



California Early Childhood
Special Education Network



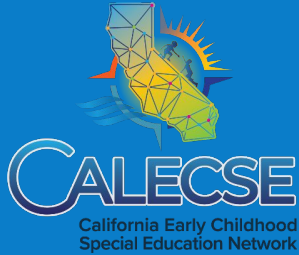
Funded by the California Department of Education (CDE),
Special Education Division

Effective Occupational Therapy Assessments in Early Childhood

August 27, 2025

About the California Early Childhood Special Education (CalECSE) Network

Funded by the CDE



<https://www.calecse.org>



CalECSE is a technical assistance project funded under the CCDE that supports Local Educational Agencies (LEAs), Special Education Local Plan Areas (SELPAs), County Offices of Educations (COEs), and other Agency Partners in the areas of Individuals with Disabilities Education Act (IDEA) Part C to B Transitions, Preschool Assessment Practices, and Preschool Child Find by providing technical assistance, professional learning, and demonstration of tangible practices that have been proven successful.

CalECSE leverages collaboration amongst agencies, disseminates resources, highlights existing exemplar practices, and provides direct technical assistance to improve the capacity, knowledge, collaboration, and implementation of evidence-based practices across agencies throughout California.

The CalECSE Network is committed to improving outcomes for children and their families by eliminating and addressing barriers to successful transition for California's youngest children with disabilities.

The CalECSE Network Leadership Team



Co-Executive Director, Dr. Scott Turner, East San Gabriel Valley SELPA
Co-Executive Director, Melanie Hertig, Irvine USD
Program Specialist (Exemplars), Carrie Rodrigues
Program Specialist (Northern Calif), Sara Castille
Program Specialist (Southern Calif), Laura Clarke

Today's Presenter

Allison Baker, MS, OTR/L
Occupational Therapist
President, AlliED Educational Services, Inc.
abaker@alliededucation.org

More information about AlliED Educational Services can be accessed at:
<https://www.alliededucation.org>



Poll: Who is in the
Zoom Room?



Learning Objectives

- Review Essential Components of an early childhood Occupational Therapy (OT) assessment
- Consider common referral reasons for an OT assessment
- Consider differences between early intervention, outpatient and preschool/school-based occupational therapy assessments
- Learn and review early childhood assessment tools
- Discuss Occupational Therapist's (OT) role in collaboratively building an educationally based developmental profile and assessment report



What is Occupation in Early Childhood?

Occupational performance in early childhood includes:

- **Play**
 - Consider developmental progression of play including
 - Unoccupied Play (birth to three months)
 - Solitary play (zero to two years)
 - Spectator or onlooker play (two years)
 - Parallel play (two plus years)
 - Associative play (three to four years)
 - Cooperative play (four plus years)



6 Stages of Play Pathways.org

As a child grows they go through different stages of play development.

0-3 Months	Unoccupied Play	When baby is making movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their body moves.	
0-2 Years	Solitary Play	When a child plays alone and are not interested in playing with others quite yet.	
2 Years	Spectator / Onlooker Behavior	When a child watches and observes other children playing but will not play with them.	
2+ Years	Parallel Play	When a child plays alongside or near to others but does not play with them.	
3-4 Years	Associate Play	When a child starts to interact with others during play, but there is not much cooperation required. <i>Ex: Kids playing on the playground, but doing different things.</i>	
4+ Years	Cooperative Play	When a child plays with others and has interest in both the activity and other children involved in playing.	

