



Dr. B.R. AMBEDKAR OPEN UNIVERSITY
డా. బి.ఆర్. అంబేద్కర్ సార్వత్రిక విశ్వవిద్యాలయం



CENTRE: Thakur Hariprasad Institute of Research & Rehabilitation for Mentally Handicapped, Dilsukhnagar (SE-MR). Hyderabad.

Supportive Services Record

Name: A SRINIVAS REDDY
Admission No. 93819385562
Course B.Ed(SE) MR
Year 2021
Semester Semester III



THAKUR HARI PRASAD INSTITUTE
of Research and Rehabilitation for the Mentally Handicapped
"NGO in Special Consultative Status with Economic and Social Council of the United Nations"

DIAGNOSTIC RECORD

Reg. No:

Date:

Name:

Age:

Sex:

Date of Birth:

Mother Tongue:

Other Languages known:

Address:

Local Address:

PROVISIONAL DIAGNOSIS:

RECOMMENDATION

Admitted for Special Education as

- a. Day Scholar on
- b. Boarder on

DEPARTMENTS

1. Medical & Psychiatric Social Work
2. Special Education
3. Clinical Psychology
4. Speech Language Pathology and Audiology
5. Physio Therapy
6. Occupational Therapy
7. Psychiatry/ Medicine

Dr Atla Srinivas Reddy

Registration No:

**DEPARTMENT OF MEDICAL AND PSYCHIATRIC SOCIAL WORK
SOCIAL WORKER'S EVALUATION**

Date of Assessment:

Name:

Age:

Sex:

I. SOCIO-DEMOGRAPHIC DATA

		Education	Occupation	Income
1	Father			
2	Mother			

3. Religion

:

4. Residence

: Urban/Semi Urban/Rural

5. Informants

:

6. Referred by

: (1) Self, (2) School

(3) Professional Institution

(4) Professionals (5) Friends

(6) Relatives (7) Media

(8) Any other.....

7. Status of the Client with MH (above, 16 years)

(1) (a) Married (b) Single (c) Divorced (d) Widowed

(2) (a) Student (b) Worker (c) Employed (d) Idle

ABOUT THE PROBLEM:

8. Present

:

Problem (as reported by parents) :

9. Age at which the problem was identified : 1) from birth to 1 yr. 2) 1-2 yrs. 3) 3-5 yrs.
4) 6-10 yrs. 5) 11-15 yrs. 6) 15-20 yrs.
7) 20 and above

10. First Symptoms noticed :

11. Previous Intervention : 1) Medical Treatment alone
2) Faith healers alone 3) Right Professionals
4) Medical treatment and faith healing
5) Any other

Is the child under medication presently : YES/NO

Guidance provided : 1) False Assurance 2) Misleading
3) Medication 4) appropriate guidance
5) Appropriate referral
6) Appropriate intervention
7) Any Other

III. SIGNIFICANT MEDICAL HISTORY: (Probable causative factors)

12.

Pre Natal	Peri Natal	Post Natal
0. No Significant factor	0. No Significant factor	0. nil
1. Accident	1. Premature/Post	1. Jaundice
2. Malnutrition	2. Difficult/Prolonged labour	2. Head Injury
3. Acute Emotional stress or shock	3. Caesarean/Forceps	3. Convulsions
4. Unwanted pregnancy	4. Cord around neck	4. Chicken Pox
5. Excessive medication	5. Delayed birth cry	5. Malnutrition
6. Drugs/Alcoholism	6. Resuscitation	6. Any other
7. Any other	7. How birth weight	
	8. Home delivery	
	9. Any other	

13) ANY SIGNIFICANT HEALTH PROBLEMS AFTER 3 MONTHS

14) IMMUNIZATION: 1. Not Immunized 2. Partially Immunized 3. Fully immunized

15) MILESTONES OF DEVELOPMENT : 1. Gross delay 2. Mild delay
3. No delay

SCHOOL HISTORY:

16. 1) Ordinary Schooling: 1. Never been 2. Discontinued 3. Still at school
4) Frequent changes schools
2) If discontinued reasons: 1. Repetitive failures 2. Refusal by school
3. Child's refusal 4. Poor health
5. Any other
3) Special school: 1. Never been 2. Discontinued
3. Still at school 4. Frequent changes of schools
4) If discontinued reasons: 1. Repetitive failures 2. Refusal by school
3. Child's refusal 4. Poor health
5. Any other

V. FAMILY & SOCIAL ENVIRONMENT:

17. PEDIGREE CHART: a) Consanguinity: present / absent
b) Pregnant / operated / not operated
c) Age of conception

- Male
- Female
- Mental Handicap
- Dead
- Abortion

Age & Education

18. Family Structure : 1. nuclear 2. Joint 3. Extended 4. Uni-parent
5. Broken

19. House : 1. Rented 2. Own 3. Official Accommodation

20. Size : 1. Large 2 Medium 3 Small

Adults

Children

21. Family history of significant illness

- : 1. Nil 2. Mental Retardation 3. Mental illness
4. Epilepsy 5. Congenital deformities
6. Other handicap 7. A.0

