TAYSIDE UNIVERSITY HOSPITALS N.H.S. TRUST
OCCUPATIONAL THERAPY DEPARTMENT
ARMITSTEAD CHILD DEVELOPMENT CENTRE

William Tarbett
c/o [redacted]
DUNDEE

d.o.b. 09 07 91

Referred by: **Dr Dance**
Chronological Age: **8 years, 4 months**
School Attended: **Longhaugh P.S.**
Date of Assessment: **25.10.99**
01.11.99

OCCUPATIONAL THERAPY REPORT

Background Information

William has been attending Armitstead Child Development Centre for Occupational Therapy sessions since June, 1999 and has recently finished his block of treatment.

In general, William co-operated well with the therapist. He appeared to lack confidence, and gave up easily, requiring lots of encouragement to persevere with activities he found difficult.

Concentration and attention to task in a one to one situation, were appropriate, as were interactions with the therapist.

The following battery of tests and observations were used to assess William's capabilities.

1. **Movement Assessment Battery for Children**
2. **Beery Test of Visual-Motor Integration**
3. **Hiskey Cube Construction Test**
4. **Motor-Free Perception Test**
5. **Draw-A-Person Test (Naglieri)**
6. **Clinical Observations of Sensory-Motor Function**
7. **Imititation of Postures**
8. **Crossing Midline of Body**
9. **Right Left Discrimination**

Movement Assessment Battery for Children

William scored at the 29th percentile on the Movement Assessment Battery for Children, which places his fine and gross motor skills in the adequate range.

Fine Motor Skills

William demonstrates a right hand preference. He achieved a pass criteria for the pegboard task working quickly and neatly although he required prompts to stabilise the board with his left hand. William worked slowly during the threading task, achieving a score just below age level. He also scored slightly below age for the pencil task, and had difficulty staying within the curved boundary.

Gross Motor Skills..../

Gross Motor Skills
William worked well in the ball skills section, achieving a pass criteria for both the one hand bounce and catch and the throwing beanbags in a box task.

William had difficulty maintaining the position required for the static balance task, scoring below age level.. He had more success with the dynamic balance tasks, achieving a score at age level for jumping in squares and heel toe walking.

Beery Test of Visual-Motor Integration
VMI Percentile: 27
Age Equivalent: 7.0 years
Although William's score remains below age level, his percentile score has increased from the 11th percentile, at time of previous assessment (December, 1998). He managed to copy simple geometric shapes, and some of the more complex shapes, although appeared to lack confidence and quickly gave up.

Hiskey Cube Construction Test
Age Equivalent: 8½ years
William managed to copy 6 designs independently achieving an age appropriate score. This is an improvement since time of previous assessment.

Motor Free Perception Test
Perceptual Quotient: 108
Age Equivalent: 9.0 years
William concentrated well on this, and achieved a score above age level.

Draw-a-Person Test (Naglieri)

Man:	**Percentile:**	21
Woman:	**Percentile:**	21
Self :	**Percentile**	21
Total:	**Percentile:**	16

Clinical Observations of Sensory-Motor Function
William demonstrates a left eye preference and has independent eye closure in his right eye, but not in his left. Slight head movements were observed in visual tracking activities. He was able to sequence diadokokinesia unilaterally and bilaterally, but did tend to use whole arm movements, particularly with his right arm.

During the arm extension test, William's arms dropped and trunk rotated, indicating immature head/body disassociation and evidence of poorly integrated asymmetrical tonic neck reflex remains. William was also unable to assume anti-gravity postures of prone extension or supine flexion.

William's muscle tone has shown some improvement, although it remains lowish. Co-contraction has also improved although he did fix at the joints to compensate and postural responses are mature. **Imitation of Postures.../**

Imitation of Postures
William imitated all 12 postures correctly.

Crossing Midline of Body:
William crossed the midline of his body consistently during assessment.

Right Left Discrimination:
Right : Left Discrimination was appropriate, although William had some difficulty with mirror image.

Handwriting
William is right hand dominant and held his pencil in a tripod grasp. He has difficulty with the spacing and organisation of written work, and also with the formation of letters.

