



## The Evaluation Process Options at *A Total Approach*

### Contents:

Introduction and overview on written evaluations	Page 1
Comprehensive Occupational or Physical Therapy Evaluation	Page 2
Occupational or Physical Therapy Screenings	Page 4
Speech and Language Evaluation	Page 4
Speech and Language Screenings	Page 5
Multidisciplinary Evaluations or Screenings	Page 5
DIR Play Project Screening	Page 6
Cellfield Intervention Screening	Page 7
Irlen Syndrome Screening and Diagnostic Evaluations	Page 7
Re-Screenings	Page 8
Progress Reports	Page 8

A Total Approach offers different options of evaluations at the center. We will describe each one thoroughly and also note our combination evaluations. Our evaluations and / or screenings usually take place in the morning in order for us to obtain the most clinically objective data. We evaluate **all children** with special needs and developmental delays from the first year of life (birth) to 18 years old. We also do **adult services**, though these services are usually discussed individually and have no set format. We send out a comprehensive packet of questionnaires to assist us with developmental and current information from the home and school environment. We do not need this packet of information prior to the date of your appointment, as we would like to have our own objective view of the person / child to be evaluated first. Our telephone intake interview process is thorough and assists us in making the best possible decision with regards to the actual assessments chosen. Our evaluations / screenings take place in a child-friendly and family-centered environment that sets the child / student at ease to obtain the best possible clinical and objective information.

***We firmly believe that test results are only a part of the picture, but that interpretation thereof is the more important piece and our clinical observations assist in this process.***

Our written evaluations consist of:

- Thorough background information, pertaining to the actual needs of the child being tested at that moment in time
- All the test scores the various assessments used

- Multiple definitions of the different terms being used
- For Occupational Therapy: Explanations of the implications of each system toward the global picture of sensory processing for this child (Visual, vestibular - proprioceptive, auditory, oral - olfactory, somatosensory, praxis / motor planning, executive functioning skills, fine motor, and social-emotional), a narrative section on each of the different systems that includes information from the questionnaires (home and school), test results and their implications, clinical observations during evaluation period, as well as impact and functional implications on occupational skills such as writing, reading, and play
- For Speech Language Pathology: Background information, pertaining to the actual needs of the child being tested in this moment in time, explanations of the different areas of speech and language being tested, detailed explanations of the formal and informal assessments used during the evaluation, test scores of the different assessments used, results from the formal and informal testing, including an in-depth analysis of the results and their implications, clinical analysis and summary of recommendations.
- For Physical Therapy: A narrative section that includes test results and their implications; clinical observations during evaluation period; brief explanation, using observations by therapist and answers on parent questionnaire, of how sensory processing difficulties in the areas of vestibular - proprioceptive, somatosensory, and praxis/motor planning have an impact on gross motor skills, muscle tone, strength, range of motion and agility; and how all of this affects a child's ability to crawl, walk, play with peers, use playground equipment, learn new motor skills, and participate in games requiring balance and bilateral coordination. A Summary Profile of the child, highlighting the strengths and weaknesses of each sensory processing / gross motor area.
- A conclusion statement
- Clinical Recommendations
- Home Recommendations
- Suggested Educational Recommendations, when requested
- Our occupational therapy clinical recommendations include a phase trajectory consisting of the earliest developmental needs that need to be addressed first and includes the possible programs that would assist each child in their individual needs to develop into their fullest capacity possible.

### **Comprehensive Occupational Therapy or Physical Therapy Evaluation**

#### **Option A:** (ages 5 to 8 years, 11 months old) (only Occupational Therapy)

- 2 visits of 2 - 3 hours each visit.
- Option available to children 5 years to 8 years, 11 months old
- Includes the strongest battery on Sensory Processing, called the ***Sensory Integration and Praxis Test (SIPT)***, a norm referenced and highly standardized evaluation tool
- Includes a **SCAN** test for auditory processing screening

- Includes a comprehensive battery of clinical observations that corroborate and assist our understanding of the implications of the standardized testing
- A written report, as described above, that will provide a comprehensive look at the child's profile in this moment in time.
- After the family has received the report and read it, a consultation takes place at the ATA offices to review questions and recommendations as per the written report.

**Option B: (5 years to high school) (Option available for both Occupational and Physical Therapy)**

- Option available to children older than 8 years, 11 months, different than option A.
- One 3-hour visit
- Includes several batteries of standardized and norm referenced testing as it pertains to each system mentioned above. We have an extensive battery of 40 tests available to us to choose from. Included in this testing is the Long Form Test of Interactive Metronome to assist us in better understanding motor planning, sequencing, rhythmicity and timing.
- In situations where the rigor of standardized testing cannot be applied, we apply more clinical observations and add to our interview process to obtain as much information as we can.
- Includes a comprehensive battery of clinical observations that corroborate and assist our understanding of the implications of the standardized testing
- A written report, as described above, that will provide a comprehensive look at the child's profile in this moment in time.
- After the family has received the report and read it, a consultation takes place at the ATA offices to review questions and recommendations as per the written report.

