

OCCUPATIONAL THERAPY FUNCTIONAL REPORT

CONFIDENTIAL: The following is a summary of this client's clinical presentation and care based on direct observation, personal, parental and other reports. All information included here is to be used for the sole purpose of assisting and enhancing care for this person. If you are not involved with this client's care please notify us as soon as possible and destroy this report.

Client Details			
Client Name	John Flanagan	DOB	03/12/2017
Date of Assessment	03/06/2024	Chronological Age	6 years, 6 months
NDIS Number	431938168	Current NDIS Plan Dates	09/09/2022 - 08/09/2024
Parent/Carer Name	Jennifer Manteit - Foster Mother		
Date of Report	18/07/2024 (AMENDED 29/07/2024)		
Assessing Clinician	Sara Wheldon, Occupational Therapist		

Assessment results discussed in this report reflect the performance of John on the day of testing. It is acknowledged that his performance in other settings and at other times may vary. It is also acknowledged that a child's level of independence varies throughout their childhood years and from day to day as they transition from full dependence to independence. Therefore, this assessment has carefully considered the level of independence that is typically expected for a child of John's age and recommendations are in reference to the support needs that are beyond typical age expectations.

Summary

A request for a Functional Capacity Assessment (FCA) was made by John's support coordinator, Emma Rowlings-Jensen, in order to support investigation of a diagnosis for Autism Spectrum Disorder (ASD).

John was seen for occupational therapy assessment on the above date.

A combination of formal and informal assessments were completed during the assessment, which provided an overview of John's skills. John presents with the following:

- Mobility:** Based on the assessment, it appears that John demonstrates age-appropriate gross motor skills and community safety awareness. However, he demonstrates moderate difficulty with his fine motor skills, particularly in manual dexterity. This may limit his ability to optimally engage in functional tasks requiring the use of fine motor skills, such as writing, brushing his teeth, buttoning clothing, and opening and closing containers. This may impact John's independence as he grows older due to potentially requiring additional assistance from his caregivers compared to same-aged peers.
- Communication:** Based on the assessment, it appears that John presents with some difficulties in his functional communication skills. According to his Vineland-3 results, John has moderately low to adequate adaptive levels in communication skills. Consideration must be taken to whether John's receptive communication results (moderately low) were negatively impacted due to his scores indicating some difficulty with skills such as maintaining attention and following instructions, as John presents with attentional and behavioural difficulties as characteristics of his diagnosis of ADHD. These difficulties impact John's ability to make and keep friends, which will further impact his self-esteem as he gets older.
- Social interaction:** John appears to have some difficulties with his social and play skills, including difficulties with perspective-taking, socialising to make and maintain friendships, tolerating losing, not getting his way, helping others and sharing with others. When John experiences social interactions that he does not like, such as losing and not getting his way, John can become dysregulated which can present with physical aggression. This impacts John's ability to make and keep new friends, and impacts relationships with close family members, which will further impact

his self-esteem and may lead to social isolation as he grows older.

- **Learning:** John presents with minimal difficulties in his learning skills. Due to John's diagnosis of ADHD, his ability to engage in learning through using skills such as maintaining attention and following instructions is impacted. This may impact John's ability to keep up with the increasing demands of schooling as he grows older, negatively affecting his independence and self-esteem.
- **Self-care:** Based on the assessment, John experiences minimal difficulty engaging in self-care occupations, however requires some intervention to support his sleep and nutrition.
- **Self-management:** Jennifer's response to John's sensory profile indicated that he processes sensory information the same as others in all domains. There are some particular areas where John demonstrates differences in his sensory processing, usually in relation to auditory processing. John's diagnosis of ADHD means that he can experience differences in the way he processes sensory information, which influences the way he responds to various stimuli and environments, and impacts his ability to regulate his emotions. As a result, John experiences some difficulty with his emotional regulation skills, which results in frustration and sometimes aggression towards his sister and other children who hurt him. John's difficulty with emotional regulation may impact his relationships with others as well as his ability to engage in tasks within the home, school, and community environments.

Recommendations		
Category	Recommendation	Link to relevant NDIS goals
Core Supports	John would benefit from funding to access community engagement opportunities and programs to increase his social and community participation and provide him with opportunities and environments to practice skills developed in his intervention sessions, particularly related to social interaction and emotional regulation.	Goal 1: John's care team would like John to continue to develop his emotional skills. Goal 3: John's care team would like John to continue to develop his social skills. Goal 6: John's care team would like John to continue to develop his language and communication skills.
Capacity Building Supports	Over the next 12 months, John requires Occupational Therapy interventions for 53 hours, including: <ul style="list-style-type: none"> • 30 hours direct therapy, consisting of fortnightly intervention sessions with 50 minutes of face to face time and 20 minutes for clinical documentation and preparation. This enables fortnightly occupational therapy appointments. Intervention to focus on fine motor skills, social interaction, and emotional regulation. • 10 hours small group therapy to support in developing John's skills in social interaction. • 2 hours for consultation with John's caregivers and other care providers • 2 hours creation of practice programs and materials to support John's therapy progress towards NDIS goals • 2 hours NDIS progress report writing • 7 hours review assessment and report writing John requires continued intervention from Play	Goal 1: John's care team would like John to continue to develop his emotional skills. Goal 2: John's care team would like John to continue to develop his self-care skills. Goal 3: John's care team would like John to continue to develop his social skills. Goal 4: John's care team would like John to continue to develop his cognitive and early learning skills. Goal 5: John's care team would like John to continue to develop his motor skills.

	Therapy services to support his emotional regulation and social interaction skills.	
Assistive Technology and Consumables	John requires an Assistive Technology and Consumables budget available to be spent on items throughout the plan period as needs arise. Examples may include items to assist with emotional regulation and fine motor skills.	Goal 1: John's care team would like John to continue to develop his emotional skills. Goal 5: John's care team would like John to continue to develop his motor skills.
Support coordination	John requires continued support coordination funding to support Jennifer in navigating the NDIS and managing the supports accessed by John.	

