



Evaluation Summary

Model Template & Instructions



Child's Name:	Sam Smith	Evaluation Date:	7/7/08
Parent(s) Name:	John and Suzy Smith	Date of Birth:	10/20/06
Parent Phone Number:	816-555-5555	Age in Months:	33 months
Parent Email:	N/A		
Service Coordinator:	Carrie Coordinator		

EVALUATION TOOL

The Developmental Assessment of Young Children (DAYC) is a standardized, norm-referenced evaluation tool that utilizes professional observation and caregiver report. It consists of five subtests that measure developmental abilities in the following areas: cognition, communication, social-emotional development, physical development, and adaptive (self-help) skills. The DAYC is not an IQ test and should not be used to predict future cognitive or developmental abilities.

CHILD AND FAMILY HISTORY

Sam is a two-and-a-half year old boy who lives with his parents and 2 older siblings, a brother and a sister. Sam's parents recently expressed more concern with his lack of talking and his lack of interaction with them and Sam's siblings. Sam's mom expressed these concerns to Sam's physician who referred them to First Steps. Sam's mom has contacted the XYZ Center and is completing paperwork for a developmental evaluation due to the physician's concern with possible Autism Spectrum Disorder.

EVALUATOR OBSERVATIONS

Cognition

Cognitive skills include abilities such as attention, memory, purposive planning, decision making, and discrimination. This section should contain both functional items from the protocol and the evaluator's observations to capture the child's level of understanding, reasoning, perception and judgment in everyday activities. The evaluator should note any patterns in responses or missed items that contribute to the child's overall functioning.

Example:

Sam enjoys playing with his Little People. He will occasionally put one in a truck and push it around but mostly likes to bend and unbend their legs. Sam will throw a ball back and forth a couple of times, laughing when he is able to throw the ball past the other person. Sam is starting to engage in some pretend play in imitation. He had a stuffed animal and a bottle during the evaluation; he was just bringing toys out of his room to show. After this provider had the animal take a drink from the bottle, Sam imitated this play. Sam does not really show interest in reading books, although he does enjoy tearing the pages. Sam loves the Backyardigans and will watch that show on TV.

Communication

Communication skills involve both receptive and expressive language and verbal and nonverbal expressions. This section should contain both functional items from the protocol and the evaluator's observations to capture the child's exchange of ideas, information, and feelings. The evaluator should note any differences in responses related to receptive vs. expressive abilities.

Example:

Sam screams to get his mom's attention. He will jabber throughout the day, using two or three words to get things he wants. He is getting really good at saying his younger brother's name, Joe. He will also say "go", "one", and

"again". Sam will also say "mama" on occasion. During the evaluation, he did pick his nose and say "booger" as he showed off the finger he had just pulled out of his nose! Sam said "bye" and waved when this provider left the house.

Social-Emotional

Social-Emotional skills describe a child's engagement in meaningful social interactions with parents, caregivers, peers, and others in his environment. This section should contain both functional items from the protocol and the evaluator's observations to capture the child's social awareness, social relationships, and social competence.

Example:

Sam tends to hide when new people come into the home. He prefers "rough and tumble" play over any other and tends to get aggressive with his other siblings, bumping and crashing into them. Sam sat and played with some Little People toys during the evaluation for about 20 minutes. He preferred playing by himself, in close proximity to his brother and this provider. Mom noted this was the longest he had ever sat to play and, that when the PAT educator is there, he would bounce from one thing to another and rarely sit down to play with toys or pay attention to anyone else. Sam is a daring little boy. He does not seem to be fearful of anything and has a very high tolerance for pain, rarely crying if he bumps his head or falls. He laughs at everything, whether appropriate or not. When his brother falls and cries, Sam will often sit in a chair at the kitchen table and laugh. He also laughs when his mother attempts to discipline him. Sam is not typically affectionate with other people. He did give a kiss when this provider left the evaluation; mom stated she wished she could get a kiss from him.

Physical Development

Physical skills describe a child's ability to master movement and balance (gross motor), eye-hand coordination and manipulate small objects with control (fine motor). This section should contain both functional items from the protocol and the evaluator's observations to capture the use of both fine and gross motor movements. The evaluator should note any differences in abilities related to gross vs. fine motor skills.

Example:

Sam is very much on-the-go, all the time. He can climb anywhere. He easily crawls into the higher stool chairs at the kitchen table and can quickly go from the chair to the table to the kitchen counter. The doors in the house have to be locked at all times, including closet, pantry and refrigerator doors because Sam can open and get into all of them. He has even figured out how to open the child safety lock on the refrigerator door. Sam was on the later end of average with most of his early motor milestones; he started crawling at around 10 months of age and did not start walking until about 18 months of age. Sam does have a tendency to W-sit (sitting with his knees bent and his feet behind him with his bottom on the floor between his feet). He also curls his toes under when standing and jumping. Sam loves to spin in circles in the middle of the room; his mom is amazed that he never seems to get dizzy.