(Tick which is appropriate and mention the relationship with the person)

Relationship with the affected person

22. Presence of handicap among siblings: Present /absent

23. If present specify

(Type and care provided)

24. GENERAL EMOTIONAL CLIMATE IN THE FAMILY

Family Members	4 Over indulgence and caring	3 Very affectionate and caring	2 Affectionate	1 indifferent	0 Rejection
a Father					
b Mother					
c Siblings	4 Very affectionate and caring	3 Affectionate	2 indifferent	1 Rejection	0 Bully and Tease
d Elders					
e Younger Ones					
f Others					

25. Child's Relationship with the family members:

General Attitude

Family Members	Affectionate and obedient	Quarrelsome & stubbed	Quarrelsome stubbed most of the time
Parents			
Elder Siblings			
Younger Siblings			
Others			

26. Persons with whom the child is most attached

27. Persons with whom the child has reportedly more problems

28.

Presence of other problems	Yes	No	Details
Sibling rivalry			
Bullying by siblings			
Unfair comparing by parents			
Less time to parenting due to their pre - Occupations			
Strained marital relationship			
Unhelpful attitude of neighbours			
Any other			

29. SOCIAL CLIMATE

a. Relationship with peers: 1.Adequate 2.Indifferent 3.Inadequate 4. Rejected

b. Acceptance by peers: 4.Accepted 3.Indifferent 2.Rejected 1.Teased and bullying

30. SUPPORT SYSTEM

a. General family atmosphere 1.Very congenial 2.Congenial 3. Disturbed
4. Apathetic 5. Pathological

b. Friends & relatives 1. Supportive 2.Indifferent 3.Not supportive

c. Environments Any significant factor that is supportive or not

d. Acceptance of the problem 1.State of shock 2.denial 3.Feeling of guilt shame etc
4. Ambivalent 5.rationalisation 6. Way to acceptance
7. Acceptance

e. Level of adjustment 1.awareness 2.Recognition 3. Search for cause
4. Search for a cure 5. Acceptance of the person

f. Parents knowledge of the problem: 1.Totally unaware 2.less aware 3. Adequately aware 4.well

g. Expectation of parents (as spelt out by parents)

- h. Parents motivation towards the care of the person: 1.adequately motivated 2.need some help
3. Least motivated
- i. Other problems anticipated: 1. Financial 2.Non availability of family members to pay
adequate attention for therapeutic intervention 3.distance 4. Family problems
5. Any other

31. ABOUT THE PERSON WITH MENTAL HANDICAP

Any significant observations

(How does he/she present himself/herself):

SOCIAL INTERACTION

32. ANY OTHER SIGNIFICANT INFORMATION (including work life):

SOCIAL DIAGNOSIS

RECOMMENDATION: Plan of action

MEDICO & PSYCHIATRIC
SOCIAL WORKER

DEPARTMENT OF SPECIAL EDUCATION

Special Education Assessment

Case No-----

Date of Assessment-----

1. SECONDARY SKILLS:

	REACTION			DIFFERENCIATION			IDENTIFICATION		
	Nil	Vague	Good	Nil	Vague	Good	Nil	Vague	Good
Tactile									
Auditory									
Visual									
Olfactory									
Gustatory									

REMARKS:

CODING FOR OTHER AREAS OF EVALUATION

NATURE OF THE
PERFORMANCE

FREQUENCY OF THE
PERFORMANCE

3. Performs Without Help

A. Always

2. Performs With Help

O. Often

1. Yet to Perform

R. Rarely

N.A. Incapable of Performing

N. Never

3. MOTOR SKILLS:

3.1 Mobility on foot: 1. Present 2. Absent 3. Impaired

3.2 Use of hands:

1. Totally functional 2. Function slightly impaired 3. Function not present
 2. Totally functional 2. Function slightly impaired 3. Function not present

3.3 ABILITIES:

- 1. Sitting
- 2. Standing
- 3. Walking
- 4. Running
- 5. Climbing
- 6. Jumping
- 7. Holding big objects
- 8. Holding small objects
- 9. Picking up small objects
- 10. Scribbling/Writing
- 11. Manipulating Precision tasks

3	2	1	NA	A	O	R	N

Remarks on motor skills:

4. COMMUNICATION:

4.1 RECEPTIVE: Responding meaningfully to

- a. Simple communication
- b. Complex communication

4.2 EXPRESSIVE:

- 1. Mode of expressions: a. Verbal b. Non-verbal c. Both
- 2. Level of expression:

- 1. Isolated sounds
- 2. Meaningful words
- 3. Simple sentence/Phrases
- 4. Narrating experience
- 5. Initiating communication
- 6. Maintaining conversation

3	2	1	NA	A	O	R	N

5. SOCIAL COMPETENCE:

- 1. Participating in family routing
- 2. Identifying familiar localities in neighborhood
- 3. Behaving appropriately in family
- 4. Behaving appropriately in any social
- 5. Travelling safely to familiar places
- 6. Travelling safely to unfamiliar places
- 7. Using public services/ facilities
- 8. Seeking assistance from appropriate Sources
- 9. Behaving appropriately with people of opposite sex
- 10. Observing civic rules/obligations

3	2	1	NA	A	O	R	N

REMARKS:

6. RECREATION:

6.1 PLAY:

Participating in:

- 1. Solo play
- 2. Group ply
- 3. Constructive play
- 4. Semi-Structured play
- 5. Structured play
- 6. Organized/Competitive games

3	2	1	NA	A	O	R	N

REMARKS:

6.2 HABBIES

- 1. Watching T.V.
- 2. Listening to Radio/Audio equipments
- 3. Collecting materials of interest
- 4. Visiting people, places etc
- 5. Gardening
- 6. Handicraft

3	2	1	NA	A	O	R	N

REMARKS:

6.3 PERFORMING ARTS:

PARTICIPATING IN

- 1. Dancing
- 2. Instrumental Music
- 3. Mimicry
- 4. Mime
- 5. Mono acting
- 6. drama

3	2	1	NA	A	O	R	N

REMARKS:

6.4 CREATIVE ARTS:

PARTICIPATING IN:

- 1. Free hand Drawing
- 2. Thematic Drawing
- 3. Painting
- 4. Embroidery
- 5. Clay Modeling
- 6. Collage

3	2	1	NA	A	O	R	N

REMARKS:

7. COGNITIVE SKILLS AND BASIC CONCEPTS:

(Please use codes, I-Identification, N-Naming, M-Matching, along with the codes ticks appropriately)

1. Identifying body parts
2. Identifying familiar objects
3. Using familiar objects appropriately
4. Understanding directionality
(like up, down, high, low, in out, left,Right)
5. Identifying shapes
6. Identifying Shapes
7. Identifying numbers
8. Differentiating people based on sex

3	2	1	NA	A	O	R	N

REMARKS:

8. ATTENTION AND CONCENTRATION:

Attending continuously to assigned task for

1. Less than 2 minutes
2. 2-5 minutes
3. 5-5 minutes
4. Till task completion

3	2	1	NA	A	O	R	N

REMARKS:

9.1. ACDEMICS:

- a) Is the child attending school?
- b) What are the problems faced by the child at school?

9.4. TIME:

1. Stating part of day
2. Differentiating Yesterday, Today Tomorrow
3. Starting the day of the week on A special day
4. Starting approximate time
5. Stating time to the hour on the Clock
6. Stating time on ½ hr on the clock
7. Stating time on 15, 45 minutes on the clock
8. Stating time on electronic watch
9. Using clock/watch
10. Programming own schedule
11. Using calendar for programming Events
12. Meeting appointments based on Time day & date

3	2	1	NA	A	O	R	N

REMARKS:

1. 10 PREVOCAIONAL SKILLS:

1. Matching related objects
2. Counting objects
3. Sorting specific objects from an Assortment
4. Categorizing objects
5. Measuring of dimensions
6. Measuring of liquids
7. Weighing of objects
8. Identifying simple tools
9. Using simples tools
10. Assembling two or more parts
11. Sequencing the procedure of an Activity
12. Working consistently till! Task Completion

3	2	1	NA	A	O	R	N

REMARKS:

11. DOMESTIC SKILLS:

- 1. Running simple errands within the house
- 2. Completing simple routine household Chores
- 3. Performing unscheduled tasks
- 4. Performing home-related chores Outside

(eg. Purchases, paying bills, transmitting Messages etc)

3	2	1	NA	A	O	R	N

REMARKS:

12. Any specific behavior observed/reported which may interfere with learning of skills

1. Any additional relevant information:

2. Recommendation;

**Signature of evaluating
Special Educator**

DEPARTMENT OF CLINICAL PSYCHOLOGY

PSYCHOLOGICAL ASSESSMENT

1. Complaints:

Date of Assessment:

Case Id:

a. Reliability: 1.fair 2.good 3.adequate 4.Unreliable 5.Inadequate

b. Reasons for Referral:

