

# OT Mastery

## Pediatric Evaluation

**1. Which of the following is NOT an aspect of the pediatric evaluation?**

- A. Chart reviews
  - B. Vocational testing
  - C. Observation
  - D. Standardized assessments
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**2. What documentation might a therapist need to review as part of the pediatric evaluation?**

- A. Parent notes, children's artwork, outdoor play projects
  - B. Academic assignments, parent notes
  - C. Writing samples only
  - D. Writing samples, medical records, IEP(s), teacher notes, and disciplinary reports
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**3. What therapy approach is considered best when evaluating children with a younger developmental age?**

- A. Bottom-up approach
  - B. Contextual approach
  - C. Top-down approach
  - D. Dynamic interactional approach
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**4. Why might a therapist want to utilize a top-down approach when assessing a child?**

- A. When they want to learn about a child's trauma response
  - B. When the child has developmental delays
  - C. When they want to look at a child's conscious thought processes, intentional actions, and executive functioning
  - D. When the child is dysregulated, poorly processing their environment, or cannot be soothed
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**5. Therapists must remain attuned to a child's response at all points during the evaluation. When assessing an infant, what sign does NOT traditionally indicate distress or discomfort?**

- A. More than 2 postural adjustments per minute
  - B. Furrowed brows
  - C. Flushed face, particularly in the cheeks
  - D. Excessive crying
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**6. Age-appropriate testing techniques are crucial. What are some age-appropriate techniques that can be used when evaluating a preschool-aged child?**

- A. Gym equipment, testing the child's attachment to their parent(s), asking parents to bring objects from home
  - B. Storytelling, offering a variety of toys, utilizing familiar characters
  - C. Negative reinforcement, sensory experiences, chaining
  - D. Structure, frequent breaks, gross motor activities to test foundational skills
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**7. What statement about the pediatric evaluation is NOT true?**

- A. The therapist should speak to both the parent and the child during the evaluation
  - B. OTs should especially focus on transitions during the evaluation to teach children the structure sessions will follow
  - C. The therapist should always consider the parent's priorities and information over that of the child
  - D. Pediatric evaluations require informed consent from both parent and child
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**8. If a therapist is performing an evaluation on a 10-year-old child with dwarfism who has fine motor delays, what accommodations should the therapist ensure are present?**

- A. Offering to do the evaluation in standing positions
  - B. Postural adjustments to allow for them to comfortably sit at a desk while testing handwriting
  - C. Floor seating for all activities
  - D. Asking the child where they want to sit and following their lead for all subsequent activities
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**9. What presenting concern may require the therapist to be highly flexible in order to accommodate a pediatric patient?**

- A. History of trauma
  - B. Sensory seeking behaviors
  - C. Recent loss of privileges at home
  - D. Speech delays
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**10. Cultural sensitivity includes being mindful and accepting of which of the following traits?**

- A. Behaviors
  - B. Relationships with peers
  - C. Empathy
  - D. Cultural and familial views on happiness, quality-of-life, health, and illness
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**11. When looking at a child's participation, what factors does a therapist need to weigh?**

- A. Personal and environmental factors that support and inhibit participation

- B. Spiritual factors that support and inhibit participation
  - C. Rehabilitation factors that support and inhibit participation
  - D. Vocational factors that support and inhibit participation
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**12. Therapists should ask what party about whether or not a child has participated in RTI?**

- A. Parents
  - B. Teachers
  - C. Other OTs
  - D. PTs
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**13. What aspects of the physical environment may support or inhibit a child's participation?**

- A. Respect for authority figures
  - B. Stereotypes
  - C. Classroom arrangement
  - D. Timing of assignments
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**14. What aspects of the cultural environment may support or inhibit a child's participation?**

- A. Social norms
  - B. Following classroom or clinic rules
  - C. Sleep habits
  - D. The student's grade level
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**15. What standardized assessment can help an OT form an occupational profile for a child?**

- A. CTSIB
  - B. SCOPE
  - C. MOHO
  - D. PEDI
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**16. In what settings might a therapist need to select assessment tools that are brief and require minimal materials?**

