic skills-Community living skills: time and punctuality, money and value, work skills, home/community orientation-Screening Forms: -Short Form: forty selected items from the 14 subscales-Early Development Form: forty items from developmental areas of Full Scale, for children up to 6 years of age, and individuals with a developmental level below 8 years of age-Problem Behavior Scale: Divided into three broad maladaptive behavior indexes with eight problem behavior areas: Internalized Maladaptive Behavior: hurtful to self, unusual or repetitive habits, withdrawal or inattentive behavior Asocial Maladaptive Behavior: socially offensive behavior, uncooperative behavior Externalized Maladaptive Behavior: hurtful to others, destructive to property, disruptive behavior

*SCHOOL FUNCTION ASSESSMENT (SFA)*

Authors: Coster W, Deeney T, Haltiwanger J, Haley S

Publisher: Psychological Corporation, 19500 Bulverde Rd., San Antonio, TX 78259

Purpose: Measures function in the school environment & can be used to guide program planning

Age Range: Elementary school students

Areas Tested: Three parts: Participation in school activity settings; Task supports; Activity Performance. Includes physical and cognitive/behavioral tasks.

*SENSORY INTEGRATION AND PRAXIS TEST*

Authors: Ayres

Publisher: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025

Purpose: Measures sensory systems contributions to balance and motor coordination

Age Range: 4-8 yrs 11 months

Areas Tested: Numerous tests of postural control, motor coordination & planning, fine and gross motor function, & sensory integration

*TEST OF GROSS MOTOR DEVELOPMENT – 2 (TGMD2)*

Author: Dale Ulrich

Publisher: PRO ED, Inc., 8700 Shoal Creek Blvd., Austin, TX 78757-6897

Purpose: Used to identify children who are significantly behind their peers in gross motor skill development.

Age Range: 3-10 years

Areas Tested: Norm referenced test of 12 gross motor skills involving locomotion and object control

*TEST OF INFANT MOTOR PERFORMANCE (TIMP)*

Authors: S.K. Campbell, G. Kolobe, G. Girolami, E. Osten, and M. Lenke

Publisher: Infant Motor Performance Scales, LLC, 1301 W. Madison St. #526, Chicago, IL 60607-1953

Purpose: To identify infants with deficits in postural control and to document the effects of developmental therapy to improve postural control needed for functional movement in early infancy

Age Range: 32 weeks gestational age through 4 months post-term (or full term to 4 months)

Areas Tested: 27 observed behaviors and 26 elicited behaviors assessing the ability to orient and stabilize the head in space and in response to auditory and visual stimulation in supine, prone, side lying, upright, and during transitions from one position to another, body alignment when the head is manipulated, distal selective control of the fingers, wrists, hands, and ankles, antigravity control of arm and leg movement

*TEST OF VISUAL-MOTOR SKILLS-REVISED (TVMS-R)*

Author: Morrison Gardner

Publisher: Psychological and Educational Publications, Inc., PO Box 520, Hydesville, CA 95547-0520

Purpose: Simple test of visual-motor skills.

Age Range: 3-14 years

Areas Tested: Norm-referenced tests of eye-hand coordination, motor accuracy, motor control, motor coordination, and the child's interpretation.

*TEST FOR HIP JOINT INTEGRITY*

Authors: Staheli

Purpose: Measures hip joint placement to determine likelihood of dislocation

Age Range: Any age

Areas Tested: Manual movement of the hip joint

*TEST OF SENSORY FUNCTION IN INFANTS (TSFI)*

Authors: Georgia DeGangi and Stanley Greenspan

Publisher: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025

Purpose: To determine sensory processing and reactivity in infants as an assist to diagnosing sensory processing dysfunction

Age Range: Four to 18 months

Areas Tested: Twenty-four items divided into five subtests: -Reactivity to tactile deep pressure-Adaptive motor function-Visual-tactile integration-Ocular motor control-Reactivity to vestibular stimulation

*TIMED OBSTACLE AMBULATION TEST (TOAT)*

Authors:

Purpose: Measures time and quality of walking at several points when walking through a specified path

Age Range: Any

Areas Tested: Negotiation over different surfaces, picking up an object, stepping up, over, going around, ducking under obstacles.