Risks of insufficient funding:

Without therapeutic support, John will continue to have difficulty being able to:

- Fully access the school community
- Fully access the wider community
- Reach his full potential as an individual
- Become independent in activities of daily living
- Become an independent member of society

John presents with the following specific risk factors if sufficient funding is not received:

- John is at risk of developing poor self-esteem if he does not access support to develop his independence in social interaction and emotional regulation skills, as he may experience social isolation from these difficulties as he becomes older.
- John is at risk of having increased reliance on formal and informal support with school-related tasks and self-care skills requiring the use of fine motor skills as he grows older if he does not access support to develop these skills. This reliance can also lead to carer stress and burnout.

If these therapeutic interventions are not provided now, additional funded support will be required in the future. If investments are made now these interventions will help to:

- Reduce and possibly eliminate some future support needs
- Increase capacity
- Improve health and wellbeing
- Improve social, employment, and community participation in the future.

Rationale for Funded Support Recommendations

Therapy is required at the recommended duration and frequency above in order to address John's goals and be effective. Qualified occupational therapy intervention is required at this stage due to the nature and complexity of John's difficulties.

Consultation with other service and care providers involved in John's care will enable therapeutic interventions to be more effective for capacity building and reducing reliance on funded supports in the future.

Home practice programs and provision of associated therapy materials will be an integral part of John's therapy and will enable consolidation and practice of the targets to transfer understanding and use of newly acquired skills in therapy sessions to everyday settings as they will be implemented at home and other meaningful environments. Record keeping and written reporting is necessary to ensure progress is documented and provided to the NDIA to guide future planning.

Small group programs will be a beneficial service for John due to the nature of the service delivery method. Within small groups, John will engage in activities with other individuals with similar difficulties and goals,

and practice transferring skills developed in individual therapy sessions. Through engaging in small groups, John will have extended opportunities to consolidate his skills in order to achieve his goals.

Engagement in community activities (e.g. Scouts; interest groups; equine therapy; art groups) will provide John with further opportunities to transfer skills from a home/clinic setting to the wider community setting. Community engagement will also enhance John's ability to self-identify everyday activities which he find/s meaningful.

Background

Previous Diagnosis:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Investigating possibility of Autism Spectrum Disorder (ASD)
- Investigating possibility of Foetal Alcohol Syndrome Disorder (FASD)

Family, Friends and Social:

- John lives at home with his foster mother (Jennifer), foster father (Eric), his older sister (Bella) and his younger brother (Kosta).
- John and his biological siblings have been living with Jennifer and Eric for about one year.
- Other significant people in John's life include Jennifer and Eric's biological twins (Kaitlyn & Toby), who are adults and no longer live at home.
- John also has a significant relationship with his Nan, Pop and sister (Stevie).

Education:

- John is currently in Year 2 at Wilsonton State School.

Supports:

- John has a Child Safety Officer (CSO): Jamie-Lee Mouldon
- John has a Support Coordinator from Grosskopf Consulting: Emma Rowlings-Jensen
- John's Paediatrician is Dr Keshan Satharasinghe
- John's GP is Dr Neerajaa Logitharan
- John accesses Play Therapy.

Interests and Strengths:

- John enjoys engaging in physical activities such as swimming and soccer.
- John also enjoys building and playing with Lego.

Other:

- In May of 2024, John experienced an ear infection and required antibiotics for this.
- John's vision was checked in December of 2023, he now wears glasses for eye strain and to stay focused for longer.
- John's hearing was checked in Term 1 of 2024, no concerns about his hearing were raised.
- John has been prescribed 30mg of Ritalin in the mornings and 2mg of Intuniv in the afternoon, which Jennifer gives to him.
- John also has Sustagen as recommended by his Paediatrician.
- Jennifer's response to John's sensory profile indicated that he processes sensory information the same as others in all domains.
- Jennifer's response to John's WHODAS-Child indicated that John experiences mild difficulties in cognition, self-care, getting along, and life activities, and therefore requires minimal support to complete his daily occupations.

NDIS Goals

John's NDIS goals were requested on 13/05/2024 and 26/06/2024, but not received by the time of finalising this report.

AMENDED 29/07/2024 - John's NDIS goals have been received on 25/07/2024 and can be seen below. Links to relevant goals for funding recommendations have been added in the "Recommendations" section.

Goal 1: John's care team would like John to continue to develop his emotional skills.

Goal 2: John's care team would like John to continue to develop his self-care skills.

Goal 3: John's care team would like John to continue to develop his social skills.

Goal 4: John's care team would like John to continue to develop his cognitive and early learning skills.

Goal 5: John's care team would like John to continue to develop his motor skills.

Goal 6: John's care team would like John to continue to develop his language and communication skills.

Assessment Process

Areas Assessed	<ul style="list-style-type: none"> • Mobility • Fine and gross motor skills • Communication skills • Social interaction skills • Play skills • Learning, cognition and executive functioning • Self-care skills • Self-management skills • Behaviour and emotional regulation • Sensory processing
Assessments Used	<ul style="list-style-type: none"> • Clinical observations • TAG Parent Questionnaire and discussions with Jennifer. • World Health Organisation Disability Assessment Schedule 2 - Children and Youth • Vineland Adaptive Behaviour Scales, Third Edition - Comprehensive Interview Form • Movement Assessment Battery for Children, 2nd Edition • Sensory Profile 2 - Child • Perusal of reports provided by Support Coordinator Emma Rowlings-Jensen including: <ul style="list-style-type: none"> ○ Occupational Therapy functional capacity report from Abbey Hunter (Occupational Therapist) at On Call Children's Therapy Network, dated 13/12/2022. ○ Psychological report from Jessica Orford (Clinical Psychologist) at Psychological Assessments, dated 24/05/2023. ○ Speech Pathology report from Isabella Pfingst (Student Speech Pathologist) and Maddie Dardengo (Speech Pathologist) at Montrose Therapy & Respite Services, dated 22/08/2023. ○ School report from Gabbinbar State school for Semester 2, 2023. ○ Medication management letter from Dr Keshan Satharasinghe at Institute for Urban Indigenous Health, dated 08/03/2024.
General Observations	<p>John attended the assessment session in person with Jennifer and his sister Bella in the quiet, well-lit clinic environment. John arrived wearing clean school uniform, and his face and fingernails were clean. John also arrived wearing glasses. When meeting the occupational therapist and throughout the session, John was polite and well-mannered.</p>

John quietly played with toys and his iPad inside the occupational therapy room while Bella completed her own assessment with the occupational therapist after John's was completed.