William was referred to Assist in March, 1999 for assessment regarding the use of technology, for recording extended pieces of written work. He was assessed by Assist in June, 1999 and recommendations made to William's school re the above.

Self-Care Skills

Feeding:	William was given caring cutlery to use at home. He finds co-ordinating a knife and fork together difficult.
Dressing:	Independent, difficulty with small buttons and laces.
Toileting:	Independent

CONCLUSION
William scored at the 29th percentile on the Movement Assessment Battery for Children, which places his fine and gross motor skills in the adequate range for age. This score is an improvement from the 18th percentile, at time of previous assessment (December, 1998).

William scored above age on the Test for Visual-Perception (9.0 years). However, when a motor aspect is involved, William scored at age 7.0 years, indicating difficulties with visual-motor integration.

William also showed an improvement in the test for spatial perception, achieving an age appropriate score and in his Draw-a-Person test, which is now in the borderline range.

William does demonstrate a number of immaturities in relation to his sensory motor functioning and continues to present with specific co-ordination difficulties, particularly in relation to the area of Bilateral Integration.

However, he has made gains in all areas during his treatment at Armitstead and it is recommended that he be discharged from Occupational Therapy at this time.

RECOMMENDATIONS.../

RECOMMENDATIONS

1 To visit home to give foster parents feedback regarding Occupational Therapy Assessment.

2 To visit school to give feedback regarding Occupational Therapy assessment.

3 Liaison with school regarding coping strategies with regard to visual-motor integration difficulties i.e.

- Avoid sitting William to the periphery of the room.
- Reduce copying text from blackboard.
- Continue to practice his handwriting skills.
- Continue to develop his keyboard skills on the computer, in relation to recording longer pieces of written work.

4 Discharge William from Occupational Therapy.

Lynne Hughes

Lynne Hughes
Senior Occupational Therapist

c.c. Mr & Mrs [redacted]
Mrs Nicoll, Headteacher, Longhaugh P.S.
Dundee Educational Psychology Service
Dr Dance, G.P.
Ingrid Von Arnim, Social Worker
O.T. File
Dr Dewar (SCMO)

UPDATE MEDICAL REPORT

on William Tarbett 09.07.91 c/o [redacted]

Date of Report: 22 December 1998

Chronological Age: 7 years and 5 months

Date of Permanence Medical Examination: 16.07.96

Date of Update Medical Examination: 22.12.98

Social Worker: Ingrid Von Arnim

William was accompanied by his current carer, [redacted] He is in Primary 3 at Longhaugh Primary School and struggles with academic work, receiving learning support on most days, particularly in relation to reading.

He is noted to have a very short attention span, quickly losing interest in any activity, including TV programmes and the Megadrive (computer games).

He enjoys boisterous outdoor play and football. Indoors he likes to play with his action man.

In school he enjoys number work, finding it "easy", but finds spelling the most difficult.

He sleeps well, if lightly, and settles to sleep quickly.

He eats well, but can be greedy with sweets.

He can dress himself successfully but has only just mastered tying things. He struggles with his top shirt button and will tug at it. He continues to have poor manipulative skills, with poor pencil control, inability to use cutlery properly etc.

He still muddles certain letters e.g. b and d and is undergoing an assessment by Occupational Therapy at present.

William sees his parents and siblings and can be a little difficult after contact.

His carer currently receives advice from Dr Duke (Child and Family Psychiatry) regarding his management. He has been referred to the sexual abuse team because of his sexualised behaviour and his history, requesting assessment as to whether they would be able to offer him some help with regard to his sexualised behaviour. It is not anticipated that this help would commence (if offered) until a long-term placement has been found for him.

Update Medical Report on William Tarbett (09.07.91)

He has been referred to Educational Psychology (in P1) and was observed in class at St Clements. Formal Education Psychology involvement was not recommended following this. Recent discussions have again suggested that and Educational Psychology assessment may be helpful in updating the comprehensive assessment of William, prior to the Social Work Department making new plans for him.

Health

William had one chesty cough last winter, requiring a reliever inhaler, but has had no other evidence of asthma in this placement. He has no cough or wheeze at night, on exercise or with colds.

He may still be susceptible to asthma with bad colds/flu. He has had no other health problems recently.