Copyright © 2024 Pathways Foundation

Information from this image can be found at:

<https://pathways.org/kids-learn-play-6-stages-play-development>

Occupation in Early Childhood, continued

- **Social Participation and Regulation**
 - Sensory motor co-regulation
 - Language-based regulation
 - Metacognitive regulation
- **Motor Skills**
 - Fine-motor skills
 - Gross-motor skills
- **Sensory Processing**
 - Vestibular
 - Proprioceptive
 - Body Awareness
 - Oral or Gustatory
 - Auditory and Visual
- **Pre-Academic Skills**



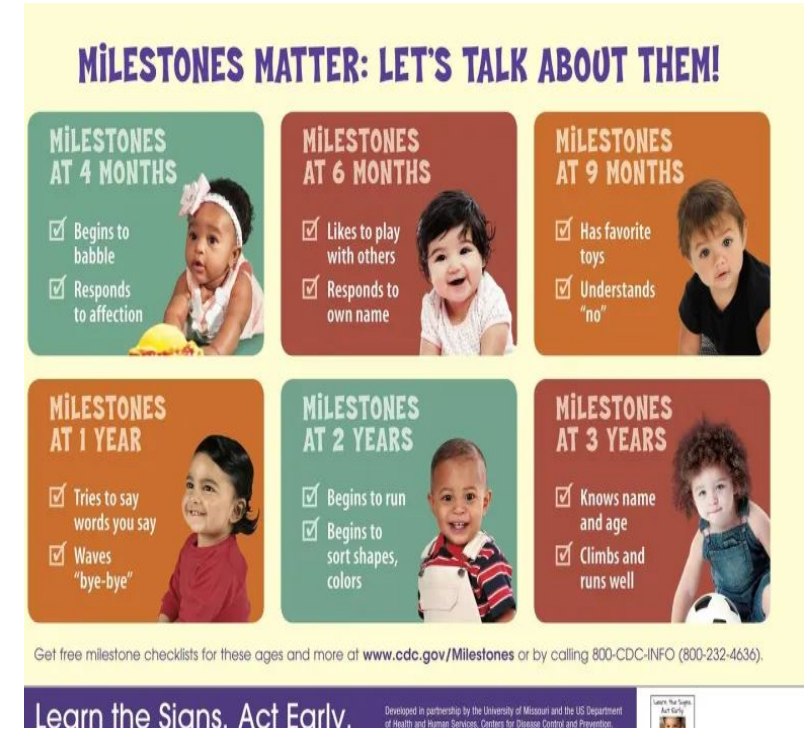
The Benefits of Early Intervention

- The American Academy of Pediatrics reports one in six children has a developmental delay or disability.
- Providing evidence-based specialist support may significantly improve a child's developmental trajectory and enhance long term outcomes.
- Early Intervention research supports improved outcomes in:
 - cognition
 - language
 - motor development
 - social-emotional skills
 - school readiness
 - family relationships contributing to a child's mental health and overall success in adulthood
 - reduced need for more intensive special education
 - reduced need for adult disability services later in life



The Benefits of Early Intervention, continued

- One national study of children who participated in Early Intervention found that roughly one third of infants and toddlers who received services no longer met eligibility for having a disability at entry into kindergarten, having made significant gains.
- Information from the image on the right can be found at Center for Disease Control (CDC) Developmental Milestones Checklists:
https://www.cdc.gov/ncbddd/actearly/pdf/FULL-LIST-CDC_LTSAE-Checklists2021_Eng_FNL2_508.pdf



Essential Components of an Early Childhood OT Assessment

- Records Review
- Caregiver Interview
- Informal Assessments and Observations
- Formal Assessments
- Consideration of Environmental and Personal Factors



Essential Components:

Records Review and Caregiver Interview

- Record review:
 - Includes previous testing and services, either OT services, county, outpatient, or other early intervention services
 - Review previous testing and growth from updated testing
 - Consider previous goal areas for developmental needs and areas the family may have concerns
- Caregiver interview:
 - Interview with caregiver to understand areas of concern, medical history, family history, goals, and strengths



Essential Components: Assessments and Other Factors

- Informal assessments, including non-standardized measures and observations
- Formal assessments, including standardized measures
 - Selecting assessments based on a child's previous testing and the caregiver or team concerns
- Consideration of environmental and personal factors
 - Evaluating a child's interaction within the school campus and built environment, as well as age, health conditions, interests, coping style, background and experiences