At the end of the session, John left the room and walked towards the clinic exit while Bella was packing away the toys. Jennifer prompted John to help Bella pack away the toys, but he refused. He watched Bella pack away the toys and pointed out things she had missed. While Jennifer and Bella were saying goodbye to the occupational therapist, John waited outside the occupational therapy room and did not come back to say goodbye to the occupational therapist when Jennifer asked him to.

Mobility and Motor Skills

Fine Motor Skills

Fine motor skills involve the use of the small muscles that control the hand, fingers, and thumb. These skills help children perform important tasks like feeding themselves, grasping toys, buttoning and zipping clothes, writing, drawing and more. The ability to easily complete self-care and every day living tasks requires fine motor skill development.

Jennifer reported that John:

- Is able to use scissors to cut paper along a straight line and cut out simple shapes
- Is able to colour simple pictures and complex scenes inside the lines with multiple colours
- Is able to tie a knot and a bow
- Can sometimes draw more than one recognisable form
- Can sometimes cut out complex shapes
- Can sometimes assemble or create complex toy structures or crafts
- Is not yet able to manipulate very small objects

According to John's Vineland-3 results, John presents with an adequate adaptive level within the sub-domain of fine motor skills, with an age-equivalence of 6 years and 7 months.

Manual Dexterity - Movement ABC

Manual dexterity is the ability to accurately use and manipulate objects, utensils, tools and fingers in isolation for functional task performance. Manual dexterity is one of the most significant underlying skills that impacts a child's very precise movements required for many fine motor tasks such as:

- Controlling a pencil for drawing and writing
- Cutting with scissors
- Dressing
- Self-feeding with cutlery

John's manual dexterity skills were assessed using the **Movement Assessment Battery for Children - 2**, and are within the **Red Zone** for his age (2 Percentile Score). This score suggests that John has significant manual dexterity (fine motor) difficulties and requires occupational therapy intervention to develop these skills.

While completing the Movement ABC, the occupational therapist observed:

- While John was able to demonstrate manual dexterity to manipulate objects, he was sometimes inaccurate. He maintained a consistently slow speed as going faster would impact his accuracy and efficiency.
- While writing, John demonstrated an age-appropriate pencil grasp, but leaned forward so his head was close to the paper and his back was curved, impacting his sitting posture.
- John's lines in the drawing trials were extremely wobbly and there were no smooth lines during the scorable trials.

- However, there was a smooth line at the beginning of the practice trial, and his first scorable trial had less errors than his second, indicating that he may have limited hand endurance.

Gross Motor Skills

Gross motor skills are the whole body movements that involve the larger muscles of the body to perform everyday tasks such as standing, sitting upright, walking, running, balancing and jumping. These also include our hand-eye coordination skills for throwing, catching and kicking. Gross motor skills help children to be able to engage in and perform everyday tasks/skills such as playing in the playground, participating in sports, dressing, maintaining an appropriate posture at the table etc.

Jennifer reported that John:

- Is able to hop on one foot without falling
- Is able to ride a bike with training wheels
- Is sometimes able to catch a baseball-sized ball from 3 metres or more

According to John's Vineland-3 results, John presents with an adequate adaptive level within the sub-domain of gross motor skills, with an age-equivalence of 8 years and 1 month.

Aiming and Catching - Movement ABC

John's aiming and catching skills were assessed using the **Movement Assessment Battery for Children - 2**, and are within the **Green Zone** for his age (50 Percentile Score). This suggests that John demonstrates age-appropriate aiming and catching skills.

While completing the Movement ABC, the occupational therapist observed:

- John demonstrated very little difficulty with his aiming and catching skills.
- He caught 9/10 attempts of the beanbag, and was able to throw on the mat accurately 7/10 times.

Balance - Movement ABC

John's balance skills were assessed using the **Movement Assessment Battery for Children - 2**, and are within the **Green Zone** for his age (91 Percentile Score). This suggests that John demonstrates age-appropriate balance skills.

While completing the Movement ABC, the occupational therapist observed:

- John demonstrated very little difficulty with his balance. However, on the jumping tasks, John jumped very quickly and almost inaccurately.
- Due to his speed, John did not make any preparatory crouches, he jumped with stiff legs, and he lacked springiness, demonstrating no push-off from his feet.

General and Community Mobility and Safety

Jennifer reported that John:

- Always stays near a caregiver when in public places
- Understands and follows car passenger safety rules
- Looks both ways when crossing the road

Within the Vineland-3, the Daily Living Skills Domain contains three sub-domains: Personal, Domestic, and Community. John presents with an adequate adaptive level in the Domestic sub-domain, with an age-equivalence of 4 years and 8 months. John presents with an adequate adaptive level in the Community subdomain, with an age equivalence of 6 years and 7 months.

Summary/Functional Impact:

Based on the assessment, it appears that John demonstrates age-appropriate gross motor skills and community safety awareness. However, he demonstrates moderate difficulty with his fine motor skills, particularly in manual dexterity. This may limit his ability to optimally engage in functional tasks requiring the use of fine motor skills, such as writing, brushing his teeth, buttoning clothing, and opening and closing containers. This may impact John's independence as he grows older due to potentially requiring additional assistance from his caregivers compared to same-aged peers.

Recommendations:

- Occupational Therapy may benefit John in developing and practising using his fine motor skills and manual dexterity skills to engage in daily self-care tasks and activities required for school.

See appendices for detailed results of formal assessments.

Communication

Communication is the exchange of information by speaking, writing, or using some other medium. Speech, non-verbal cues and expressive and receptive language are key aspects of communication. Communication skills are essential in order for individuals to express their wants and needs, to understand and be understood by others, and to connect socially for the development and maintenance of relationships.