1. To assess the current level of intellectual functioning
2. Adaptive Behaviour
3. Behaviour Problems
4. Others

2. I. Significant

a. Pre-Natal History

1. Poor nutrition 2.Injury or accident 3. Intake of alcohol or drugs
4. Financial stress 5.Emotional stress 6. Unnecessary Medication

b. Delivered at : 1.Hospital 2.Home 3.Any other

c. Assisted by: 1.Doctor 2.Nurse 3.Dasis 4.Any other

d. Peri-natal : 1.Delayed Labour 2.Difficult labour 3. Breech delivery

4. Cesarean 5. Forceps 6.Cord around the neck

7. Vaccum extracts 8. Birth trauma

e.Post natal: 1.Measles 2.Jaundice 3.Epilepsy including febrile convulsions 4.Encephalitis or 5. Any other

2. II Mental status Examination:

- a. Level of consciousness: 1.Unconscious. 2. Altered state of consciousness 3. Conscious
- b. General appearance: 1. kempt 2.Unkempt
 1. Groomed 2.Disheveled
 1. Neat 2. Shabby
 1. Mannered 2. Unmannered
- c. Rapport 1.Difficult to establish 2.Slightly established 3.Established
- d. Eye Contact 1. Not maintained at all 2. Fleeting minimum 3.Maintained adequately
- e. Psychomotor activity 1.Depressed PMA 2.Normal PMA 3.Increased PMA
- f. Emotional reactivity 1.Emotionally blunt 2.Restricted 3.Normal 4.Labile 5.Flat
- g. Speech and language 1.Limited 2.Restricted 3.Adequate
- h. Nature 1.Relavant 2.Irrelevant
- i. Clarity 1.Lacks clarity 2.Fair 3.Inteligible
- j. Biological Functions 1.Adequate 2.Inadequate
- k. Memory 1.Disturbed 2.Inadequate 3.Adequate
- l. Vocabulary 1.below 10 words 2.10 to 50 words 3. 50to 100 words
 4. 100 to 300 words 5. Above 300 words
- m. Abstraction 1. Absent 2.Concrete 3.Simple 4.Present
- n. Organisation 1. Poor 2.Simple 3.Complex
- o. Constructional ability 1.Absent 2.Can copy simple ones 3.Complex
- p. Reasoning 1.Unrealistic 2.Fragmented 3.Over inclusive 4.Limited 5.Adequate
- q. Perception: 1.Adequate 2. Inadequate
- r. Disorders: 1.Delusions 2. Hallucination
- s. Insight 1.Absent 2. Present 3 Partial 4. CNB T

if present

1. At emotional level

2. Intellectual level

2. Self help skills:

	1. Dependent	2. Partially dependent	3. Independent	4. Remarks
i Toilet training				
ii Dressing				
iii Eating				
iv. Washing				
v. Bathing				
vi. Safety				
vii. Mobility				

2. Orientation

Not oriented	Partially Oriented	Oriented	Well oriented	Remarks

3. Associative disabilities

1. Motor

2. Speech

3. Visual

4. Hearing

4. Academic Skills

a. Reading

1. Can read pictures

2. Can read alphabets 3. Can read words

4. Can match the words

5. Can read the sentences 6. Nil

- b. Writing 1. Not oriented 2. Has tripped grip 3. Scribbles
 4. Draws strokes & Geometric figures 5. Writes alphabets
 6. Writes word 7. Writes sentences

- c. Arithmetic 1. Not oriented 2. Can tell orally No's 1 to 5
 3. Count with objects up to 5 to 10
 4. Give objects when asked for within 5 5. Writes 1 to 20
 6. Can add 7.can subtract 8.Know tables 9.can use calculators

- d. Special interest: 1.TV programmes 2.Advertisements 3.Music 4. Games
 5. Songs 6.Toys 7.Painting 8.Any others

5. Socialization

(i)

	Good	Adequate	Inadequate
a). Relationship with Parents			
b). Relationship with Sibling			
c). Relationship with Peers			

(ii) Special interest

(iii) Delinquent behaviour

(iv) Personality characteristics

8. Psychometry: Cognitive functions

1) Attention Concentration

- a. Aroused easily/ with persuasion/with difficulty

b. Good/adequate / inadequate.

c. Can be sustained Can be sustained with stimulation/cannot be sustained

II) Memory

	Good	Adequate	Inadequate
a. Immediate memory			
b. Verbal memory			
c. Visual memory			
d. Remote memory			

III) a. Gessel's Drawing test:

- Mental age
- IQ.

b. Seguin Form Board Test

- Mental age
- IQ.

c. Coloured Progressive Matrices

- Obtained percentile
- Mental age
- IQ.

d. Standard Progressive Matrices

- Obtained percentile
- Mental age
- IQ.

e. Binet Kamath test for general mental ability

- Basal age
- Terminal age
- Mental age
- IQ.