Further Considerations and Key Principles for Early Childhood School-Based OT Assessments

Best Practices:

- Conduct assessments in natural environments (classrooms, playgrounds)
- Use multi-method and multi-informant approaches
- Align with educational relevance and the child's ability to participate in routines

Evidence-Based Approaches:

- Ecological assessment frameworks (e.g., Top-Down Approach)
- Participation-focused evaluations (e.g., Person, Environment, Occupation [PEO] Model)
- Evaluate and encourage participation in daily routines
- Develop and enhance school and academic readiness skills
- Support motor, social-emotional, and self-care development
- Address environmental and sensory needs



Common Referrals for Early Childhood OT Assessments



- Individuals with Disabilities Education Act (IDEA) Part C to Part B assessment
- Caregiver Referral
 - Physician or other outpatient medically based provider
- Teacher Referral



Common Referral for Early Childhood Assessments, Part C to Part B

- Timeline is unique:
 - Must be completed prior to a child's third birthday
- Obtain parental consent for exchange of information
- Review the Individual Family Service Plan (IFSP) and other relevant information
- Identify needed assessments to determine eligibility
- Early intervention is critical for developmental success and OT is an essential part of the early childhood team
 - Under IDEA 2004, early intervention services are designed to meet the developmental needs of an infant or toddler with a disability meeting eligibility requirements in the area of physical development, cognitive development, communication development, social or emotional development or adaptive development
 - Transition from Part C to Part B:
 - does not guarantee services in the academic setting



Common Referral for Early Childhood Assessments, Caregiver Request

- Often due to a concern with self-regulation, self-care, or attention at home
- Observation in the academic environment is important, but not always possible
 - Documenting a suspected delay's impact on educational access before being enrolled in an educational environment
 - Observe in different settings including other service provider sessions when possible
- Caregiver coaching and education is essential
- Consider response to intervention model or available resources within the least restrictive environment and free and appropriate public education
- Follow district policy on completing an assessment



Common Referral for Early Childhood Assessments, Participating in Outpatient OT

- There are some key differences between early intervention, outpatient, and preschool/school-based occupational therapy assessments.
- If a child is participating in outpatient OT, it does not necessarily mean they need school-based occupational therapy.
 - OT assessments in public schools address both the individual child's abilities and participation in the educational environment. Another purpose of the OT assessment may be to determine equipment needs for a child in the educational setting.
 - Goals and services may have an academic focus, but may also focus on self-care, routine building, and regulation if it is impacting access in the educational setting.
 - In the academic setting, self-care, routines, regulation, and learning materials can be and often are embedded into curriculum.
 - Consider a child's access to the academic curriculum and environment as well as data from developmentally based assessments.



The OT's Role in Collaboratively Building the Educationally Based Developmental Profile



- Use a team-based approach: integrate OT findings with other disciplines.
- Choose assessments based on the referral concern and natural context relevance.
- Always ask: How does this impact the child's ability to participate and learn?
- Frame recommendations in educationally relevant language for Individualized Education Program (IEP) teams.



The OT's Role in Collaboratively Building the Educationally Based Developmental Profile, continued

- Evidence-based approaches
- Top-Down Model: focus on participation and function first
- Ecological Assessment: assess in natural settings
- Collaborative Consultation: partner with teachers and families
- When possible, consider Response to Intervention (RTI): tiered supports before formal referral as well as progress toward outcomes and growth during any early intervention services
- Support understanding of developmental progression of skills



Commonly Used Assessment Tools

Standardized tools provide valuable data but must be supplemented with naturalistic observation and teacher and parent input to fully capture the child's functional performance.