He has had his hearing checked 3 times since his permanence medical,. once at the Hearing Clinic. It has been normal on all occasions.

His eyesight was tested and found to be normal on 17.09.98. He received his Pre-School booster on 23.08.96.

On Examination

William was a sturdy, friendly boy who was generally restless, flitting between activities.

Height	127cm	75th Centile
Weight	30.73Kg	< 97th Centile

He is right handed, left footed, with left eye dominant.

His pencil skills are poor, with poor pencil control and immature content of his drawing, as well as immature execution (score 6.5 years at 7 years 5 months). He made a willing attempt to spell his name but the writing was large, irregular, poorly formed and spelt "wililm tarbitt".

His gross motor skills are fair, hopping well on either foot, although he could not hop on the spot.

Tone and reflexes appeared normal.

Examination of William's ears, throat, cardiovascular and respiratory systems revealed no abnormality. His abdomen was normal, testes both descended, pre-pubertal. He still has all his first teeth, in good condition.

William volunteered information and spoke coherently.

Update Medical Report on William Tarbett (09.07.91)

Plan

I would suggest that a meeting is convened to discuss William, once the OT assessment is complete, involving school, Social Work, Occupational Therapy, Carer, Myself, School Doctor (if involved), ? Educational Psychologist. The aim would be to plan any further assessment required and agree on a current assessment of William's abilities, difficulties and influencing factors in order that Social Work planning for William's future placement can be as positive and well-informed as possible.

Separate discussions should continue to be held regarding the possible future role for Child and Family Psychiatry.

Susan P Dewar

Dr Susan P Dewar
Medical Adviser

DUNDEE HEALTHCARE NHS TRUST - CHILD HEALTH DIRECTORATE
OCCUPATIONAL THERAPY DEPARTMENT
ARMITSTEAD CHILD DEVELOPMENT CENTRE

William Tarbert
[redacted]
DUNDEE

Referred by: Dr J Dance
Chronological Age: 7 years 5 months
School Attended: Longhaugh P.S.
Date of Assessment: December 4, 1998

OCCUPATIONAL THERAPY REPORT

Background Information

William attended Armitstead on the above date for Occupational Therapy assessment. He was co-operative throughout and his attention was appropriate in the assessment situation.

William is described as being an immature little boy. He has a history of co-ordination difficulties. He is unable to ride a bike. He also has poor fine motor control which affects functional tasks such as handwriting, using cutlery and dressing skills (e.g. fastenings). William also has poor co-ordination and is easily distracted. He becomes frustrated when he encounters difficulties and tends to give up easily.

William enjoys going to his Beavers Club and he attends a sports club three nights a week.

The following battery of tests and observations were used to assess capabilities.

1. **Movement Assessment Battery for Children**
2. **Beery Test of Visual-Motor Integration**
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9. **Right Left Discrimination**

Movement Assessment Battery for Children

William scored at the 18th percentile on the Movement Assessment Battery for Children which places him in the adequate range for age.

Fine Motor Skills

Demonstrates a right hand preference. William achieved pass criteria for the pegboard task. He was a little slow for age on the threading lace task. He was also slightly below age on the pencil task (i.e. had some difficulty staying within boundary lines of pathway/trail).

Gross Motor Skills
William coped well with the one hand bounce and catch task (both hands tested). He also achieved age level on the throwing beanbag into box task.

William was slightly below age level on the stork balance task. He held position of 7 seconds with left leg and for 4 seconds with the right leg. (Pass = 12 seconds preferred leg, 11 seconds non preferred leg).

He achieved age level on jumping in squares task. He was slightly below age level in heels-to-toe walking task. He achieved 7 correct steps (Pass = 13 steps).

× **Beery Test of Visual-Motor Integration**
VMI Percentile: 4
Age Equivalent: 5 years, 2 months.

N.B. score below age level.

William was able to copy simple geometrical forms e.g. circle, square, triangle, horizontal, vertical and oblique lines. He had difficulty however with the more complex forms i.e. those that required him to cross midline.

× **Hiskey Cube Construction Test**
Age Equivalent: 4 years, 6 months

N.B. Below age level. During task, William was inconsistent with crossing the midline.

