



**STATE OF NEW JERSEY
DEVELOPMENTAL DISABILITIES
OCCUPATIONAL THERAPY ASSESSMENT FORM (OTAF)**

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Prepared by DD Planning Institute
New Jersey Institute of Technology

Prepared for State of New Jersey
Division of Developmental Disabilities

Consumer Name/
MIS Number

DD Center Name/
Cottage Name

Respondent Name/
Respondent ID Number

Date Completed

___ ___/___ ___/___ ___

PURPOSE

THIS ASSESSMENT COLLECTS FACTUAL INFORMATION ABOUT THE CONSUMER.

**YOU CAN HELP BY ANSWERING SPECIFIC QUESTIONS ABOUT THIS INDIVIDUAL
BECAUSE OF YOUR SPECIALIZED EXPERTISE AND TRAINING.**

**PLEASE COMPLETE THIS FORM ON THE BASIS OF YOUR OBSERVATION OF THE CONSUMER'S RECENT ACTUAL
FUNCTIONING OR SITUATION, NOT ON WHAT YOU THINK MIGHT BE POSSIBLE IN THE FUTURE.**

THANK YOU FOR YOUR ASSISTANCE.

- | | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| 1. Has the consumer used adaptive eating equipment (e.g., plate guard, special utensils, <u>not feeding tube</u>) at any time in the last 3 months ? | 0 | 1 |
| IF PRESCRIBED, BUT NOT USED BY CONSUMER IN THE LAST 3 MONTHS, ANSWER "NO." | | |
| 2. Which of the following special environmental supports would be beneficial, if any, if this consumer lived in ANY residence (a community residence or to another DD Center)? | | |
| | <u>NO</u> | <u>YES</u> |
| a. Adaptations for the visually impaired | 0 | 1 |
| b. Adaptations for the physically impaired such as: | | |
| to open/close doors | 0 | 1 |
| to turn on/off lights | 0 | 1 |
| to turn on/off faucets | 0 | 1 |
| to flush toilets | 0 | 1 |
| to access cabinets and closets | 0 | 1 |
| to use the stove | 0 | 1 |

3. Which of the following special environmental supports will be necessary, if any, for this consumer to live comfortably in **ANY** residence (a community residence or to another DD Center)?

NO YES

- | | | |
|--|---|---|
| a. Wheelchair access to get into the home | 0 | 1 |
| b. Ranch-style home or living environment without stairs | 0 | 1 |

4. Please indicate whether the consumer has received occupational therapy in the **last 3 months** in any setting.

NO YES

0 1

5. Regardless of where the consumer lives, what services might be necessary, if any, from an occupational therapist?

1. None Needed
2. Needed on an Occasional Basis
3. Needed on a Frequent Basis

Thank you for your assistance!