*TIMED UP AND GO (TUG)*

Authors:

Purpose: Measure of anticipatory standing balance & gait control, motor function through a typical activity

Age Range: 4 years and older

Purpose: Measurement of the time it takes to rise from a chair, walk 3 meters, turn around and return to a seated position in the chair.

*TODDLER & INFANT MOTOR EVALUATION (TIME)*

Authors: Lucy Jane Miller and Gale H. Roid

Publisher: The Psychological Corporation, 19500 Bulverde Road, San Antonio, TX 7825-37019

Purpose: To identify those children with mild to severe motor problems, identify patterns of movement, evaluate motor development over time, plan intervention, and conduct treatment efficacy research

Age Range: Four months to 3 1/2 years

Areas Tested: Eight subtests: five primary, three optional (clinical)

Primary Subtests- mobility-motor organization-stability-functional performance-social-emotional abilities

Clinical Subtests-quality rating-component analysis-atypical positions

*TRANSDISCIPLINARY PLAY-BASED ASSESSMENT- REVISED (TPBA)*

Author: Toni W. Linder

Publisher: Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624

Purpose: To identify intervention needs, develop intervention plans and to evaluate progress made by children

Age Range: Six months to six years

Areas Tested: Comprehensive assessment of developmental processes, learning style, and interaction patterns in four developmental areas: -Cognitive-Social-emotional-Communication and language-Sensorimotor

*VISUAL ANALOG SCALE*

Author : Shields, B., Cohen, D., Harbeck-Weber, C., Powers, J., & Smith, G.

Publisher: (2003). Pediatric pain measurement using a visual analogue scale. Clinical Pediatrics, April.

Purpose: Measures self report of pain intensity

Age Range: 5 years & above, over 11 years

Areas Tested: Pain intensity rating scale using numerical scale on a vertical or horizontal continuum

*VULPE ASSESSMENT BATTERY-REVISED (VAB-R)*

Author: Shirley German Vulpe

Publisher: Slosson Educational Publications, Inc., PO Box 280, East Aurora, NY 14052

Purpose: To determine skill performance, strengths and needs, degree of central nervous system functioning, and environmental influence on task performance

Age Range: Children with atypical developmental or functional skills between birth to six years of age

Areas Tested: Thirteen hundred developmental tasks divided into three sections: Assessment of Basic Senses and Function: analysis of sensory-motor abilities such as muscle tone, joint range of motion, coordination, planning

Assessment of Developmental Behavior: sixty skill sequences contained in six domains of behavior: gross motor, fine motor, language, cognitive processing, adaptive behavior, and activities of daily living, Assessment of the Environment: includes caregiver characteristics and interaction and information regarding the settings such as home, child-care, hospital, Performance Analysis System composed of three sections used to analyze the child's processing related to task performance

*YOUTH QUALITY OF LIFE INSTRUMENT-RESEARCH VERSION (YQOL-R)*

Author:

Publisher: The Association for Professionals in Services for Adolescents  
Elsevier Science Ltd. , 360 Park Ave, South, New York, NY 10010-1710  
Purpose: To assess quality of life with an emphasis on aspects of positive health.  
Age Range: 12-18 years with and without disabilities  
Areas Tested: Self-report measure in four domains: sense of self, social relationships, environment and general quality of life.

**Recommendation for Addition to  
Section on Pediatrics List of Assessment Tools  
for Use in Pediatric Physical Therapy**

**Name of Tool:**

**Author(s):**

**Purpose of Tool:**

**Age Range:**

**Areas Tested:**

**Publisher & Date:**

**How to Obtain:**

**In case we have any questions, we would appreciate your name and a way to contact you.**

**Name:**

**Phone/E-Mail:**

Thank you for contributing to the Section on Pediatrics' List of Assessment Tools for Use in Pediatric Physical Therapy!

Please fax this form to: 703/706-8575  
mail to: Section on Pediatrics, 1111 N Fairfax St, Alexandria, VA 22314  
or e-mail to: [cindysliwa@apta.org](mailto:cindysliwa@apta.org)

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