- Battelle Developmental Inventory, Third Edition
- Developmental Assessment of Young Children, Second Edition
- Hawaii Early Learning Profile
- Miller Function and Participation Scales
- Peabody Developmental Motor Scales, Third Edition (PDMS-3)
- Pediatric Evaluation of Disability Inventory, Computer Adaptive Test
- Sensory Processing Measure, SPM-P
- Sensory Profile Child, School Companion, or Toddler Forms
- School Function Assessment



Battelle Developmental Inventory, Third Edition (BDI-3)

Purpose:

- Comprehensive developmental assessment for school readiness
- Measures five developmental domains including motor, adaptive, cognitive, communication, and social-emotional

Age Range:

- Birth to Seven years, 11 months

Time to Complete:

- 60–90 minutes

Strengths:

- Allows assessment across multiple domains in familiar settings
- Strong alignment with IDEA Part B early childhood special education eligibility

Best Practice:

- Use BDI-3 for **team-based assessment** with other service providers (Speech Pathologist, Early Childhood Special Education teacher).



Developmental Assessment of Young Children, Second Edition

Purpose:

- Evaluates and provides normative data using observation, caregiver interview, and direct assessment
- Five domain areas including Cognitive, Adaptive Behavior, Communication, Social Emotional and Physical

Age Range:

- Birth through Five years 11 months

Time to Complete:

- 10–20 minutes per subtest or domain

Strengths:

- Flexible administration in natural settings (classroom play).
- Measures functional skills within routine activities

Best Practices:.

- Focus on skills relevant to classroom tasks: pre-writing, self-help skills



Hawaii Early Learning Profile

Purpose:

- Used for identifying needs, tracking growth and development and determining 'next steps' (target objectives)
- Normative scores not available
- Offers developmental charts in seven areas: Regulatory/Sensory Organization, Cognitive, Language, Gross Motor, Fine Motor, Social and Self-Help

Age Range:

- Two forms available: Birth through three years or three to six years

Time to Complete:

- Ongoing observation that is periodically summarized

Strengths:

- Flexible administration and may be given many times
- Provides data on typical development of skill acquisition ranges

Best Practices:

- Parent participation in natural environments



Miller Function and Participation Scales (M-FUN)

Purpose:

- Standardized assessment tool to evaluate a child's functional motor skills and their impact on participation in daily activities including school, providing a holistic view of a child's skills. Includes hands on activities to assess visual-motor integration, fine motor, handwriting, and gross motor skills.

Age Range:

- Two years six months to seven years eleven months

Time to Complete:

- 20–30 minutes for each subtest, 45–50 for entire assessment

Strengths:

- Hands-on components are highly engaging to children and assess how skills translate into real-world applications and participation. A participation component asks parents or teachers how motor skill performance might impact participation.

Best Practices:

- Utilize with a child that can attend to all subtests for best domain calculation, and requires some advanced preparation for subtests



Peabody Developmental Motor Scales, Third Edition

Purpose:

- Early childhood motor development program that provides both in-depth assessment and remediation of gross and fine motor skills
- Measures interrelated motor abilities that develop early in life
- Directly assesses movement patterns needed for school routines: posture, grasp, and coordination

Age Range:

- Zero to five years 11 months

Time to Complete:

- 60–90 minutes

Strengths:

- Updated normative data, provides age equivalents, percentile ranks, subtests scaled scores for fine and gross motor, and composite index scores for total motor index
- Interactive structured activities

Best Practices:

- Learn the progression of activities and incorporate play themes



Pediatric Evaluation of Disability Inventory Computer Adaptive Test

Purpose:

- Computer adaptive caregiver report measuring daily activities, mobility, social cognitive and responsibility
- Designed for use with children and youth with a variety of physical and or behavioral concerns

Age Range:

- Zero to 20 years 11 months

Time to Complete:

- 10–20 minutes

Strengths:

- Provides normative data and scaled scores
- Available in nine languages

Best Practices

- Requires access to a computer or done simultaneously with caregiver



Sensory Processing Measure Preschool Form (SPM-P)

Purpose:

- Standardized assessment tool used to evaluate sensory processing, social participation, and praxis
- Community or home form and school or classroom form are available

Age Range:

- Two to Five years

Time to Complete:

- 15–20 minutes

Strengths:

- Used to distinguish between typically developing children and children with sensory processing, social participation, or praxis differences

Best Practices:

- Observe the child over the course of many opportunities to develop responses to the seventy-five item questionnaire, can be completed by parent and teacher when appropriate



Sensory Profile:

Child, School Companion or Toddler Forms

Purpose:

- Caregiver or teacher questionnaire evaluates a child's sensory processing patterns at home, school, and community-based activities
- Identifies and documents how sensory processing may be contributing to or interfering with a child's participation in various contexts

Age Range:

- Infant form (birth to six months), Toddler form (seven to 35 months), Child form (36 months to 14 years 11 months)
- Home or caregiver and School companion forms

Time to Complete:

- Five to 20 minutes

Strengths:

- Q-Global report supports a thorough understanding and interpretation of scores
- Helps shape individualized supports for regulation and attention

Best Practices:

- Support understanding of "Not Applicable" and understanding of sensory responses based on "typical development"



School Function Assessment

Purpose:

- Designed to assess the functional performance of students in a school setting
- Evaluates a student's participation in school activities, their need for support, and their performance of functional tasks on three scales: Participation, Task Supports, and Activity Performance

Age Range:

- Five years through sixth grade

Time to Complete:

- Five to 10 minutes per section

Strengths:

- Criterion referenced ratings
- Can be administered through teacher interviews, observations, and by reviewing student work

Best Practices:

- Student observation is an important component of the assessment in conjunction with teacher interview



Assessment Best Practices

- Be **culturally responsive**.
- Emphasize **function over impairment**.
- Document **strengths and needs** within context.
- Focus on **participation-based goals**.
- Prioritize **interprofessional collaboration**.



Elements of the Assessment Report

- Reason for Referral
 - Why was the child referred for an OT assessment, what is the purpose of the assessment and concerns of the IEP team including the parents and educational staff
- Background
 - Educational and therapeutic history, relevant health and developmental history, current program and services or supports
- Evaluation procedures:
 - Includes methods and dates, and review of existing evaluation data
- Validity of findings
 - Testing procedures must be free of bias and completed in such a manner that the child's behavior during testing is an accurate reflection of performance, and completed by a trained and knowledgeable personnel in a valid and reliable manner in accordance with instructions provided by the publisher of the assessment
- Findings
 - Includes interpretation of the educational relevance of findings, explanation of any discrepancies between test scores, and need for specialized services, materials, and equipment



Case Study

Four-year-old in preschool struggling with transitions

Approach:

- Observe transitions across the day
- Interview teacher about routines and supports
- Engage the child in play to assess sensory regulation
- Use the SPM-P and teacher checklist
- Collaborate on visual schedule and transition routine

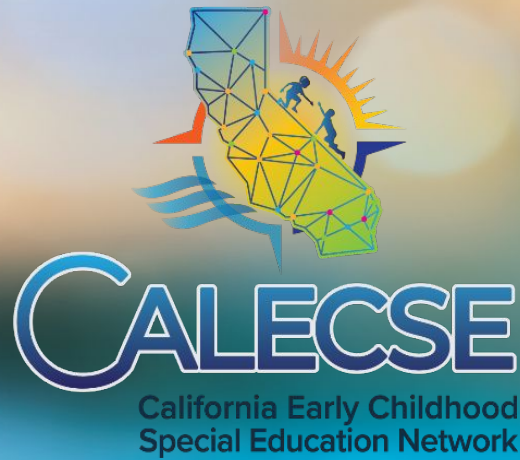


Final Thoughts and Questions

- Effective early childhood OT assessment blends structured tools with authentic observation
- Focus on participation, context, and collaboration
- Let's create environments where young children thrive through **occupational performance supports**
- Use **natural environments** and **contextual tools**
- Consider **developmental** and **social-emotional** factors
- Implement **collaborative** and **top-down approaches**
- Focus on **function, participation, and inclusion**
- What challenges or successes have you experienced with early childhood OT assessments in schools?