**Option C: (infant to 5) (Option available for both Occupational and Physical Therapy)**

- Option available to children from early infancy through 5 years of age.
- One 2 – 3 hour visit.
- We have developmentally age appropriate assessments that are chosen based on your child's individual needs. The assessment process is completed in a child-friendly room and atmosphere (with parent / caregiver present) using a play-based approach to assist your child in feeling safe and secure throughout the evaluation process.
- As mentioned above, in situations where the rigor of standardized testing cannot be applied, we also apply more clinical observations and add to our interview process to obtain as much information as we can.
- Includes a comprehensive battery of clinical observations that corroborate and assist our understanding of the implications of the standardized testing.
- Includes, when requested, a DIR assessment that involves a 15 minute video tape of the parent / caregiver playing with their child at the time of the evaluation. An analysis of this video is completed using the FEAS (functional emotional assessment scale), developed by Dr. Stanley Greenspan, and Dr. Serena Wieder, as a guideline to

determine the child's performance in each of the 6 levels used in the Floortime approach.

- A detailed written report, as described above, giving parents a comprehensive look at their child's profile in this moment in time.
- After the family has received and read the report, a consultation takes place at the ATA offices to review questions and recommendations as per the written report.

### **Occupational or Physical Therapy Screenings:**

A screening is chosen as a quicker entry into a specific program and / or when a family is in no need for a comprehensively written report and only need to know where to go from this point in program planning for their child / student.

- Option available for all ages.
- One 2 – hour visit
- Includes specific standardized testing, chosen from the initial interview process, very specific to student (child's) needs.
- In situations where the rigor of standardized testing cannot be applied, we apply more clinical observations and add to our interview process to obtain as much information as we can.
- Includes a comprehensive battery of clinical observations that corroborate and assist our understanding of the implications of the standardized testing
- No comprehensive written report as stated above, but family does receive a copy of the actual test results without written analysis.
- After the screening has taken place, a consultation session takes place at the ATA offices to review the results and discuss questions and recommendations.

### **Comprehensive Speech and Language Evaluation**

- Available for all ages (through 18 years of age)
- One 3-hour visit
- Includes a combination of standardized testing and informal test measures, assessing the following areas of speech and language:
  - Phonology- the sounds of the language and the rules governing them
  - Semantics- the type of vocabulary a child uses and the relationships between the words in word combinations. Refers to the content of language expression.
  - Morphosyntax- the word and sentence structures used in language
  - Pragmatics- the use of language to communicate with others
  - Voice- refers to the pitch, loudness, and the quality of the voice
  - Fluency- the smooth, sing-song fluidity of speech

- Informal test measures include any measures that are not standardized, including clinical information gained from observing a child in conversation and play with the parent and/or clinician.
- Formal assessment of receptive language
- Formal or informal analysis of a speech and language sample taken during the evaluation (during play, through storytelling, and/or conversation activities with the parent and/or clinician)
- Oral motor and feeding assessment, as needed
- Concentrated focus on assessment of specialized areas such as motor speech (childhood apraxia of speech) or pragmatic language available upon request
- A written report, including analysis of the testing results and detailed recommendations
- After the evaluation, a consultation will take place at the ATA office to review questions and recommendations with the family after they have received and read the report.

### **Speech and Language Screenings**

A screening is chosen as a quicker entry into a specific program and/or when the family is in no need for a comprehensively written report and only need to know where to go from this point in program planning for their child.

- Option available to children from birth to 18 years of age
- One 2-hour visit
- Includes specific standardized testing, very specific to the child's needs
- If standardized testing cannot be used for a particular child, more informal measures, including clinical observations of the child's interactions with the parent and clinician as well as a more in-depth family interview about the child will be used.
- Informal analysis of a speech and language sample (in the speech and language areas described above), obtained during the screening through play, conversation, and/or storytelling
- A written report is not included, but the family does receive a copy of the actual test results without written analysis.
- After the screening has taken place, a consultation session will be scheduled at ATA to review the results of the screening and to discuss any questions and recommendations.