Adaptive Behavior

Adaptive behaviors are skills that a child can do for him/herself, including feeding, dressing, sleeping and toileting. This section should contain both functional items from the protocol and the evaluator's observations to capture the child's level of independence in his/her environment. The evaluator should note any patterns in responses or missed items that contribute to the child's overall functioning.

Example:

Sam requires very little sleep and will often wake up between 12:00 and 4:00 in the morning; a time in which he gets into everything if mom does not hear him get out of bed. Sam loves taking his clothes off; actually he does not like having clothes on so fights getting dressed in the morning. Sam hates bath time, not liking the water being poured over him and hating to have his hair washed. Sam will feed himself, mostly using his fingers. He loves suckers, biting into them right away and chewing rather than sucking on them. Sam does grind his teeth. Sam always had to have at least one light on in the house at all times and will become upset if all the lights are off. Sam has no interest in potty training, a frustration for his mom as her older children were potty trained by his age.

EVALUATION RESULTS		
	Standard Score	Age Equivalent
Cognition	77	18 months
Communication	77	19 months
Social-Emotional	62	11 months
Physical Development	94	27 months
Adaptive Behavior	77	17 months

SUMMARY AND SUGGESTIONS FOR THE FAMILY

This section is used to summarize the overall results, note the parents concerns and make suggestions to the family. The suggestions should address some of the parents' immediate concerns with general strategies such as helping the child sleep through the night, make silly sounds to promote different sounds or how to get the child to try a wider variety of foods.

If there were additional concerns or observations made by the evaluator, these can also be included here. Keep in mind that this will be shared with the family.

Example of a Summary:

Sam initially ran and hid in a chair behind his mom when this provider arrived for the evaluation. His mom had to physically pick him up and move him to the floor to play. He would make eye contact from a distance but did not talk, seek out this provider's attention, or engage in any play. However, after a period of play that included tickling, big bear hugs, and bouncing, Sam increased his eye contact and kept coming back for more. His mom noted that his attention, eye contact and interaction during the evaluation were better than she had seen before.

Sam was a completely different child following some sensory input provided during the evaluation that included deep pressure and bouncing. He sat for about 20 minutes playing with his toys, increased his eye contact and use of single words, and became more affectionate with this provider. Mom noticed a huge difference, indicating that he never sits still and will not offer her kisses even when she asks. It should be noted that he continued to come back and seek more, not really ever getting enough input.

The following activities are designed to provide Sam with sensory input. It is important to remember that these activities should be monitored closely for any negative impact, like increasing aggression toward siblings.

*Use deep pressure - Deep pressure is a fancy way of saying, "give Sam lots of big hugs and squeezes." When walking, hold his hand firmly. Roll him up in blankets like a hot dog with just his head/neck sticking out (think of how you used to swaddle him as a baby). Times when you want Sam to attend better, sit for a few minutes giving him big bear hugs (for most kids with sensory issues this usually works better from behind at first as it takes away some of the need for interaction during the sensory stimulation). Squish Sam with pillows.

*Bouncing - Place Sam on your lap and bounce him up and down like he was riding a horse. Stop after a few bounces and wait for him to initiate more. Alternate the bounces with hugs and squeezes.

*When in the bath, use a washcloth to wash and rinse Sam's hair. This will provide more of a constant pressure/input than just the water pouring over him.

*Use the heaviest blanket you can find to tuck Sam in at night to increase the pressure he feels and hopefully increase his sleep time. Also consider using a sleeping bag for him to sleep in.

The following activities are designed to promote communication using words and gestures:

*Choices - Hold up two choices for Sam and ask him what he wants. Model both the words for Sam and encourage him to repeat initially. As he becomes more consistent with imitating the word, just ask what he wants and wait for him to give an answer. Initially accept pointing and gestures, working toward single words and then phrases. Start with choices that are far apart (if he wants a drink ask if he wants "milk" or "book") and work toward choices that are closer together (milk or juice).

*Expanding sentences - As Sam starts using single words spontaneously slowly increase to using two-word phrases. You can help with this by adding to his words. When Sam uses a single word ("go"), you can add to his sentence by saying "go out". Wait for him to try and imitate this two word phrase but do not require it. If he does not repeat it within a couple of seconds, open the door and repeat "go out" as you are walking out the door.

*Act as if you do not understand what Sam is wanting when he uses his jabber or screams. Be careful with this that Sam does not become too frustrated or his tantrums might increase. When he is pointing to a ball, look around for something that is close to the ball. If it is sitting on the table, ask Sam if he wants to move the table. Be silly when acting like you don't understand so that Sam enjoys trying to communicate. If he says "no" then ask him to tell you again using his words. Also be careful that any choice you might offer is one that you can live with; if you ask him if he wants the table moved and he says "yes" be sure you can and want to move the table.

If you have any questions about this evaluation or this report, please feel free to contact me.

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