The following is a summary of John's skills as per Jennifer's responses from the Vineland-3 assessment and based on clinical observations. Please note that John's expressive and receptive communication skills cannot be commented on in depth, as this is within the scope of a Speech and Language Pathologist.

Expressive communication

This subdomain reflects John's use of words and sentences to express himself verbally.

Jennifer reported that:

- John asks questions using "who", "why", and "when" words
- John sometimes uses the word "because", "and", or "but" in phrases and sentences
- John can sometimes tell the basic parts of a familiar story or plot
- John can sometimes recall everyday and one-time experiences in detail
- John sometimes uses the words "behind", "in front of", and "between"

Clinical observations:

- John spoke with clarity throughout the assessment and was able to engage in conversation with the occupational therapist, asking and answering questions accordingly.

According to John's Vineland-3 results, John presents with an adequate adaptive level within the sub-domain of expressive communication, with an age-equivalence of 4 years and 4 months. Furthermore, John's Speech Pathology report from 22/08/2023 indicated mild and mild-moderate difficulties in Expressive Language Skills.

Receptive communication

This subdomain reflects John's ability to attend, understand, and respond to information from others.

Jennifer reported that:

- John responds to questions that use the word "what", "who", or "where"
- John follows instructions with two related actions
- John sometimes follows instructions with one action and two objects, two unrelated actions, or three actions

- John is sometimes able to pay attention to a story for at least 15 minutes, or a show for at least 60 minutes
- John sometimes identifies left and right on his own body
- John sometimes understands sarcasm
- John sometimes remembers to do something up to an hour later, but is yet to demonstrate remembering to do something several hours later

Clinical observations:

- John was able to maintain appropriate attention to the activities throughout the assessment.
- John required additional explanation to understand the instructions of the assessment activities.

According to John's Vineland-3 results, John presents with a moderately low adaptive level within the sub-domain of receptive communication, with an age-equivalence of 3 years and 4 months. Furthermore, John's Speech Pathology report from 22/08/2023 indicated mild and mild-moderate difficulties in Receptive Language Skills.

Written communication

Jennifer reported that:

- John is able to identify all letters of the alphabet - both upper and lowercase
- John is able to copy his own first name correctly
- John is sometimes able to copy simple words from an example correctly, and sometimes able to copy phrases of four or more words correctly
- John is sometimes able to write both his first and last name from memory
- John is sometimes able to write simple sentences of three or more words
- John is not yet able to find or sort things in alphabetical order

According to John's Vineland-3 results, John presents with an adequate adaptive level within the sub-domain of written communication, with an age-equivalence of 6 years and 4 months.

Summary/Functional Impact:

Based on the assessment, it appears that John presents with some difficulties in his functional communication skills. According to his Vineland-3 results, John has moderately low to adequate adaptive levels in communication skills. Consideration must be taken to whether John's receptive communication results (moderately low) were negatively impacted due to his scores indicating some difficulty with skills such as maintaining attention and following instructions, as John presents with attentional and behavioural difficulties as characteristics of his diagnosis of ADHD. These difficulties impact John's ability to make and keep friends, which will further impact his self-esteem as he gets older.

Recommendations:

- John may benefit from updated assessment and recommendations from a Speech and Language Pathology perspective to provide a more comprehensive representation of his communication skills.
- John would benefit from Occupational Therapy intervention to support his skills in attention and following instructions by providing education and strategies for John and his family to use within the home, community, and school environments.

See appendices for detailed results of formal assessments.

Social Interaction

Social skills are the child's ability to interact and communicate with others and is an important skill in order to be able to build and maintain meaningful relationships through engaging in positive interactions with others. Social skills are also important for the child to be able to understand how to respond in different social interactions through the implementation of appropriate strategies.

According to John's Vineland-3 results, socialisation is one of John's weaknesses. The following is a summary of John's skills as per Jennifer's responses from the Vineland-3 assessment and based on clinical observations.

Jennifer reported that:

- John is sometimes able to communicate his wants and needs or emotions through talking
- John does not avoid initiating social interaction with others
- John sometimes shows interest in children his age
- John sometimes tries to make friends with others his age
- John sometimes knows that others may have different likes/dislikes
- John sometimes talks with others without interrupting
- John sometimes stays on topic in conversations when needed
- John sometimes engages in make-believe play with others
- John sometimes shares toys/possessions without having to be told
- John sometimes asks permission before taking/using another's things
- John is sometimes able to remain calm when losing
- John does not participate in conversations on non-preferred topics
- John seems to be a "dobber" on his sister

Clinical observations:

- John did not have difficulty meeting the occupational therapist, and was able to engage in simple conversation throughout the assessment session.
- John was able to express his wants and needs appropriately during the session, including calmly asking his sister Bella to play quietly as it was distracting him.
- John did not help his sister Bella pack away the toys at the end of the session, and would instruct Bella on what to pack away by pointing out the toys she had missed.
- While Jennifer and Bella were saying goodbye to the occupational therapist, John was observed to wait outside the occupational therapy room and did not come back inside to say goodbye to the occupational therapist when Jennifer asked him to.

Within the Vineland-3, the Socialisation Domain contains three sub-domains: Interpersonal Relationships, Play and Leisure, and Coping Skills. John presents with a moderately low adaptive level in the Interpersonal Relationships sub-domain, with an age-equivalence of 2 years and 10 months. John presents with an adequate level in the Play and Leisure sub-domain, with an age-equivalence of 4 years and 2 months. John presents with an adequate level in the Coping Skills subdomain, with an age equivalence of 4 years and 2 months.

Summary/Functional Impact:

John appears to have some difficulties with his social and play skills, including difficulties with perspective-taking, socialising to make and maintain friendships, tolerating losing, not getting his way, helping others and sharing with others. When John experiences social interactions that he does not like, such as losing and not getting his way, John can become dysregulated which can present with physical aggression. This impacts John's ability to make and keep new friends, and impacts relationships with close family members, which will further impact his self-esteem and may lead to social isolation as he grows older.

Recommendations:

- Occupational Therapy would benefit John in developing his social skills through implementation of individualised strategies related to situations that John regularly engages in, and providing education to John's family.
- John would benefit from participating in group therapy programs focused on social development to enable John to practise the skills learned within therapy sessions in a therapist-facilitated space.