Share Your Feedback for a Chance to Win CalECSE 2026 Symposium Registration

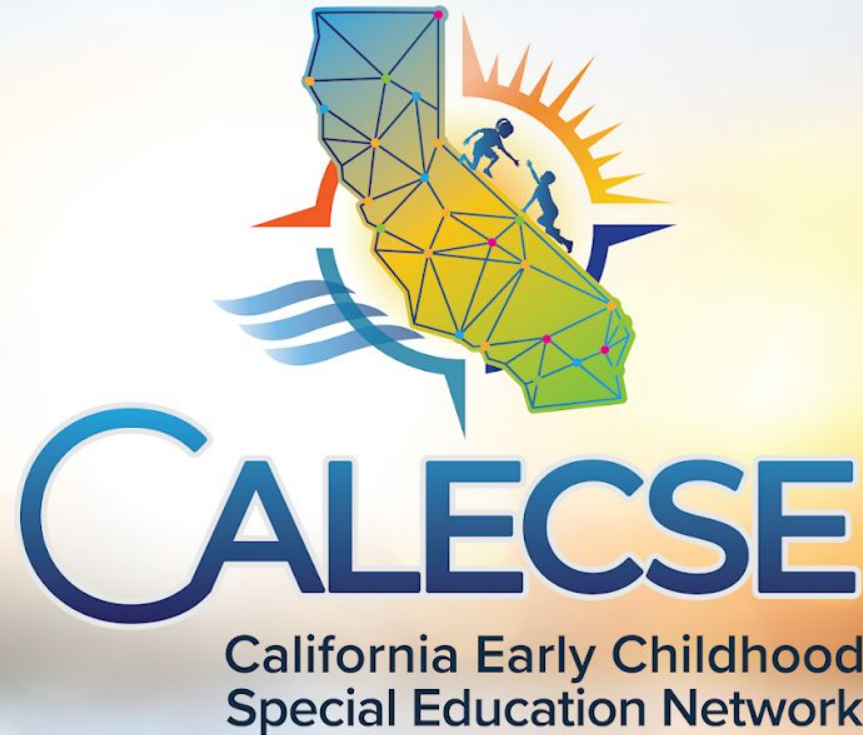


Please help us improve our practice and complete the zoom survey following this session.



After doing so, you will be entered into a raffle to win a free registration to **CalECSE's 4th Annual Symposium** to be held in Northern California October 20–21, 2026. Valued at over \$500.

Follow Us On Social Media



Find our full line-up of no-cost trainings at:
<https://www.calecse.org/news-resources/intentional-practices-meaningful-impact>



[@CaIECSE](https://www.facebook.com/@CaIECSE)



[@Cal_ECSE](https://www.instagram.com/@Cal_ECSE)



[@CaIECSE](https://www.youtube.com/@CaIECSE)



[@CaIECSE](https://www.linkedin.com/@CaIECSE)



[@Cal_ECSE](https://www.x.com/@Cal_ECSE)

**Interested in joining a local
Community of Practice (CoP) for
practitioners who support children ages
zero to five ?**

Find our full schedule of
regional CoPs at:
<https://www.calecse.org/news-resources/communities-of-practice>



SCAN ME



**Communities
of Practice**

California Early Childhood
Special Education Network

References

- Parten's Six Stages of Play in Childhood, Explained
<https://helpfulprofessor.com/stages-of-play/> (2025)
- The Development of Self-Regulation across Early Childhood
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5123795/d - PMC>
- What is Early Intervention and Why is it Important BRIEF
<https://idrpp.usu.edu/files/policy/what-is-EI-why-important-for-web.pdf>
- Developmental Milestone Checklist
https://www.cdc.gov/ncbddd/actearly/pdf/LTSAE-Checklist_COMPLIANT_30MCorrection_508.pdf
- Pearson Assessments
<https://www.pearsonassessments.com/>