f. Vineland social maturity scale

- Social age
- SQ

g. MISIC (Malin's Intelligence Scale for Indian Children)

- Mental age
- IQ

h. Bhatia Battery of Performance Test for Intelligence

- Mental age
- IQ

i. Koh's Block Design Test

- Mental age
- IQ

j. DDST(Denver's Developmental Screening Test)

- Gross Motor
- Fine Motor
- Personal Social
- Language

k. D.S.T. (Bharat Raj)

- Developmental Age
- DQ

9. a) Vocational Abilities: 1.Simple 2.Complex
b) Motivational Level: 1.Not motivated 2.Need 3.Sufficiently
c) Aptitude towards Prompting Motivated
d) Simple Assembly 1. Present 2.Absent
e) Complex Assembly: 1.Present 2.Absent

10. BEHAVIOURAL PROBLEMS:

1. Violent towards others
2. Destructive Behaviour
3. Disruptive Behaviour
4. Self-injurious behaviour
5. Repetitive or Stereotyped behaviour
6. Odd behaviour
7. Anti social behaviour
8. Withdrawal behavior
- 9) Rebellious behaviour
10. Hyperactive behaviour

FINALREPORT:

Mental age

IQ

Social age

SQ

Level of intelligence:

1.Average 2.Borderline 3. Mild MR

4. Moderate MR 5 Severe MR 6.Profound MR.

i. Remarks

ii. Management Plan

iii. Recommendations

a. Parental Counselling (individual)

b. Parental Counselling (group)

c. Behaviour Modification

d. Parental self-help group

e. Home guidance clinic

g. Slow learners clinic

j. Cognitive therapy

h. Psycholinguistic therapy

i. Sensory stimulation training

j. Crisis intervention

K. Psychotherapy

l. Play therapy

CLINICAL PSYCHOLOGIST

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
SPEECH LANGUAGE EVALUATION

Name: _____

Date of assessment: _____

Age/Sex: _____

Case No: _____

Mother Tongue: _____

Languages Known: _____

Any complaints of hearing problems: _____

1. MEDICAL HISTORY

a) Pre-natal History

- i) History of miscarriages
- ii) Use of medication
- iii) Viral infection
- iv) Other illness
- v) X-ray
- vi) Excessive vomiting
- vii) Others

b) Birth History

- i) Pre-mature delivery
- ii) Post-term delivery
- iii) Labour: Normal
 - Prolonged
 - Instrumental delivery
 - Caesarian birth
- iv) Anesthesia - General
 - Spinal
- v) Birth Cry - Normal
 - Delayed
- vi) Jaundice (in the first 3-4 days)
- vii) Rh Incompatibility
- viii) Congenital deformities
- ix) Others

Birth Weight: _____

Birth Injury: _____

c) Post-Natal History

- i) Head Injury
- ii) Convulsions
- iii) Ear Infections
- i) Illness
- ii) Mumps
- iii) Chicken pox
- iv) Influenza
- v) Typhoid
- vi) Whooping Cough
- vii) Tuberculosis
- viii) Meningitis
- ix) High fever
- x) Accidents
- xii) Emotional trauma

SPEECH DEVELOPMENT (in months/years):

Vocalization:

- a. Spontaneous
- b. On demand

Babbling:

First word:

Two word level:

Sentence level:

COMMUNICATION BEHAVIOUR:

(Verbal/Non-verbal/both)

VERBAL COMMUNICATION:

EXPRESSION

- Uses
- a. Vocalization
 - b. Words
 - c. Phrases
 - d. Simple sentences
 - e. Complex sentences

COMPREHENSION

- a. Words
- b. Phrases
- c. Simple sentences
- d. Complex sentences

NON-VERBAL COMMUNICATION

EXPRESSION

- Uses
- a. Sings
 - b. Gestures
 - c. Others

COMPREHENSION

- a. Sings
- b. Gestures
- c. Facial expressions

LANGUAGE BACKGROUND:

- a. Speech and language stimulation: (Adequate/Inadequate)
- b. Uses one/more than one language:
- c. Comprehend one/more than one language:

ORAL PERIPHERAL EXAMINATION:

- a. Lips appearance
 - Normal
 - Scars
 - Repaired/unrepaired cleft
 - Others

Retraction

- Normal
- Pulls to left/right
- Doesn't succeed
- Others

Protrusion

Normal
Pulls to left/right
Doesn't succeed
Others

b. Tongue appearance

Normal
Fissured
Microglossia
Hypoglossia
Tongue tie

Movement

Normal
With tremors
Deviates to left/right
Doesn't succeed
Others

c. Soft Palate Structure

Normal
Repaired/unrepaired cleft
Too short
Submucous cleft
Others

Function

Normal
Asymmetric elevation
Limited movements
Slow movement
Velopharyngeal Closure
Adequate/Inadequate

d. Hard Palate

Normal
High arch
Flat
Repaired/unrepaired cleft

Submucous cleft

Others

e. Diadechokinetic Rate

Average

Below average

Unsustained

Others

f. Teeth

Normal

Overbite

Underbite

Others

IMITATION SKILLS:

a. Gross body

good/fair/poor

b. Speech

good/fair/poor

INTELLIGIBILITY OF SPEECH:

i) No one can understand his/her speech

ii) Only familiar person can understand his/her speech

iii) Strangers can also understand his/her speech

VOICE:

a. Pitch

Normal

High

Low

Monotonous

Diplophonia

Pitch break

Other

b. Loudness

Normal
Too soft
Too loud
Others

c. Quality

Normal
Hypernasal
Hyponasal
Hoarse
Harsh
Breathy
Strangled
Others

a. Breath control intra orally

b. Maximum Phonation Duration

FLUENCY:

Normal
Stuttering
Cluttering

Secondary behaviours during speaking

FORMAL TESTING:

READING & WRITING SKILLS:

Letter recognition

Copying

Word recognition

Writing to dictation

Reading comprehension

Spontaneous writing

Dr Atla Srinivas Reddy

LANGUAGE EVALUATION: _____

DIAGNOSTIC FORMULATION: _____

PROVISIONAL DIAGNOSIS: _____

RECOMMENDATIONS: _____

Speech-Language Pathologist & Audiologist

DIAGNOSTIC RECORD

DEPARTMENT OF PHYSIOTHERAPY

Physiotherapy Evaluation

Reg. No.

Date of Assessment

Name

Age

Sex

1. Chief Complaints

2. Brief History

3. Examinations

a) Reflex Maturation Testing

- | | | | |
|------------------------------------|---|------------------------------|--------|
| 1. Spinal | : | Flexion Withdrawal | (0-2m) |
| | : | Crossed Extension | (0-2m) |
| | : | Extensor Thrust | (0-2m) |
| 2. Brain Stem | : | ATNR | (0-6m) |
| | : | STNR (5-7m) | |
| | : | TLR (2-3 m) | |
| | : | Positive supporting reaction | (0-3m) |
| | : | Negative supporting reaction | (3-5m) |
| 3. Mid Brain | : | L.R.R. (0-2 m& Remains) | |
| 4. Cortical (Equilibrium Reaction) | : | Supine (6-9 m & Remains) | |
| | : | Prone (6-9 m & Remain) | |
| | : | Sitting (6-9 m& Remain) | |
| | : | Standing (6-9 m & Remain) | |

5. Automatic Reactions : Moro's Reflex (6ms)
: Landau's Reaction (6ms)
: Protective extension of arms

b. C.N.S. Examination

1. Tone : Hyper/Hypo/Normal/Fluctuating
(R) (L)

U/L

L/L

Rt. Lt.

2. Reflexes - DTR

: Biceps Jerk

: Triceps Jerk

: Supinator Jerk

: Knee Jerk

: Ankle Jerk

Superficial : Plantar Reflex

: Abdominal Reflex

3. Involuntary Movements :

4. Voluntary Control : Upper Limb Rt. Lt.

: Shoulder Jt.

: Wrist Jt.

: Phalanges Jt.

Upper Limb

: Hip Jt.

: Knee Jt.

: Ankle Jt.

: Neck

: Spine

Rt.

Lt.

5. Coordination : U/L

: L/L

6. Muscle wasting

7. Breathing Pattern

8. Tightness/Contracture/Deformity : a. U/L
: b. L.L
: c. Spine

9. Functional Activities

a) Neck Control (0-3ms)

b) Rolling (4-6rms)

c) Creeping (7-9ms)

d) Sitting (6-9ms)

e) Quadruped (7-9ms)

f) Kneeling (7-9ms)

g) Half Kneeling (9-12ms)

h) Standing (9-12ms)

i) Walking (12-16ms)

10. Gait

Rt.

Lt.

(d) RANGE OF MOVEMENT : U/L Shoulder Jt.

: Elbow Jt.

: Wrist Jt.

: Phalanges Jt.

: L/L Hip Jt.

: Knee Jt.

: Ankle Jt.