See appendices for detailed results of formal assessments.

Learning and Cognition

Cognition is the child's ability to think, explore and figure problems out. It involves the development of skills, knowledge, problem solving and dispositions, which supports the child to learn about and understand the world that they live in. Cognitive development provides the foundation for the child's learning across a range of settings, including in later life. Some skills that are a part of cognitive development involve problem solving, reasoning, categorising, conceptualising, creating, remembering and planning. Therefore, it supports the child's ability to learn concepts such as letters/numbers and supports the child's ability to use these concepts to engage in learning. However, learning also involves the child's ability to listen and respond to situations, maintain attention to tasks to ensure they are engaged in the most optimal situation for learning.

The following is a summary of John's skills as per Jennifer's reports, responses from the Vineland-3 assessment and based on clinical observations.

Jennifer reported that:

- John is able to recognise the alphabet and numbers
- John is able to recite the alphabet with correct sequencing
- John is able to count at least to 10
- John sometimes reverses letters and numbers while writing
- John's reading levels are below same aged peers
- John is able to sit at a desk well for the first session of the school day, but has increasing difficulty as the day progresses

Clinical observations:

- John demonstrated established colour identification as he was able to identify and name colours throughout the assessment.
- John was able to remain seated for the duration of table top tasks within the assessment.
- John required additional explanation to understand instructions.

Summary/Functional Impact:

John presents with minimal difficulties in his learning skills. Due to John's diagnosis of ADHD, his ability to engage in learning through using skills such as maintaining attention and following instructions is impacted. This may impact John's ability to keep up with the increasing demands of schooling as he grows older, negatively affecting his independence and self-esteem.

Recommendations:

- Occupational Therapy would benefit John in supporting his attention and ability to understand instructions by providing education and strategies for John's stakeholders to use within the school environment to improve these skills.

See appendices for detailed results of formal assessments.

Self-Care

Self care skills are the everyday tasks that are developmentally important in order for children to participate in everyday life activities (including dressing, eating, cleaning teeth). Self care skills are one of the first ways that children develop the ability to plan and sequence tasks, learn to organise necessary materials and to develop the refined physical control required to carry out daily tasks (e.g. opening lunch boxes, drawing or standing to pull up pants). Self care skills act as precursors for many school related tasks as well as life skills.

Sleeping

Jennifer reported that:

	<ul style="list-style-type: none"> • John usually avoids going to bed • Bedtime is at 7pm and John has difficulty falling asleep and staying asleep • John regularly has nightmares and growing pains • John wakes up in the morning to an alarm and is usually happy upon waking • Melatonin gummies have been used to support John with falling asleep
Eating	<p>Jennifer reported that:</p> <ul style="list-style-type: none"> • John prefers junk food. He will eat meat and vegetables, but Jennifer often needs to offer dessert as a reward. • Jennifer has some concerns with John's nutrition.
Dressing	<p>Jennifer reported that:</p> <ul style="list-style-type: none"> • John is able to dress himself independently, but sometimes requests help with the sequencing of dressing. • John sometimes requires support with the orientation of his clothing
Toileting	<p>Jennifer reported that:</p> <ul style="list-style-type: none"> • John does not have any difficulties with toileting.
Personal Cares	<p>Jennifer reported that:</p> <ul style="list-style-type: none"> • The Joon application is used to support John with his self-care routines and provide rewards for completion. • Jennifer sometimes supports John with brushing his teeth as he does not brush his teeth for long enough. • John is able to complete most washing tasks independently, but requires assistance with some tasks including washing his hair.
Vineland-3 Results	<p>Within the Vineland-3, the Daily Living Skills Domain contains three sub-domains: Personal, Domestic, and Community. John presents with a moderately low adaptive level in the Personal sub-domain, with an age-equivalence of 4 years and 7 months.</p>
<p><u>Summary/Functional Impact:</u> Based on the assessment, John experiences minimal difficulty engaging in self-care occupations, however requires some intervention to support his sleep and nutrition.</p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • John would benefit from consultation with a Paediatrician to monitor John's general health and development as well as his sleep routine. • John would benefit from consultation with a Dietitian to support John's nutrition if required. <p>See appendices for detailed results of formal assessments.</p>	

Self-Management

Self-management describes an individual's ability to organise and make decisions for themselves. It includes the ability to regulate one's thoughts, behaviours and emotions for the most productive and efficient results, therefore requiring optimal use of executive functioning skills, as well as emotional intelligence and social awareness. For children, this may include learning to follow their routine independently, completing chores independently and efficiently, developing their engagement in instrumental activities of daily living, such as meal preparation, cleaning and laundry, and utilising strategies for effective and independent emotional regulation and social interaction.

The following is a summary of John's skills as per Jennifer's responses from the Vineland-3 assessment, Sensory Profile, and based on clinical observations.

Emotional regulation and behaviour

Emotional regulation is the child's ability to manage their feelings and behaviour in different situations. It is

the ability to self-calm in upsetting and/or overwhelming situations, to adjust to changes in routine and to manage highly emotional situations without an outburst. As children grow older, this becomes the ability to appropriately direct their own behavioural response in order to achieve a goal regardless of unpredictable events.

Jennifer reported that:

- John would have meltdowns and tantrums in the past, but this does not occur frequently anymore.
- John can be aggressive towards his sister or other children that hurt him.
- John is sometimes able to recover quickly from a minor disappointment.
- John is sometimes able to control his anger when unexpected events disrupt plans, when given constructive criticism, and when not getting his way.

Clinical observations:

- When John was distracted by his sister playing loudly in the room, John was observed to ask her calmly to be more quiet.
- John appeared to be frustrated when his sister was taking some time to pack away the toys. He appeared to be impatient as he left the room before his sister finished packing away.

According to John's Vineland-3 results, John presents with an adequate adaptive level within the sub-domain of coping skills, with an age-equivalence of 4 years and 2 months.