Motor Free Perception Test
Perceptual Quotient: 107
Age Equivalent: 7 years, 9 months.

N.B. score slightly above chronological age.

Draw-a-Person Test
Percentile: 7
Total Test Classification: Borderline

Sensory-Motor Function
Demonstrates a left eye preference. He has independent eye closure in right eye but not in left. Eye movements were reasonable however some associated head movement was observed during visual tracking activities. Motor planning/sequencing aspects of finger thumb opposition and diadokokinesia (rapid alternating movements) were appropriate. He tended to use whole arm movements in execution of diadokokinesia which indicates poor proximal joint stability. He also has low muscle tone and reduced co-contraction. This will affect quality/stamina in performance of motor tasks and written work.

William's postural responses are mature. He was unable however, to assume anti-gravity postures of prone extension and supine flexion. There is also evidence of poorly integrated asymmetrical tonic neck reflex. Trunk rotation was observed when head was turned to side demonstrating immature head/trunk disassociation. Avoidance of crossing the midline of body was observed. Right/Left discrimination is appropriate for age. William was able to imitate 11/12 postures correctly.

Handwriting

William holds pencil in right hand using tripod grasp. Execution of written work requires a lot of time and effort. Presentation is poor for age i.e. poor letter formation and he has difficulty with spacing and number work.

Self-Care Skills

Dressing: Difficulty with doing up fastenings e.g. shirt buttons and with tying shoelaces.

Feeding: William has difficulty with co-ordinating/using knife and fork at meal times. He has been given adapted cutlery to try on a trial basis at home.

Toileting: Independent

CONCLUSION

William's score on the Movement Assessment Battery is at the 18th Percentile which is within the adequate range for age. He does however present with a number of immaturities in relation to his sensory motor function.

William also has specific deficits with regard to visual-motor integration skills. He scored significantly below age level in this area. William's handwriting and drawings are also below age level. He scored slightly above age level however in visual perceptual skills.

From above tests/observations, William presents with specific co-ordination difficulties, particularly in the area of bilateral integration. He also has deficits in the area of visual motor integration skills.

RECOMMENDATIONS

1. Liaise with foster parents to give feedback re: assessment results and advise re: home programme.
2. Liaise with school to give feedback re: assessment results and advise re: coping strategies for classroom.
3. William would benefit from participation in the Russell Programme ("Graded Activities for Children with Motor Difficulties"). This will be discussed with school staff.
4. William may benefit from access to technology to assist with the recording of written work. A referral to Assist for assessment and advise should be considered. This will be discussed with school staff.
5. William would benefit from a block of therapy. He will be placed on a waiting list for same.

Maria Doherty

Marie Doherty
Head Occupational Therapist

c.c. Mr & Mrs [redacted]
Mrs Nicoll, Head Teacher, Longhaugh Primary School
Dundee Educational Psychology Service.
Dr Dewar, Senior Clinical Medical Officer
O.T. File

14 January 1999
MD/SC/Tarber

WILLIAM 1996.

H Health

5–9 years

The questions in this section are designed to make sure that all preventive health measures have been taken, that all health problems/disabilities are being treated, that the child is adequately protected against common accidents and that, as far as possible, s/he is normally well.

H 1 Has the child had a medical examination since admission/last review? (*see guidelines*)

☑ Yes ☐ No ☐ Don't know

What recommendations were made?

Have all these been carried out?

☐ Yes ☐ No ☐ Don't know

☐ Not applicable: no recommendations

Who will take further action if necessary?

☐ Parent ☐ Social Worker ☐ Foster Carer

☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action.

H 2 What is the child's height?

☐☐☐ cms ☐☐☐ centile

What is the child's weight?

☐☐☐ kg ☐☐☐ centile

Date when measured

☐☐☐☐☐☐

Is growth within normal limits? (*see guidelines*)

☑ Yes ☐ No ☐ Don't know

If not has s/he been referred for advice and/or treatment?

☐ Yes ☐ No ☐ Don't know

☐ Not applicable

What further action is needed?

Question H 2 continues overleaf

Question **H 2** continues

Who will take it?