(e) POSTURE

(f) ADL

(g) DIAGNOSIS

(h) TREATMENT

PHYSIOTHERAPIST

Dr Atla Srinivas Reddy

DEPARTMENT OF OCCUPATIONAL THERAPY

Occupational Therapy Assessment

Reg. No:

Date of Assessment:

Name:

Age:

Sex:

Chief Complaints

HISTORY

0 No significant Factor	0 No Significant Factor	0 No Significant Factor
1 Accident	1 Full term/premature/Post mature delivery	1 Jaundice
2 Malnutrition	2 Home/Hospital delivery	2 Head injury
3 Difficult/Prolonged labour	3 Convulsions	3 Drugs
4 Genetic Disorder	4 Forceps delivery	4 Infections
5 Maternal Disease	5 Cord around neck	5 Malnutrition
6 X-ray exposure	6 Birth cry-normal/feeble/delayed	6 Asphyxia
7 Accute emotional stress	7 Low birth weight	7 Any other
8 Any other	8 Breech Presentation	
	9 Administration of drugs	
	10 Any other	

MEDICAL HISTORY

FAMILY HISTORY

DEVELOPMENTAL HISTORY

Neck control :
Rollingover :
Sitting :

Crawling :
 Standing :
 Walking :

ON OBSERVATION:

Built & Nourishment

Hand Dominance Right/Left/not established

Higher Function
 Memory
 Speech
 Hearing
 Vision

ON EXAMINATION

Primitive	Rooting	(0-3m)
	Sucking	(0-2/5m)
	Traction	(0-2/5m)
Spinal	Flexor withdrawal	(0-1/2m)
	Crossed Extension	(0-1/2m)
	Extensor Thrust	(0-1/2m)
Brainstem	ATNR	(0-6m)
	STNR	(0-6m)
	TLR	(0-6m)
	Positive supporting reaction	(3-8m)
	Negative supporting reaction	(3-8m)
Midbrain	Neck righting	(0-6m)
	Body righting on body	(4m-5yrs)
	Body righting on head	(4m-5yrs)
	Labyrinthine righting	(>-2m)

	Optical righting	(>-2m)
Cortical	Equilibrium Reactions	
	Prone	(>-5m)
	Supine	(>-7/8m)
	Quadruped	(>-9/12m)
	Sitting	(>-7/8m)
	Standing	(12-21m)
	Staggering	(>-15-18m)
Automatic Reactions	Moro's	(15-18m)
	Landau's	(3/4m-12/24m)
	Protective Extension	(>6-9m)

MOTOR EVALUATION

		Right	Left	Remarks
Muscle Tone	UE			
	LE			
Voluntary Control	UE			
	LE			
Range of Motion	UE			
	LE			
Muscle Power	UE			
	LE			
Reflexes (DTR)	Biceps			
	Triceps			
	Supinator			
	Knee			
	Ankle			

Clonus	Patellar			
Involuntary Movements	Ankle			
	UE			
T/C/D	LE			
	UE			
S/W	LE			
	UE			

HAND FUNCTION ASSESSMENT

		Right	Left	Remarks
Reach	Forward			
	Backward			
	Sideward1			
	Upward			
	Downward			
Gross Grasp	Spherical			
	LCylindrncial			
	Hook			
	Span			
Prehension	Pincer			
	Lateral			
	Tripod			
	Opponence			
Release				
Inhand Manipulation skills	Translation			
	Rotation			
	Shift			
Strength	Grip Strength			

	Pinch Strength			
Coordination				
UE	Eye & Hand			
	Hand to hand			
	Hand to Mouth			
LE	Heel to Knee			
	Foot to object			
	Foot to foot			

ORAL MOTOR SKILLS

SENSORY EVALUATION:

1. Superficial
2. Deep

Dependent/Partially Dependent/Independent

A.D.L SKILLS:

SELF CARE

- Feeding
- Dressing/Undressing
- Toileting
- Grooming
- Bathing
- Personal Hygiene

MOBILITY STATUS

- Indoor
- Outdoor

COMMUNICATION SKILLS

MANAGEMENT OF ENVIRONMENTAL HARDWARE

HOME MANAGEMENT

POSTURE

GAIT

Functional Abilities:

- Can Roll
- Can come up to sit
- Balance in sitting
- Kneeling
- Standing
- Walking

Sensory System Evaluation:

Sensory System

- Verbal
- Auditory
- Tactile
- Proprioceptive
- Vestibular

Remarks

EVALUATION

- | | | |
|------------|----------------------------------|----------|
| Score Code | 0- Makes no attempt | -Poor |
| | 1- Attempts, Unsuccessful | -Fail |
| | 2- Succeeds, Slowly or awkwardly | -Average |
| | 3- Succeeds, Normally | -Good |

	ABILITIES.	0	1	2	3	Remarks
1	COGNITIVE:					
	Leams at average rate					
	tention span of reasonable duration					
	Follows instruction					

	Remembers and uses new knowledge appropriately					
	Exercises judgement in learning					
	Motivation to learn					
2	PERCEPTUAL MOTOR:					
	Object relation					
	Recognizes pictures					
	Names 3 pictures					
	Picture-object making					
	Recognizes same and different 3D					
	Picture completion (2,3,4 pieces)_					
	Matching and sorting concept					
	Recognizes size & shapes (big, small)					
3	BODY IMAGE:					
	Body concept					
	Names body parts					
	Differentiates right & left					
	Differentiates sensory smiles					
	Can initiate actions					
	Draws picture of a man					
	Spatial orientation					
4	SOCIAL:					
	Social smiles					
	Discriminate strangers					
	Initiates others					
	Fights with others					
	Demands for self					
	Initiates interaction					
	Wants for the turn					