Sensory processing

Sensory processing is the process of taking in, organising and responding to the information we receive through our senses. The brainstem is responsible for 'filtering' the information we receive to determine whether input should be noticed or ignored.

Jennifer reported that:

- John does not enjoy loud noises and busy locations.
- John can become anxious in crowds as there are too many people and too much noise.

Clinical observations:

- John became distracted by his sister playing loudly in the room, demonstrating some sensory sensitivity.

The Sensory Profile 2 was provided for Jennifer to complete separately to determine John's sensory processing within the household. This assessment can help identify children's sensory processing patterns and enables us to consider how these patterns might be contributing to or creating barriers to performance in daily life. This is a 'snapshot' of John's response to certain stimuli – our sensory thresholds change constantly, for instance, consider when you are particularly tired, fatigued, stressed or unwell – you may react differently to the same stimuli as compared to another day. Our thresholds also change across our lifespan (consider any change in your own preferences from when you were younger) and from our experiences (e.g. increased tolerance of traffic noise after living on a busy road for a period of time).

Scores are classified into 5 groups:

- Much Less Than Others – As scored by 2% of students
- Less Than Others - As scored by 14% of students
- Just Like the Majority of Others – Typical sensory processing abilities (as scored by 68% of students)
- More Than Others – As scored by 14% of students
- Much More Than Others – As scored by 2% of students

Jennifer's response to John's sensory profile indicated that he processes sensory information the same as others in all domains. John's results are as follows. Please note the following information is based on reported information from the Sensory Profile Questionnaire:

QUADRANT SCORE SUMMARY

Quadrant	Raw Score	Percentile Range	Classification
Seeking/Seeker	28	9-84	Just like the Majority of Others
Avoiding/Avoider	42	8-86	Just like the Majority of Others
Sensitivity/Sensor	34	9-86	Just like the Majority of Others
Registration/Bystander	32	9-86	Just like the Majority of Others

SENSORY AND BEHAVIORAL SECTION SCORE SUMMARY

Sensory Section	Raw Score	Percentile Range	Classification
AUDITORY Processing	21	12-85	Just like the Majority of Others
VISUAL Processing	9	11-82	Just like the Majority of Others
TOUCH Processing	13	11-87	Just like the Majority of Others
MOVEMENT Processing	10	8-85	Just like the Majority of Others
BODY POSITION Processing	10	10-89	Just like the Majority of Others
ORAL SENSORY Processing	16	8-87	Just like the Majority of Others
Behavioral Section	Raw Score	Percentile Range	Classification
CONDUCT associated with sensory processing	14	6-84	Just like the Majority of Others
SOCIAL EMOTIONAL responses associated with sensory processing	31	9-85	Just like the Majority of Others
ATTENTIONAL responses associated with sensory processing	16	7-84	Just like the Majority of Others

Sensory Seeking: Generally children who score highly in this area are driven to seek out sensory opportunities. This child tends to be quite active, they often make noises when working, fidget, rub, explore objects with their skin, chew on things and or crash into things to feel the physical contact and pressure. Children who seek sensory input are happiest in an environment with a lot of input. Areas with lots of bright colours, things to touch, sounds, opportunities to move help to keep a child who is sensory seeking alert. **Jennifer's response to the assessment found that John is just as interested in sensory experiences as the majority of others.**

Sensory Avoiding: Behaviour consistent with 'avoiders' represents low thresholds (tolerance) for sensory stimulation. Most sensory avoiders are oversensitive (this may be referred to as "hypersensitivity"). They experience sensory input more intensely than the average child. These children can become withdrawn (in noisy and /or crowded environments) or very disruptive (both strategies are used to avoid). These children can also become distressed with change. Children who are sensory avoiders may also have difficulty working in multi-sensory environments because of the amount of attention shifting required. Each time information comes from another channel, they have to stop processing the sensory information (task, activity) they were involved with and prepare to process information through another channel. This can become overwhelming in very busy environments and can also result in a need to reduce sensory input.

Jennifer's response to the assessment found that John is just as interested in sensory experiences as the majority of others. However, Jennifer's response to the assessment indicates that John demonstrates some sensory avoiding behaviours in the following areas:

- **Social Emotional:** For example, John almost always has fears that interfere with his daily routines, and is frequently sensitive to criticisms and has definite, predictable fears.

Sensory Sensitive: Sensory sensitive children can be very particular about their environment, they rely heavily on routine and ritual to keep their environments predictable. For example, if I always sit in the same place, the visual and auditory environments and amount of sensory input is likely to be more predictable. Not all sensory sensitive children are sensitive to all forms of input or the same input. Some children are extremely sensitive to sound and noise, but not to other sensory components such as touch or visual input. Other children are very sensitive to touch or bright lights, while others are sensitive to activity and 'busy' environments. These children might cover their ears when they hear loud noises, or eat only foods with a certain texture. For a sensory sensitive child, keeping things orderly and predictable may really help the child to feel calm and comfortable.

Jennifer's response to the assessment found that John detects about the same amount of sensory experiences as the majority of others. However, Jennifer's response to the assessment indicates that John demonstrates some sensory sensitive behaviours in the following areas:

- **Auditory:** For example, John is frequently distracted when there is a lot of noise around.

Registration: Children with low registration tend to not notice as many things in the environment. Behaviour consistent with low registration (a "More Than Others" score) represents children who tend to not notice as many things in the environment. These children often seem lethargic, uninterested, or off in a world of their own. Low registration children are not as in touch with their bodies, and may demonstrate low muscle tone, decreased endurance, and delayed motor skills. Children with low registration need more sensory input in order to help them to be alert.

Jennifer's response to the assessment found that John notices sensory cues just like the majority of others. However, Jennifer's response to the assessment indicates that John demonstrates some instances of low registration in the following areas:

- **Auditory:** For example, John frequently enjoys strange noises or makes noise(s) for fun.
- **Conduct:** For example, John frequently rushes through colouring, writing, or drawing.
- **Attentional:** For example, John frequently has a hard time finding objects in competing backgrounds (for example, shoes in a messy room, pencil in "junk drawer").

