

# 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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