	ABILITIES.	0	1	2	3	Remarks
5	EMOTIONAL					
	Appropriate appearance					
	Expression of affect-clear, spontaneous and appropriate					
	Stable emotional state					
	Relevant behaviour					
	Personal care					
6	COMPREHENSION ON LANGUAGE					
	Understands 'No Bye'					
	Speaks to indicate wants					
	Names common objects					
	Simple sentences					
	Give account of recent event knows full name, age					
	Fluent speech					
	Describes use of familiar objects					
7	Play					
	Solitary					
	Parallel					
	Explorative					
	Imaginative					
	Destructive					
	Constructive					
	Plays with peers/others					
	Dramatic play					
8	TASK SKILLS					
	Concentrate despite distractions					
	Engaes in unstrcted activities					

	Self-directed in unstructured settings				
	Appropriate speech in activity				
	Neat in activity				
	Tolerates frustration				
	Engages in activities which has more than two processes				
	Able to organise a simple task skillfully				

SUMMARY:

PROVISIONAL DIAGNOSIS:

MANAGEMENT PLAN:

OCCUPATIONAL THERAPIST

Dr Atla Srinivas Reddy

DEPARTMENT OF MEDICINE

MEDICAL EXAMINATION

Name:

Case No:

Age:

Sex:

Date of Assessment

1. General Growth and Development

- a. Nutrition
- b. Head Circumference
- c. Dentition/Oral Hygiene
- d. E.N.T
- e. Eyes
- f. Heart
- g. Lungs
- h. Abdomen
 - i) Liver
 - ii) Spleen
- i. C.N.S
 - i) Muscle Tone
 - ii) Coordination
 - iii) Paresis
- j. Genitals
- k. Extremities
 - i) Upper
 - ii) Lower
- l. Spine-Scoliosis/ khyphosis
- m. Skin
- n. Speech-normal/impaired

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2. SEIZURES:

3. DYSMORPHIC SIGNS:

4. IMMUNISATION STATUS:

5. DIAGNOSIS/OPINION:

6. TREATMENT PLAN:

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MEDICAL OFFICER AND PAEDIATRICIAN

PSYCHIATRIC EVALUATION

Reg.No.

Name:

Age:

Sex:

Presenting Complaints:

Duration

Onset:

Participating factors if any

Episodic/Continuous

History of present illness:

Past History:

Epilepsy, Infections, Head Injury, Auditory/Visual Impairment

Similar complaints in the past

Others:

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Family History: Mental Illness/Mental Retardation/Epilepsy Other:

Personal History:

Mothers Health during Pregnancy

Delivery : Fulltime/ Pre-mature/ Normal/ Delayed/ Forceps/ Episiotomy
Caesarian Section/Home Delivery

Home Delivery : Birth asphyxia/Neonatal Seizures/Delayed Birth cry

Developmental Milestones : Normal/Delayed

Neck Holding

Sitting

Standing

Walking

Speech

Self-help Skills : Absent/Can perform under supervision/Independently

Nocturnal Enuresis: Present/ Absent .

Educational History: Did not go to school/ Attended school but did not learn

Habits :

Training in a special school :

Treatment History :

Investigations

- CT Scan/ MRI
- Chromosomal array
- Hormonal array
- Any other

MENTALSTATUS EXAMINATION

General

appearance/behaviour _____

Speech: Reaction time Spontaneity Relevant/Irrelevant
 Volume/Tone High/Low
 Coherent/Incoherent

Mood: _____

Thought Disorders: Stream, Form, Possession, Content

Perceptual disorders: Illusion, Hallucinations, De-personalization, De-realizations _____

Behaviour and Problems:

Primary Mental Functioning:

Insight: Present/Absent/Partial

Physical Examination:

 Congenital abnormalities

 Neurological deficits

Summary:

Diagnosis: _____

Treatment:

1. Medicines: _____

2. Any other: _____

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SUMMARY AND RECOMMENDATIONS

PROVISIONAL DIAGNOSIS: _____

**Follow up measures
(as suggested by the teams):**

Date of review: _____

Signature of Review Co-ordinator

FOLLOW-UP

<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

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FOLLOW-UP

<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

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FOLLOW-UP

<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

Dr Atla Srinivas Reddy

FOLLOW-UP

<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

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<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

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<u>Date</u>	<u>Intervention Plans</u>	<u>Remarks/Seen by</u>

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