Summary/Functional Impact:

Jennifer's response to John's sensory profile indicated that he processes sensory information the same as others in all domains. There are some particular areas where John demonstrates differences in his sensory processing, usually in relation to auditory processing. John's diagnosis of ADHD means that he can experience differences in the way he processes sensory information, which influences the way he responds to various stimuli and environments, and impacts his ability to regulate his emotions. As a result, John experiences some difficulty with his emotional regulation skills, which results in frustration and sometimes aggression towards his sister and other children who hurt him. John's difficulty with emotional regulation may impact his relationships with others as well as his ability to engage in tasks within the home, school, and community environments.

Recommendations:

- Occupational therapy would benefit John by exploring John's responses to sensory information, and providing strategies to support his emotional regulation when overstimulated within the home, community and school environments.

See appendices for detailed results of formal assessments.

WHO Disability Assessment Schedule - Children and Youth (WHODAS-Child)

The WHODAS-Child is a generic assessment instrument for health and disability. Jennifer completed this assessment. In this assessment, 0% indicates no disability and 100% indicates a full disability.

John's overall Score is 16% (out of 100%)

Results

	Score (0 to 100)	Average Score (0 to 4)	Descriptor
Overall Disability	16	0.7	Mild
Cognition	25	1	Mild
Mobility	0	0	None
Self-Care	19	0.8	Mild
Getting Along	25	1	Mild
Life Activities	22	0.9	Mild
Participation	6	0.4	None

Summary:

John experiences mild difficulties in cognition, self-care, getting along, and life activities, and therefore requires minimal support to complete his daily occupations.

See appendices for detailed results of formal assessments.

Should you wish to discuss this report further, please do not hesitate to contact Therapy Alliance Group on 1300 66 1945 or team@tagclinic.com.au.



Sara Wheldon
Occupational Therapist
Therapy Alliance Group

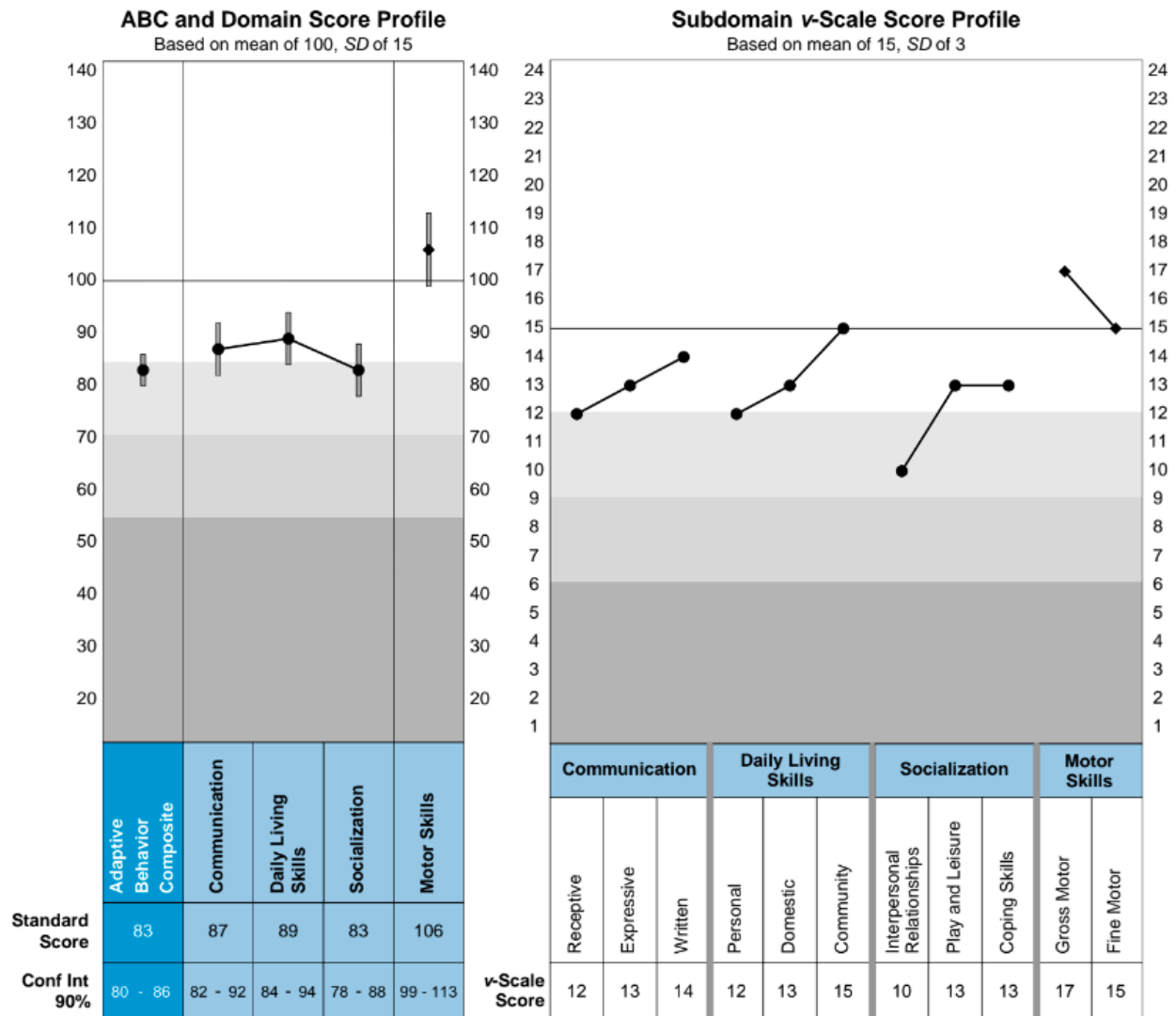
Appendices - Results of Standardised Assessments

Appendix 1: Vineland Adaptive Behaviour Scales - Third Edition (Vineland-3):

The Vineland-3 is a standardised measure of the person's adaptive behaviour/s. Adaptive behaviour refers to the ways a person meets their personal needs, as well as how they manage the social demands in the environment/s that they engage in. In particular, the Vinelands-3 examines a person's communication, daily living, socialisation and motor skills required for everyday living and functioning. Each of the domains are further broken down into sub-domains to target specific areas of the person's functioning.