- A. NICU, outpatient clinics
  - B. Early intervention, hospitals
  - C. Schools, outpatient clinics
  - D. Schools, hospitals
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**17. What is the difference between a norm-referenced assessment and a criterion-referenced assessment?**

- A. Norm-referenced means a child's performance is compared to that of their peers who completed the same tasks; criterion-referenced focuses on details of all tasks included in a test
  - B. Norm-referenced means results are in the form of a fraction; criterion-referenced means results are in the form of a percentile rank
  - C. Norm-referenced tests focus on details of all tasks included in a test; criterion-referenced means a child's performance is compared to that of their peers who completed the same tasks
  - D. Norm-referenced means they are culturally sensitive and follow specific cultural norms; criterion-referenced means they must follow specific task instructions for completion
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**18. If a standardized assessment for children is determined to be valid, but not reliable, what does this mean?**

- A. There is significant research supporting the test's efficacy, but it has only been tested with one patient population
  - B. The test produces consistent results, but does not measure what it states it does
  - C. The test has been tested with more than five patient populations, but there is not a lot of research supporting its efficacy
  - D. The test measures what it states it does, but does not produce consistent results
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**19. What aspect does a test NOT need to take into consideration in order to be culturally sensitive?**

- A. Education level
  - B. Time to administer
  - C. Language
  - D. Sexual orientation
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**20. What is NOT a method that can be used to informally test feeding skills?**

- A. Looking for lip closure around eating utensils and cups
  - B. Inspecting the oral motor structures for abnormalities
  - C. Asking a child to write their favorite foods
  - D. Testing rooting and sucking reflexes
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**21. What standardized assessments test muscle tone?**

- A. Sensory Profile, Sensory Integration and Praxis Tests
  - B. Movement Assessment of Infants, Toddler and Infant Motor Evaluation
  - C. Gross Motor Function Measure, Bayley Scales of Infant and Toddler Development
  - D. Beery VMI, Assessment of Motor and Process Skills
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**22. What is NOT an informal method of testing motor planning and praxis skills?**

- A. Performing the Sensory Profile with parents and caregivers
- B. Asking a child to maneuver through an obstacle course

- C. Asking a child to complete a multi-step task such as building a visual model or preparing a simple meal
  - D. Asking a child to play with the same object in various ways
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**23. Which standardized assessment does NOT primarily measure communication and socialization?**

- A. Pediatric Evaluation of Disability Inventory
  - B. Miller Assessment for Preschoolers
  - C. Vineland Adaptive Behavior Scales
  - D. Bayley Scales of Infant and Toddler Development
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**24. Which of the following is considered a gross motor assessment?**

- A. MFUN
  - B. VMI
  - C. TVMS
  - D. PDMS
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**25. Which of the following assessments can be used with children over the age of 5?**

- A. DAYC-2
  - B. AIMS
  - C. BINS
  - D. DP-4
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**26. What assessment involves a specific focus on a child's hand function?**

- A. ELAP
  - B. EDPA
  - C. ECI
  - D. DOTCA-Ch
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**27. What assessment looks at cognition, self-care, and mobility?**

- A. ETCH
  - B. WeeFIM
  - C. EASI
  - D. GMFM
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**28. What is the intention of the Pediatric Glasgow Coma Scale?**

- A. To measure cognitive performance in young children
- B. To measure alertness while children perform ADLs

- C. To measure level of consciousness in young children in hospital-based and emergency settings
  - D. To measure level of arousal during schooltime
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**29. How many standardized assessments can be used during the pediatric evaluation process?**

- A. No more than 1
  - B. As many as a therapist wants and a child can tolerate
  - C. No more than 2
  - D. No more than 3
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**30. Does a therapist need to use the same assessment methods during the re-evaluation and evaluation?**

- A. Informal methods must be the same, but standardized assessments can change
  - B. No, a therapist can use different standardized assessments each time
  - C. Ideally, yes, since this is what helps therapists measure progress
  - D. Yes, always
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