☐ Parent ☐ Social Worker ☐ Foster Carer
☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 3 Did the child receive the pre-school booster immunisation? ☐ Yes ☐ No ☐ Don't know

Has this been recorded? ☐ Yes ☐ No ☐ Don't know

Who will take further action if necessary? ☐ Parent ☐ Social Worker ☑ Foster Carer
☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 4 Has the child been prescribed glasses? ☐ Yes ☑ No ☐ Don't know

Does s/he wear them? ☐ Yes ☐ No ☐ Don't know

Has the child been prescribed a hearing aid? ☐ Yes ☑ No ☐ Don't know

Does s/he wear it? ☐ Yes ☐ No ☐ Don't know

Have any visual and/or hearing abnormalities been noted since the last review? ☐ Yes ☐ No ☐ Don't know

If yes, have these been recorded? ☐ Yes ☐ No ☐ Don't know
☐ Not applicable

What further action is needed?

Who will take it?

☐ Parent ☐ Social Worker ☐ Foster Carer
☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H5 Has the child visited a dentist in the last six months? ☑ Yes ☐ No ☐ Don't know

What recommendations were made? ☐ Extractions ☐ Fillings ☑ Inspection, no treatment ☐ Other ☐ Not applicable

Have all these been carried out? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Who will take further action if necessary? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H6 Is the child receiving necessary treatment for all chronic or recurrent medical conditions (e.g. asthma/glue ear)? ☐ Yes ☑ No ☐ Don't know ☐ Not applicable

Have all these been recorded? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

What further action is needed?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H7 Are all physical problems (e.g. squint) being dealt with? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

What further action is needed?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 8 Has the child had any other illnesses since the last review? ☐ Yes ☑ No ☐ Don't know

If yes, what were they?

Have all significant illnesses been recorded? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

What further action is needed?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 9 Has the child attended hospital since the last review? ☐ Yes ☑ No ☐ Don't know

If yes, why?

Have all overnight stays in hospital been recorded? ☐ Yes ☐ No ☐ Don't know ☐ Not applicable

What further action is needed?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 10 How often does the child eat or drink the following?

	Daily	Once a week or more	Less than once a week	Don't know
Fresh fruit	☑	☐	☐	☐
Fresh or frozen vegetables	☑	☐	☐	☐
Rice/Pasta/Wholemeal bread	☑	☐	☐	☐
Fresh meat/Fish/Eggs/ Cheese	☐	☑	☐	☐
Half pint of milk	☑	☐	☐	☐
Sweets/Fizzy drinks	☐	☑	☐	☐
Chips	☐	☑	☐	☐

Do you consider that this is a satisfactory diet? ☑ Yes ☐ Doubtful ☐ No ☐ Don't know

If unsatisfactory, what further action will be taken?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 11 Does the child have daily opportunities for vigorous physical activity? ☑ Yes ☐ No ☐ Don't know

If no or don't know, what further action will be taken?

Who will take it? ☐ Parent ☐ Social Worker ☐ Foster Carer ☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

H 12 Has the child's carer taken steps to ensure that:

All medicines, cleaning fluids and poisonous substances are kept out of reach?	☑ Yes	☐ No	☐ Don't know
Fires are adequately protected with guards?	☑ Yes	☐ No	☐ Don't know
The child learns and uses the Road Safety Code?	☑ Yes	☐ No	☐ Don't know

Who will take further action if necessary?

☐ Parent ☐ Social Worker ☐ Foster Carer

☐ Residential Worker ☐ Other ☐ No action needed

Explanation for lack of information or no action

HAVE THE FOLLOWING AIMS BEEN ACHIEVED?

AH 1 **The child is normally well and thriving in growth and development**

Frequently ill and/or failing to thrive — Normally well and thriving

AH 2 **All preventive health measures, including appropriate immunisations, have been taken**

Not enough attention to prevention — All preventive health measures have been taken

AH 3 **All health problems/disabilities are being adequately treated**

Not sufficiently treated — Adequately treated

☐ No problems

AH 4 **The child is reasonably protected against common accidents**

Several hazards — Safe environment

NOTE IF ANYBODY DISAGREES WITH THIS ASSESSMENT

 William 15/12/98

This is a picture of.....

ME	A SPECIAL PERSON
	
SOMETHING SPECIAL	A SPECIAL PLACE