John's results are summarised in the tables below:

SCORE SUMMARY PROFILE



SCORE SUMMARY

ABC and Domain Score Summary

ABC	Standard Score (SS)	90% Confidence Interval	Percentile Rank	SS Minus Mean SS*	Strength or Weakness**	Base Rate
Adaptive Behavior Composite	83	80 - 86	13			
Domains						
Communication	87	82 - 92	19	-4.3	-	-
Daily Living Skills	89	84 - 94	23	-2.3	-	-
Socialization	83	78 - 88	13	-8.3	Weakness	<=25%
Motor Skills	106	99 - 113	66	14.7	Strength	<=10%

*The examinee's Mean Domain Standard Score (Mean SS) = 91.3

**Significance level chosen for strength/weakness analysis is .10

Subdomain Score Summary

Subdomains	Raw Score	v-Scale Score (vS)	Age Equivalent	Growth Scale Value	Percent Estimated	vS Minus Mean vS*	Strength or Weakness**	Base Rate
Communication Domain								
Receptive	65	12	3:4	123	0.0	-1.4	-	-
Expressive	89	13	4:4	164	0.0	-0.4	-	-
Written	40	14	6:4	97	0.0	0.6	-	-
Daily Living Skills Domain								
Personal	83	12	4:7	129	0.0	-1.4	Weakness	>25%
Domestic	19	13	4:8	52	0.0	-0.4	-	-
Community	46	15	6:7	65	0.0	1.6	Strength	>25%
Socialization Domain								
Interpersonal Relationships	54	10	2:10	102	0.0	-3.4	Weakness	<=10%
Play and Leisure	49	13	4:2	107	0.0	-0.4	-	-
Coping Skills	39	13	4:2	70	0.0	-0.4	-	-
Motor Skills Domain								
Gross Motor	85	17	8:1	182	0.0	3.6	Strength	<=10%
Fine Motor	64	15	6:7	159	0.0	1.6	-	-

*The examinee's Mean Subdomain v-Scale Score (Mean vS) = 13.4

**Significance level chosen for strength/weakness analysis is .10

MALADAPTIVE BEHAVIOR RESULTS

Maladaptive Scale	Raw Score	v-Scale Score
Internalizing	9	21
Externalizing	10	20

v-scale scores have a mean of 15, SD of 3

Critical Items Scored 2 (Often) or 1 (Sometimes)

17. Threatens to hurt or kill someone (Sometimes)

Appendix 2: WHO Disability Assessment Schedule - Children and Youth (WHODAS-Child):

		Score
Understanding and communicating		
D1.1	<u>Concentrating on doing something for ten minutes?</u>	1
D1.2	<u>Remembering to do important things?</u>	1
D1.3	<u>Analysing and finding solutions to problems in day-to-day life?</u>	1
D1.4	<u>Learning a new task, for example, how to play a new game, or learning something new at school?</u>	1
D1.5	<u>Generally understanding what people say?</u>	1
D1.6	<u>Telling your family or friends about things you have done, or people you have met, or places you have been?</u>	1
		25.00%
Getting around		
D2.1	<u>Standing for long periods such as 30 minutes?</u>	0
D2.2	<u>Standing up from sitting down?</u>	0
D2.3	<u>Moving around inside your home?</u>	0
D2.4	<u>Getting around at school or at a friend's?</u>	0
D2.5	<u>Walking for as long a distance as other people your age can?</u>	0
Domain Score		0.00%
Self-care		
D3.1	<u>Keeping yourself and your clothes clean, taking baths or showers, and brushing your teeth without being asked?</u>	1
D3.2	Getting <u>dressed on your own?</u>	1
D3.3	<u>Eating meals without help?</u>	1
D3.4	Staying safe when you are alone or not putting him/herself in danger when there are no adults around?	0
Domain Score		18.75%
Getting along with people		
D4.1	<u>Getting along with people you do not know well?</u>	1
D4.2	<u>Maintaining a friendship?</u>	1

D4.3	<u>Getting along with people who are close to you?</u>	1
D4.4	<u>Making new friends?</u>	1
D4.5	<u>Getting along with your teachers or adults who aren't in your family?</u>	1
Domain Score		25.00%
Life activities		
D5.1	Doing chores or other things you are expected to do at home to help out?	1
D5.2	Finishing chores or home activities that you are supposed to do?	1
D5.3	Doing chores or other home activities well?	1
D5.4	Doing these home activities quickly when it is important?	1
D5.5	Doing your regular school assignments?	1
D5.6	Studying for important school tests?	0
D5.7	Completing all of the school assignments and activities that you need to do?	1
D5.8	Getting all the work <u>done as quickly as needed?</u>	1
D5.9	How much difficulty do you have in following rules or fitting in with others at school?	1
Domain Score		25.00%
Participation in society		
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	0
D6.2	How much do you feel that you are not getting invited to many as parties, play dates, or just hanging out, as you would like?	0
D6.3	How much time do your parents or other family member spend on your health condition problems you may have?	1
D6.4	How much have you been upset by his/her health condition?	1
D6.5	How much of a problem do you have in doing things by yourself for relaxation or pleasure?	0
Domain Score		6.25%
Overall Score		16.67%

H2	Overall, how much did these difficulties interfere with your life?	Not at all	<u>Mildly</u>	Moderately	Severely	Extremely
H3	Overall, in the past 30 days, how many days were these difficulties present?	RECORD NUMBER OF DAYS <u>4</u> / <u>30</u>				
H4	In the past 30 days, for how many days were you totally unable to carry out your usual activities or school/work because of any health condition?	RECORD NUMBER OF DAYS <u>1</u> / <u>30</u>				
H5	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or school/work because of any health condition?	RECORD NUMBER OF DAYS <u>0</u> / <u>30</u>				
H6	In the past 30 days, how many days were you absent from school?	RECORD NUMBER OF DAYS <u>1</u> / <u>30</u>				
H7	In the past 30 days, how many days were you late for school?	RECORD NUMBER OF DAYS <u>1</u> / <u>30</u>				

This completes the assessment. Thank you.