**Occupational Therapy Responsibilities and Service Array**

**Professional Competency**

1. Maintain state OT license and national certification and registration (NBCOT)
2. Maintain CPR certification
3. Obtain/maintain Baby Watch Credential

**Assessments**

1. **Annual Assessments**

* Sensory Processing
  + Toddler Sensory Profile 2nd Edition
  + Test of Sensory Functions in Infants
* Feeding
  + PediEAT (Pediatric Eating Assessment Tool)
  + ChOMPS ( Child Oral and Motor Proficiency Scale)
  + NeoEAT Bottle (Neonatal Eating Assessment Tool-Bottle Feeding)
  + NeoEAT Breast (Neonatal Eating Assessment Tool-Breastfeeding)
  + EFS (Early Feeding Skills Assessment Clinical Version: EFS, Readiness, Recover, Conditions)
  + Food Inventory Checklist
* Fine Motor
  + HELP (as needed to supplement ICOs in addition to BDI)
  + PDMS (as needed to supplement ICOs in addition to BDI)

1. **6 Month Assessments**

* Sensory Processing
  + ICO based on observations and parent report
* Feeding
  + PediEAT (Pediatric Eating Assessment Tool)
  + ChOMPS (Child Oral and Motor Proficiency Scale)
  + NeoEAT Bottle (Neonatal Eating Assessment Tool-Bottle Feeding)
  + NeoEAT Breast (Neonatal Eating Assessment Tool-Breastfeeding)
  + EFS (Early Feeding Skills Assessment Clinical Version: EFS, Readiness, Recover, Conditions)
* Fine Motor
  + ICO based on observations and parent report
  + HELP (as needed to supplement ICOs in addition to BDI)
  + PDMS (as needed to supplement ICOs in addition to BDI)

**Occupational therapy targeted Areas for intervention and parent coaching**

1. **Feeding**
   1. Feeding service appropriate for children;
      1. Who have functional difficulties with oral aversions
      2. Who are functional difficulties with particular about food colors, textures, and/or visual presentations
      3. Who have difficulty with functional oral motor control
      4. Who are at risk for aspiration (i.e. food and/or liquids going into the trachea)
      5. Who eat all or most food by G-tube, or NG tube or NJ tube
      6. Who have a medical diagnosis that commonly affects feeding development (e.g. Failure to Thrive, Down Syndrome, FPIES, tongue-tie, cleft palate, etc.)
   2. Main objectives of feeding services
      1. Child will have increased food variety consumption
      2. Child will increase successful food tolerance
      3. Child will swallow food safely
      4. Child can increase the amount of food they eat by mouth
      5. Child will maintain a healthy growth curve
   3. Parent Objectives
      1. Parents will have increased knowledge and confidence about feeding and mealtime strategies
      2. Parents will develop increased trust with their child and their child’s relationship with food
   4. Child Objectives
      1. Child will increase successful participation in family mealtimes
      2. Child will have an increase in self-confidence, competence, and trust with food
   5. How do we know objectives are met?
      1. Monthly feeding observations
      2. Keeping of a food inventory list that shows what foods consistently are eaten, tried, and refused
      3. The ability to safely eat food by mouth and decreased need or no need of a feeding tube
      4. Meeting the specific goals made with family at IFSP meetings
   6. What is the parent’s role?
      1. Being the primary participant who interacts with their child during feeding intervention sessions
      2. Using the feeding strategies discussed and/or modeled by the therapist
      3. Asking questions and brainstorming with therapist on how certain strategies could work or why they may not work for their family
   7. What type of staff/team could be involved/
      1. Occupational Therapists
      2. Speech Language Pathologists
      3. Behavior Specialists Registered Dietitians
2. **Sensory Processing**
   1. Sensory services may be appropriate for children
      1. Who have functional difficulties with oral, auditory, and/or tactile aversions
      2. Who have functional difficulties with sensory seeking with oral, auditory, tactile input
      3. Who struggle with bathing, toileting, dressing, separation for caregiver, tantrums, use mal adaptive self-soothing strategies
   2. Main objectives of sensory services
      1. Child will have increased self-regulation similar to peers
      2. Child will increase successful sensory input tolerance
      3. Child will successfully participation in bathing, toileting, dressing, separation from caregiver, play
   3. Parent Objectives
      1. Parents will have increased knowledge and confidence about sensory diet strategies
      2. Parents will develop increased confidence in child’s ability and their parenting abilities when sensory processing difficulties arise day to day
   4. Child Objectives
      1. Child will increase successful participation in family routines
      2. Child will have an increase in self-confidence, competence, and trust with caregivers
   5. How do we know objectives are met?
      1. Increase of adaptive self-regulating behaviors and decrease of maladaptive self-regulating behaviors
      2. Meeting the specific goals made with family at IFSP meetings
   6. What is the parent’s role/
      1. Being the primary participant who interacts with their child during sensory diet intervention sessions
      2. Using the sensory diet strategies discussed and/or modeled by the therapist
      3. Asking questions and brainstorming with therapist on how certain strategies could work or why they may not work for their family
   7. What type of staff/team could be involved?
      1. Occupational Therapists
      2. Speech Language Pathologist
      3. Physical Therapists
      4. Behavior Specialists
      5. Developmental Specialists
      6. Autism Specialists
3. **Fine Motor**
   1. Sensory services may appropriate for children;
      1. Who have functional difficulties with fine motor activities
      2. Who struggle with bathing, toileting, dressing, self-feeding, manipulation toys
   2. Parent Objectives
      1. Parents will have increased knowledge and confidence about environmental supports and adaptations for increased participation in activities required fine motor movements
      2. Parents will develop increased confidence in child’s ability and their parenting abilities to learn new skills and also adapt to participate in daily routines
   3. Child Objectives
      1. Child will increase successful participation in family routines
      2. Child will have an increase in self-confidence, competence when playing with peers, dressing, toileting, self-feeding, bathing
   4. How do we know objectives are met?
      1. Increase participation and/or independence similar to peers with activities of daily living
      2. Meeting the specific goals made with family at IFSP meetings
   5. What is the parent’s role?
      1. Being the primary participant who interacts with their child during fine motor intervention sessions
      2. Using the fine motor strategies discussed and/or modeled by the therapist
      3. Asking questions and brainstorming with therapist on how certain strategies could work or why they may not work for their family
   6. What type of staff/team could be involved?
      1. Occupational Therapists
      2. Speech Language Pathologists
      3. Physical Therapists
      4. Behavior Specialists
      5. Developmental Specialists
      6. Autism Specialists