### **Multidisciplinary Therapy Assessments (Screening or Evaluation):**

- This process is a team approach of 2 – 3 disciplines depending on your child's individual needs. A combination of the following multidisciplinary assessments can be completed:
  1. Occupational Therapy / Physical Therapy
  2. Occupational Therapy / Speech Language Therapy
  3. Physical Therapy / Speech Language Therapy
  4. Occupational Therapy / Physical Therapy / Speech Language Therapy

5. Occupational Therapy / Physical Therapy / Speech Language Therapy / DIR
  6. Occupational Therapy / DIR
  7. Speech Language Therapy / DIR
  8. Physical Therapy / DIR
- Option available for all ages.
  - One 3 – 4 hour visit.
  - A cohesive team approach is applied in this process.
  - Includes specific standardized testing from each discipline, chosen from the initial interview process, very specific to the child / student needs.
  - Includes a comprehensive battery of clinical observations that corroborate and assist our understanding of the implications of the standardized testing.
  - In situations where the rigor of standardized testing cannot be applied, we apply more clinical observations and add to our interview process to obtain as much information as we can.
  - If a multidisciplinary screening is chosen, there is no comprehensive written report as stated above, but family does receive a copy of the actual test results without written analysis.
  - If a comprehensive multidisciplinary evaluation is chosen, then a detailed multidisciplinary written report will be completed, as described above, which will be a thorough look at the child's profile in this moment in time in all areas assessed.
  - After the screening or evaluation has taken place, a consultation session takes place at the ATA offices to review the results and discuss questions and recommendations.

#### **DIR P.L.A.Y. Project screening**

- One 2-hour session
- Includes parent questionnaires to assist in obtaining baselines for your child's development in social emotional skills.
- An FEAS (Functional, Emotional, Assessment Scale – Dr. Stanley Greenspan and Dr. Serena Wieder) assessment that involves a 15 to 30 minute video tape of the parent / caregiver playing with their child at the time of the evaluation. The therapist will provide choices for the child and parent to engage together with symbolic pretend play toys, tactile activities and concluding with sensory movement activities.
- An analysis of this video is completed afterward to determine the child's performance in each of the 6 levels used in the Floortime approach.
- The family receives a copy of this video on DVD with a narrative outlay on CD as this videotape was reviewed by Maude Le Roux, who holds DIR certification.
- After the screening has taken place, a consultation session takes place at the ATA offices to review the results and discuss questions and recommendations.

## Cellfield Reading Intervention Pre- and Post Testing

- Testing is completed twice, once before commencement of program, and the next week after completion of the program
- Testing is included in fee for the program
- Testing includes auditory and visual (ocular-motor) screening, including ophthalmoscopic reading
- Pretest includes dyslexia screening test, not repeated at the post-test.
- Both pre- and post testing include the Woodcock Reading Test (Word identification, word attack, and passage comprehension)
- and Gray Oral reading Tests (Reading accuracy, reading rate, and reading comprehension)Initial paperwork is completed with the student in which he or she reflects his or her need to want such a program for themselves

## Irlen Syndrome Screening and Diagnostic Evaluation – 2 Part Process:

Treatment for Irlen Syndrome is a two part process for both children and adults. The screening and diagnostic evaluations are scheduled 3-4 weeks apart.

- **Screening** – 1 hour, 30 minute visit.
- If the client tests positive for Irlen Syndrome, overlay(s) are provided to be used for 3-4 weeks. Use of the overlays prior to the diagnostic evaluation for filters will better prepare the client for determining the filter color(s) to meet his/her visual needs.
- **Diagnostic evaluation** -- 3 hour visit.
- Through a series of tasks and activities, the diagnostician works with the client to determine the appropriate filter color (or tint), which eliminates visual distortions and discomfort for reading, various types of lighting, and for outside use.
- **Initial tint recheck** -- 30 minute visit.
- After the first month of filter use, the client's visual system has had time to adjust to the use of the filter. Occasionally, a tint color may need to be reduced or enhanced after the brain has adapted to the change. A tint recheck is made after one month to verify that the tint color is continuing to provide the level of comfort as seen during the diagnostic evaluation.
- **Annual Tint Recheck** – 1 hour visit.
- Filters are rechecked annually to verify that the filter color is stable and are also rechecked when a new prescription is needed.
- **Contacts may also be tinted.** A client needs to wear Irlen filters for one year prior to using tinted contacts.

## **Re – Screenings**

- A re-screen occurs after the first 6 months of therapy and thereafter mutually decided in 3 or 6 month increments depending on the profile and outcome of the child (student)
- A re-screen consists of a two-hour process during which the targeted areas of treatment are re-assessed to compare with the findings of the original evaluation / screening.
- There is no comprehensively written report, unless requested for a specific reason.
- Families do receive a short report consisting of comparisons between the initial and current findings.
- This report is given and discussed at a follow-up consultation session.
- The re-screen has proven to be an excellent way for all parties involved to remain goal-oriented, on track and celebrate the changes that were made.
- This also provides the team with the opportunity to decide on new program options individualized to the child (student).

## **Progress Reports**

- Progress reports are written at parent request, if needed before or after a re-screening.
- In order to complete a progress report, there has to be an analysis derived from all the sessions completed over time, which takes much time to do and necessarily requires of us to charge a fee.
- The Progress report reviews each of the targeted systems as per initial data and progress data over time with future recommendations.
- For insurance purposes, we do write letters of medical necessity for parents free of charge to assist with the out of network insurance reimbursement claim.